

# Summary of S.774

## TRAUMA-INFORMED CARE FOR CHILDREN AND FAMILIES ACT OF 2017

### Fast Facts

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S.774 was introduced to the Senate by Sen. Heidi Heitkamp [D-ND] on March 29, 2017.  
The bill currently falls under the Committee on Health, Education, Labor, and Pensions.  
Identical to H.R. 1757, in Subcommittee on Crime, Terror, Homeland Security, and Investigations.  
Currently supported by 7 senators – all Democratic.

### Major Purposes

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1. Establish best-practices as consensus by government agencies.
2. Expand grants to include trauma-informed services education.
3. Establish two new Centers – one for coordination with Law Enforcement and another for coordination with Native American tribes and tribal organizations,
4. Commissions studies on ACE prevalence and impact, resilience strategies, government accountability, areas of greatest need for trauma-related research, Medicaid EPSDT value in trauma-informed care, and coordination efforts.
5. Requires education on trauma-informed care for medical, instructional, and social services workers.

### Title I: Development of Best Practices

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#### Establishes Interagency Task Force on Trauma-Informed Care

##### Composition

- Assistant Secretary for Mental Health and Substance Use to serve as Chairperson
- one (1) representative from each of 30 federal departments and agencies (p. 7-10)
- else as nominated by the Chairperson or President of the United States
- appointed by the respective Secretary no later than 6 months after enactment

##### Responsibilities

Not later than (1) years after enactment: Identify and evaluate promising best-practices to (A) identify and quickly refer children who have experienced or are at risk of ACEs and (B) for implementation of trauma-informed systems in child- and youth-serving settings. Maintain and update the best practices no less than annually thereafter.

Not later than (1) years after enactment: Coordinate research, data collection, and evaluation of best practices. Identify gaps services, solicit feedback, coordinate grant awards, and establish sharing procedures.

Not later than (2) years after enactment: Prepare integrated strategy report for collaboration and implementation options, and implement best-practices. Submit the report to Congressional Committees and make publicly available.

## Definition of Best Practices

Findings from evidence-based, evidence-informed, and promising practice-based models from a variety of institutions that demonstrate effectiveness or positive measurable outcomes that include models for settings in which individuals may encounter youth who have experienced traumas or those that include guidelines for a variety of child- and youth-serving organizations.

Must include practices that are: culturally sensitive, linguistically appropriate, age- and gender-relevant, appropriate for LGBTQ populations, applicable across underserved geographic regions, and engaging for entire organizations.

## Taskforce Support Budget

\$20 Million increase to NCTSI operating budget, of which \$7.5 Million must be utilized specifically for gathering and reporting data, evaluating models, and providing technical assistance for FY 18 – 22.

## Title II: Dissemination and Implementation

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### Defines Grant Recipients for Training in Title I Best Practices

To improve dissemination methods, the bill augments existing training grant provisions and creates new provisions for a wide variety of child- and youth-serving organizations. (Appendix A)

### Law Enforcement Child and Youth Trauma Coordinating Center

Establishes program managed by Attorney General to assist State, local, and tribal law enforcement agencies in interacting with children and youth who have been exposed to violence or trauma.

#### Duties Include

Dissemination of information on best practices including models developed in partnership with Indian tribes or clinical researchers, models that include trauma informed approaches to conflict resolution, de-escalation, and crisis intervention training, models that link young witnesses and victims to services, and models that support officers who experience secondary trauma.

Providing professional training and technical assistance.

Management of a grant program to enhance awareness, provide training, and establish partnerships.

#### Budget

\$15 million allocated to grant program, \$2 million allocated to other activities for each FY 18 – 22

### Native American Technical Assistance Resource Center

Establishes program managed by the Secretary of Health and Human Services acting through the Assistant Secretary for Mental Health and Substance use after consultation with the Directors of the Bureau of Indian Education of the Department of the Interior and Indian Health Services.

#### Duties Include

Providing technical assistance to tribal organizations in implementing best practices.

Disseminating best practices to tribal organizations and any government agency serving Indian tribes.

Management of grant program for nonprofits or institutions of higher education to increase Indian student access to quality trauma support services and mental health care through grants contracts, or agreements that last no longer than 5 years. Awards can be for research, education, or a variety of other actions which may improve Indian student access to quality services.

Note: Awards must be equitably distributed among geographical regions of the U.S., not prohibit an entity involved with a program from reporting a crime, and not prevent State and tribal law enforcement and judicial authorities from exercising responsibilities.

#### Budget

\$6 million for FY 18 – 23

## Title III: Understanding the Scope of Trauma Exposure

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### Centers for Disease Control and Prevention

#### Duties Include

Collection of traumatic event data through the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System (YRBSS) in FY 19 and every 2 years thereafter. Surveys must over-sample from tribal and rural areas to account for population needs.

Analysis of prevalence of ACEs, disparities by race and ethnicity, geographic distribution, and socioeconomic status, and the public health impact of ACEs.

Evaluation of modules that measure and assess ACEs for permanent inclusion and construction of common measures.

Not later than (1) year after the date of enactment, report on: community resilience strategies; collaboration opportunities to identify, connect to appropriate services, and provide treatment and support to children with ACEs; modules for inclusion on YRBSS; methods to identify and target specific population or geographic regions with high ACEs.

#### Budget

\$64 million for FY 19 – 21

### Government Accountability

Commissions study administered by the Comptroller General to determine barriers to, and the opportunities for increasing, early identification and treatment of children and youth with ACEs.

#### Examines

Trauma identification and treatment in Early Childhood Education and Care settings.

Trauma identification in State Medicaid EPSDT services and barriers to utilization.

