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

# Title I: Development of Best Practices

# Sec. 101: Establishment of Federal Task Force

- Establishes a multi-agency federal Task Force, led by the Assistant Secretary for Mental Health and comprised of members from HHS, ED, DOJ and tribal agencies, to recommend a set of best practices for identifying, referring, supporting, and fostering safe, nurturing environments for children and families that have experienced trauma. 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;
  - 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;
  - Addressing secondary trauma experienced by adults who serve youth;
  - 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,
  - 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

• Authorizes a funding increase of \$20 million 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

- Provides 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 funds for major federal grant programs, including:
  - *Early childhood*: Head Start; MIECHV; Maternal and Child Health Block Grant; Child Care and Development Block Grant; Healthy Start; IDEA Part C
  - Primary Care: Mental Health & Substance Abuse Block Grants; Community Health Centers
  - Schools: ESSA Title II and Title IV; 21<sup>st</sup> 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:* Child Abuse Prevention and Treatment; Community-Based Child Abuse Prevention; Child Welfare Services; Runaway and Homeless Youth; Refugee and Unaccompanied Children; IV-E Foster Care
  - *Criminal Justice:* Juvenile and Family Court Personnel; Families in the Justice System

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## Sec. 202: Law Enforcement Coordinating Center

• Creates a law enforcement coordinating center under the Department of Justice 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

• Creates a Native American coordinating center under SAMHSA, in coordination with relevant tribal agencies, to assist tribal communities in implementing the Task Force's best practices.

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

• Establishes a school integration program at the Education Department that provides five-year 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

• Directs the Center for Disease Control and Prevention (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. 302: CDC Study on Trauma

• Directs the CDC to study the frequency, types, and disparities of traumatic experiences; develop new metrics to measure youth prevalence; evaluate the efficacy of trauma interventions; and provide recommendations to improve data collection and collaboration.

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

• Directs the Government Accountability Office (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 actually provide trauma-informed care, data collection and sharing initiatives, privacy and consent issues, and the cost-effectiveness of certain interventions and models.

#### Sec. 304: NIH Study on Trauma

• Directs the NIH to study and report on its trauma research agenda, gaps in understanding of trauma, ways to improve coordination, and the effectiveness of existing trauma interventions.

# Title IV: Improving Service Delivery

#### Sec. 401: Medicaid Demonstration Project

• Creates a pilot 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 events but do not yet have diagnosable mental health symptoms.

#### Sec. 402: Workforce Capacity

• 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,

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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

• Directs the Agency for Healthcare Research and Quality (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

• Promotes trauma-specific graduate education for future behavioral health professionals through the Health Resources and Services Administration's (HRSA) Behavioral Health Workforce Education & Training Program.

#### Sec. 405: Local Coordination Grant Program

• Authorizes a new grant program at Substance Abuse and Mental Health Services Administration (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

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

#### Sec. 407: Pre-Service Training for Teachers

• 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.