

116TH CONGRESS
1ST SESSION

S. _____

To improve the identification and support of children and families who
experience trauma.

IN THE SENATE OF THE UNITED STATES

Mr. DURBIN (for himself and Mrs. CAPITO) introduced the following bill;
which was read twice and referred to the Committee on

A BILL

To improve the identification and support of children and
families who experience trauma.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Resilience Investment,
5 Support, and Expansion from Trauma Act” or the “RISE
6 from Trauma Act”.

1 **TITLE I—COMMUNITY**
2 **PROGRAMMING**

3 **SEC. 101. TRAUMA-RELATED COORDINATING BODIES.**

4 Title V of the Public Health Service Act is amended
5 by inserting after section 520A (42 U.S.C. 290bb-32) the
6 following:

7 **“SEC. 520B. TRAUMA-RELATED COORDINATING BODIES TO**
8 **ADDRESS COMMUNITY TRAUMA.**

9 “(a) GRANTS.—

10 “(1) IN GENERAL.—The Secretary, acting
11 through the Assistant Secretary, shall award grants
12 to State, county, local, or tribal entities or nonprofit
13 private entities for demonstration projects to enable
14 such entities to act as coordinating bodies to address
15 community trauma.

16 “(2) AMOUNT.—The Secretary shall award such
17 grants in amounts of not more than \$4,000,000.

18 “(3) DURATION.—The Secretary shall award
19 such grants for periods of 4 years.

20 “(b) ELIGIBLE ENTITIES.—

21 “(1) IN GENERAL.—To be eligible to receive a
22 grant under this section, an entity shall include 1 or
23 more representatives of each of the categories de-
24 scribed in paragraph (2).

1 “(2) COMPOSITION.—The categories referred to
2 in paragraph (1) are—

3 “(A) governmental agencies, such as public
4 health, human services, or child welfare agen-
5 cies, that conduct activities to screen, assess,
6 provide services or referrals, prevent, or provide
7 treatment to support infants, children, youth,
8 and their families as appropriate, that have ex-
9 perienced or are at risk of experiencing trauma;

10 “(B) faculty or qualified staff at an insti-
11 tution of higher education (as defined in section
12 101(a) of the Higher Education Act of 1965)
13 or representatives of a member of the National
14 Child Traumatic Stress Network, in an area re-
15 lated to screening, assessment, service provision
16 or referral, prevention, or treatment to support
17 infants, children, youth, and their families, as
18 appropriate, that have experienced or are at
19 risk of experiencing trauma;

20 “(C) hospitals, health care clinics, or other
21 health care institutions, such as mental health
22 and substance use treatment facilities;

23 “(D) criminal justice representatives,
24 which may include law enforcement or judicial
25 or court employees;

1 “(E) local educational agencies or agencies
2 responsible for early childhood education pro-
3 grams, which may include Head Start and
4 Early Head Start agencies;

5 “(F) community-based faith, human serv-
6 ices, or social services organizations, including
7 providers of after-school programs, home vis-
8 iting programs, or programs to prevent or ad-
9 dress the impact of violence and addiction; and

10 “(G) the general public, including individ-
11 uals who have experienced trauma.

12 “(3) QUALIFICATIONS.—In order for an entity
13 to be eligible to receive the grant under this section,
14 the representatives included in the entity shall, col-
15 lectively, have professional training and expertise
16 concerning childhood trauma and evidence-based,
17 evidence-informed, and promising best practices to
18 prevent and mitigate the impact of exposure to trau-
19 ma.

20 “(c) APPLICATION.—To be eligible to receive a grant
21 under this section, an entity shall submit an application
22 to the Secretary at such time, in such manner, and con-
23 taining such information as the Secretary may require, in-
24 cluding information describing how the coordinating body

1 funded under the grant will continue its activities after
2 the end of the grant period.

3 “(d) PRIORITY.—In awarding grants under this sec-
4 tion, the Secretary shall give priority to entities proposing
5 to serve communities that have faced high rates of commu-
6 nity trauma, including from intergenerational poverty,
7 civil unrest, discrimination, or oppression, which may in-
8 clude an evaluation of—

9 “(1) an age-adjusted rate of drug overdose
10 deaths that is above the national overdose mortality
11 rate, as determined by the Director of the Centers
12 for Disease Control and Prevention; and

13 “(2) an age-adjusted rate of violence-related (or
14 intentional) injury deaths that is above the national
15 average, as determined by the Director of the Cen-
16 ters for Disease Control and Prevention.