Feasibility of systematic collection and data sharing between government and health entities.

Privacy and consent issues affecting identification and treatment.

Trauma screening options for infants and toddlers with disabilities.

Mental health and child- and youth-serving social service workforce capacity analyzed by setting, geographic distribution, and population served.

Cost effectiveness of providing services through school-based health centers.

## National Institutes of Health

No later than (1) years after the date of enactment, Director of NIH should submit a report on:

- Comprehensive NIH trauma research agenda
- Capacity, expertise, and review mechanisms for proposals with respect to trauma
- Relevance of trauma to other diseases, outcomes, and domains
- Strategies to link and analyze data from multiple independent sources
- Efficacy of existing interventions.
- Identification of gaps in understanding and areas of greatest need for research.

## Title IV: Evaluation of New Interventions and Improving Services

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### Medicaid EPSDT Services and Demonstration Project

Clarifies Medicaid coverage, adding immediate and past exposure to traumatic events to treatment categories, including screening for any defects, illnesses, and conditions stemming from exposure.

Establishes program administered by Secretary of Health to test innovative, trauma-informed approaches for 10 states.

#### Program Criteria

Program funds 10 states to pilot new approaches in states that demonstrate geographically diverse areas, employ value-based or alternative payment models to enable cross-sector collaboration, and sustain superior service coordination.

Pilot programs initiated not later than (1) years after enactment and last (4) years.

Programs should demonstrate: EPSDT in diverse settings and delivered by the full scope of providers; payments where necessary for services provided to parents; coordination across government agencies and healthcare providers; coordination between State Medicaid and facilities of Indian Health Service and other tribally-operated health facilities.

#### Budget

\$75 million for FY 17 – 21

### Expands Areas of Health Professional Shortages

Adds any group who has experienced acute or long-term trauma as determined by the Secretary to urgent areas of Public Health Service Act.

### Creates Training and Certification Guidelines for Community Figures

Stipulates that the Secretary of Health and Human Services acting through the Administrator of the Agency for Healthcare Research and Quality, shall commission a study on and establish guidelines for States to consider with respect to the training and certification of community figures (which is reimbursable by State Medicaid).

### Improves Trainings for Healthcare Workers

Expands health education, training, and worker recruitment grants for those focusing on child trauma. Allows grants for programs with academic study and community practice related to trauma, its impact on mental and behavioral health outcomes, and appropriate interventions. Provides for the

creation of trauma curriculum for healthcare providers. Creates funding for training of hospital setting care providers, psychologists, and social workers in newly-developed trauma curriculum.

## Finances Trauma-Related Coordinating Bodies

Establishes grant program administered by Secretary of Health and Human Services acting through the Administrator of the Agency for Healthcare Research and Quality for 20 grants for demonstration projects to State, local, or tribal eligible entities to act as trauma-related coordinating bodies. Each body can receive up to \$4 million over 4 years to:

- Bring together stakeholders to identify community needs and resources.
- Collect data to identify unique community challenges, gaps in services, and high-need areas.
- Build awareness, skills, and leadership related to implementing best practices.
- Pool resources of stakeholders.
- Develop a strategic plan that identifies and poses solutions to barriers and gaps in service.

## Extends Performance Partnership Pilot for At-Risk Children

Provides funds for any program designed to improve outcomes for children and youth, and their families who have experienced or at risk of experiencing trauma.

## Enacts Provisions for Trauma-Informed Teaching

Adds requirement for partnership grants to address childhood trauma

Requires teachers to adopt evidence-based approaches for improving behavior, supporting social and emotional learning, mitigating the effects of trauma, improving the learning environment in the school, and for reducing the need for suspensions, expulsions corporal punishment, referrals to law enforcement, and other actions that remove students from instruction.

Stipulates development of strategies that: recognize the signs of trauma and its impact on learning, maximize student engagement, and minimize suspension and expulsion.

# Appendix A

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Head Start – technical assistance, administrative and staff training

Child Care and Development Block Grant – child care provider training

Social Services Block Grant – social services provider training

Maternal and Child Health Services Block Grant –health care providers and public health agency training

Maternal, Infant, and Early Childhood Home Visiting – employee training

Child Welfare Services – employee training

Federal Payments for Foster Care and Adoption Assistance – employee training

Healthy Start Initiative – provider training

Block Grant for Community Mental Health Services – provider training

Block Grants for Prevention and Treatment of Substance Abuse – provider training

Public Health Service Act – school-based and community health centers, and any other provider training

Effective Instruction (ESEA) – school personnel training

Student Support and Academic Enrichment (ESEA) – state and local funds to for school personnel training

21<sup>st</sup> Century Community Learning Centers (ESEA) – state and local funds to for school personnel training

Full Service Community Schools (ESEA) – school personnel training

National Activities for Schools (ESEA) – grant for conducting national evaluation or school personnel training

IDEA – training for providers of direct early intervention services for infants and toddlers with disabilities

Special Supplemental Nutrition Program for Women, Infants, and Children – training for local agencies

Community Services Block Grant Act – state or national activities to train youth and child service providers

Runaway and Homeless Youth Act – grants for statewide and regional nonprofit organizations to provide technical assistance and training to public and private entities

Programs of the Office of Refugee Resettlement – unaccompanied alien children caregivers training

Child Abuse Prevention and Treatment – dissemination of best practices through national clearing house, training for employees in child abuse and neglect, and providing training to employees of agencies or systems supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system, supporting and enhancing interagency collaboration

Community-Based Grants for the Prevention of Child Abuse and Neglect – training for service providers

Grants for Juvenile and Family Court Personnel – training for providers of services to children and youth

Grants to Support Families and the Justice System – stipulates accounting for best practices in grants