Section-by-Section of Trauma-Informed Care for Children and Families Act

Sen. Dick Durbin (D-IL) & Rep. Danny Davis (D-IL-7)

Title I: Development of Best Practices

Sec. 101: Establishment of Federal Task Force

- This section establishes a multi-agency federal Task Force, led by the Assistant Secretary for Mental Health, to recommend a set of best practices for identifying, referring, supporting, and fostering safe, nurturing environments for children and families that have experienced trauma. Many best practices will be models that already exist or have been developed by member agencies. The best practices will include recommendations for:
 - Training educators, health care practitioners, service providers, and first responders in identifying signs of trauma and appropriate responses;
 - Creating procedures, partnerships, and co-location of services to link children and families that have experienced trauma to screening, support, and treatment;
 - o Building understanding of trauma among youth and fostering coping skills;
 - Utilizing multi-generation interventions to assist adult caregivers and educators in building nurturing environments that prevent and mitigate the effects of trauma;
 - o Addressing secondary trauma experienced by adults who serve youth;
 - o Providing interventions for communities that have faced discrimination, historical trauma, intergenerational poverty, civil unrest, or high levels of violence;
 - Appropriately involving trained sub-clinical providers, including peers, mentors, faith-based leaders and other community figures;
 - o Improving curricula and disciplinary practices in educational settings; and,
 - o Incorporating culturally sensitive, linguistically appropriate, age- and gender-relevant models.
- The Task Force will coordinate research, review promising models, engage stakeholders, identify gaps, share expertise, and develop a strategic plan to address trauma.

Sec. 102: Test New Models

• This section authorizes a funding increase of \$20M for SAMHSA's National Child Traumatic Stress Initiative to evaluate new strategies that improve trauma-informed care.

Title II: Dissemination and Implementation of Best Practices

Sec. 201: Use of Grant Funds for Training in Best Practices

- This section helps provide teachers, doctors, social service providers, and first responders with the
 education and resources to support children who have experienced trauma by making training in the
 Task Force-recommended best practices an eligible use of federal funds for major grant programs,
 including:
 - o *Early childhood*: Head Start; MIECHV; Maternal and Child Health Block Grant; Child Care and Development Block Grant; Healthy Start; IDEA Part C
 - o *Primary Care*: Mental Health & Substance Abuse Block Grants; Community Health Centers
 - o *Schools*: ESSA Title II and Title IV; 21st Century Community Learning Centers; Full-Service Community Schools, School-Based Health Centers; Project SERV
 - o Community Services: Social Services Block Grant; Community Services Block Grant; WIC
 - Child Welfare: Runaway and Homeless Youth; Child Abuse Prevention and Treatment Grant;
 Community-Based Child Abuse Prevention; Child Welfare Services; Refugee and
 Unaccompanied Children; Family Violence Prevention and Services Program; IV-E Foster Care

Sec. 202: Law Enforcement Coordinating Center

• This section creates a law enforcement coordinating center under DOJ that will assist law enforcement agencies in sharing information, improving awareness of child trauma, and training officers on how to interact with children and families that have experienced trauma, including witnessing violence.

Sec. 203: Native American Technical Assistance Coordinating Center

 This section creates a Native American coordinating center under SAMHSA, in coordination with relevant tribal agencies, which will assist tribal communities in implementing the Task Forcerecommended best practices.

Sec. 204: Grants for Integration of Schools and Mental Health Systems

• This section establishes a school integration program at the Education Department that provides fiveyear grants to states, school districts, and Indian tribes to increase student access to trauma support services and mental health care by linking school systems with clinical providers.

Title III: Understanding the Scope of Trauma

Sec. 301: CDC Data Collection

• This section directs the CDC to improve data collection on exposure to Adverse Childhood Experiences through the Behavioral Risk Factor Surveillance System and Youth Risk Behavioral Surveillance System by providing funding for all states to carry out these surveys.

Sec. 301: CDC Study on Trauma

• This section directs the CDC to study the prevalence of trauma in the United States. This includes assessing the frequency, types, and disparities of adverse experiences; developing new metrics to measure youth prevalence; evaluating the efficacy of trauma interventions; and providing recommendations to improve data collection and collaboration.

Sec. 303: GAO Study on Barriers and Opportunities for Identification and Treatment

• This section directs the GAO to study and report on barriers to, and opportunities for, improving the identification and support of children and families who have experienced trauma. This includes an analysis of improving K-12 curricula, teacher preparation and professional development, the extent to which state Medicaid plans utilize EPSDT benefit to provide trauma-informed services, multi-sector data collection and sharing initiatives, privacy and consent issues, clinical workforce capacity, sustainable treatment payment models, and the cost-effectiveness of certain interventions and models.

Title IV: Improving Service Delivery

Sec. 401: Medicaid Demonstration Project

• This section increases the provision of prevention, screening, and intervention services by clarifying Medicaid's coverage eligibility for children of trauma-informed care. It also pilots a Medicaid demonstration that incentivizes states to cover an expanded set of services, provided by additional types of providers and in additional settings, and for individuals who have experienced adverse event(s) but do not yet have diagnosable mental health symptoms.

Sec. 402: Workforce Capacity

• This section increases clinician capacity for trauma-informed services by providing loan repayment for clinicians who serve in high-need communities through the National Health Services Corps program. Specifically, this section broadens the definition of a Health Professional Shortage area to include communities that have experienced high rates of trauma and additional settings, such as schools.

Sec. 403: Training Non-clinical Providers

• This section directs AHRQ to study and provide guidelines to states for the training of non-clinical providers, such as mentors, peers, faith-based leaders, and other community leaders, to provide trauma care and support, including building awareness, referring to community services, and case management.

Sec. 404: Trauma Training for Health Care Workforce

• This section promotes trauma-specific graduate education for future behavioral health professionals through HRSA's Behavioral Health Workforce Education & Training Program.

Sec. 405: Local Coordination Grant Program

• This section authorizes a new grant program at SAMHSA to support the development of state, local, and tribal coordinating bodies that bring together stakeholders to identify needs, collect data, build skills and awareness, and develop a strategic community plan.

Sec. 406: Performance Partnership Pilot

• This section builds on the existing Performance Partnership Pilot to support children and families that have experienced trauma by creating flexibility for local, state, and tribal entities to pool federal grants from multiple agencies and focus the funding on increasing trauma-informed services.

Sec. 407: Pre-Service Training for Teachers

• This section improves pre-service training programs to prepare educators to work with students who have experienced trauma by expanding the teacher quality partnership grants under the Higher Education Act to include incentives for curricula focused on building trauma skills related to identification, support, interventions, and discipline.