17 “(e) USE OF FUNDS.—An entity that receives a grant
18 under this section to act as a coordinating body shall use
19 the grant funds—

20 “(1) to bring together stakeholders who provide
21 or use services in, or have expertise concerning, cov-
22 ered settings to identify community needs and re-
23 sources related to services to prevent or address the
24 impact of trauma, and to build on any needs assess-

1 ments conducted by organizations or groups rep-
2 resented on the coordinating body;

3 “(2)(A) to collect data, on indicators specified
4 by the Secretary, that covers multiple covered set-
5 tings; and

6 “(B) to use the data to identify unique commu-
7 nity challenges and barriers, gaps in services, and
8 high-need areas, related to services to prevent or ad-
9 dress the impact of trauma;

10 “(3) to build awareness, skills, and leadership
11 (including through trauma-informed training and
12 public outreach campaigns) related to implementing
13 the best practices developed under section 7132(d)
14 of the SUPPORT for Patients and Communities Act
15 (Public Law 115-271) (referred to in this subsection
16 as the ‘developed best practices’); and

17 “(4) to develop a strategic plan that identi-
18 fies—

19 “(A) policy goals and coordination oppor-
20 tunities (including coordination in applying for
21 grants) relating to implementing the developed
22 best practices; and

23 “(B) a comprehensive, integrated approach
24 for the entity and its members to prevent and
25 mitigate the impact of exposure to trauma in

1 the community, and to assist the community in
2 healing from existing and prior exposure to
3 trauma.

4 “(f) SUPPLEMENT NOT SUPPLANT.—Amounts made
5 available under this section shall be used to supplement
6 and not supplant other Federal, State, and local public
7 funds and private funds expended to provide trauma-re-
8 lated coordination activities.

9 “(g) EVALUATION.—At the end of the period for
10 which grants are awarded under this section, the Sec-
11 retary shall conduct an evaluation of the activities carried
12 out under each grant under this section. In conducting
13 the evaluation, the Secretary shall assess the outcomes of
14 the grant activities carried out by each grant recipient.

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section
17 \$50,000,000 for the period of fiscal years 2020 through
18 2023.

19 “(i) DEFINITION.—In this section, the term ‘covered
20 setting’ means the settings in which individuals may come
21 into contact with infants, children, youth, and their fami-
22 lies, as appropriate, who have experienced or are at risk
23 of experiencing trauma, including schools, hospitals, set-
24 tings where health care providers, including primary care
25 and pediatric providers, provide services, early childhood

1 education and care settings, home visiting settings, after-
2 school program facilities, child welfare agency facilities,
3 public health agency facilities, mental health treatment fa-
4 cilities, substance use treatment facilities, faith-based in-
5 stitutions, domestic violence agencies, child advocacy cen-
6 ters, homeless services system facilities, refugee services
7 system facilities, juvenile justice system facilities, and law
8 enforcement agency facilities.”.

9 **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP**
10 **PILOT FOR CHILDREN WHO HAVE EXPERI-**
11 **ENCED OR ARE AT RISK OF EXPERIENCING**
12 **TRAUMA.**

13 Section 526 of the Departments of Labor, Health and
14 Human Services, and Education, and Related Agencies
15 Appropriations Act, 2014 (42 U.S.C. 12301 note) is
16 amended—

17 (1) in subsection (a), by adding at the end the
18 following:

19 “(4) ‘To improve outcomes for infants, children,
20 and youth, and their families as appropriate, who
21 have experienced or are at risk of experiencing trau-
22 ma’ means to increase the rate at which individuals
23 who have experienced or are at risk of experiencing
24 trauma, including those who are low-income, home-
25 less, involved with the child welfare system, involved

1 in the juvenile justice system, unemployed, or not
2 enrolled in or at risk of dropping out of an edu-
3 cational institution and live in a community that has
4 faced acute or long-term exposure to substantial dis-
5 crimination, historical oppression, intergenerational
6 poverty, civil unrest, a high rate of violence or drug
7 overdose deaths, achieve success in meeting edu-
8 cational, employment, health, developmental, com-
9 munity reentry, permanency from foster care, or
10 other key goals.”;

11 (2) in subsection (b)—

12 (A) in the subsection heading, by striking
13 “FISCAL YEAR 2014” and inserting “FISCAL
14 YEARS 2020 THROUGH 2024”;

15 (B) by redesignating paragraphs (1) and
16 (2) as subparagraphs (A) and (B), respectively,
17 and by moving such subparagraphs, as so re-
18 designated, 2 ems to the right;

19 (C) by striking “Federal agencies” and in-
20 serting the following:

21 “(1) DISCONNECTED YOUTH PILOTS.—Federal
22 agencies”; and

23 (D) by adding at the end the following:

24 “(2) TRAUMA-INFORMED CARE PILOTS.—

1 “(A) IN GENERAL.—Federal agencies may
2 use Federal discretionary funds that are made
3 available in this Act or any appropriations Act
4 for any of fiscal years 2020 through 2024 to
5 carry out up to 10 Performance Partnership Pi-
6 lots. Such Pilots shall:

7 “(i) be designed to improve outcomes
8 for infants, children, and youth, and their
9 families as appropriate, who have experi-
10 enced or are at risk of experiencing trau-
11 ma; and

12 “(ii) involve Federal programs tar-
13 geted on infants, children, and youth, and
14 their families as appropriate, who have ex-
15 perience or are at risk of experiencing
16 trauma.

17 “(B) PRIORITY.—In making funds avail-
18 able under this paragraph, a Federal agency
19 shall give priority to entities that receive grants
20 under section 520B of the Public Health Serv-
21 ice Act.”;

22 (3) in subsection (c)(2)—

23 (A) in subparagraph (A), by striking
24 “2018” and inserting “2023”; and

1 (B) in subparagraph (F), by inserting be-
2 fore the semicolon “, including the age range
3 for such population”; and

4 (4) in subsection (e), by striking “2018” and
5 inserting “2023”.

6 **SEC. 103. NATIONAL AND COMMUNITY SERVICE.**

7 (a) SERVICE-LEARNING.—Section 113(a)(2) of the
8 National and Community Service Act of 1990 (42 U.S.C.
9 12525(a)(2)) is amended—

10 (1) in subparagraph (C), by striking “and” at
11 the end;

12 (2) in subparagraph (D), by striking the period
13 and inserting “, and”; and

14 (3) by adding at the end the following:

15 “(E) information describing how the appli-
16 cant will give priority, in reviewing applications
17 under subsection (b), to entities that propose
18 service-learning programs in communities with
19 high levels of trauma (as defined in section
20 520B of the Public Health Service Act).”.

21 (b) AMERICORPS RECRUITMENT.—Section 130(b)(5)
22 of the National and Community Service Act of 1990 (42
23 U.S.C. 12582(b)(5)) is amended by inserting after “and
24 women,” the following: “and to give priority (to the max-
25 imum extent practicable) to recruitment of participants

1 from communities with high levels of trauma (as defined
2 in section 520B of the Public Health Service Act),”.

3 (c) AMERICORPS STATE PROGRAMS.—Section 130(c)
4 of the National and Community Service Act of 1990 (42
5 U.S.C. 12582(e)) is amended by adding at the end the
6 following:

7 “(4) In the case of a State or territory de-
8 scribed in section 129(e), an assurance that the
9 State or territory, in distributing grant funds made
10 available under that section, will give priority to en-
11 tities proposing national service programs that are
12 related to the provision of trauma-informed services
13 in communities with high levels of trauma (as de-
14 fined in section 520B of the Public Health Service
15 Act).”.

16 (d) AMERICORPS COMPETITIVE PROGRAMS.—Section
17 133(d)(2) of the National and Community Service Act of
18 1990 (42 U.S.C. 12585(d)(2)) is amended—

19 (1) in subparagraph (B), by striking “and” at
20 the end;

21 (2) in subparagraph (C), by striking the period
22 and inserting “; and”; and

23 (3) by adding at the end the following:

24 “(D) national service programs that are re-
25 lated to the provision of trauma-informed serv-

1 ices in communities with high levels of trauma
2 (as defined in section 520B of the Public
3 Health Service Act).”.

4 **SEC. 104. HOSPITAL-BASED INTERVENTIONS TO REDUCE**
5 **READMISSIONS.**

6 Section 911 of the Public Health Service Act (42
7 U.S.C. 299b) is amended by adding at the end the fol-
8 lowing:

9 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE
10 READMISSIONS.—

11 “(1) GRANTS.—The Secretary, acting through
12 the Director of the Agency, shall award grants to el-
13 igible entities to evaluate hospital-based interven-
14 tions to reduce subsequent readmissions of patients
15 that present at a hospital after overdosing, attempt-
16 ing suicide, or suffering violent injury or abuse.

17 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
18 ceive a grant under this subsection and entity
19 shall—

20 “(A) be a hospital or health system; and

21 “(B) submit to the Secretary an applica-
22 tion at such time, in such manner, and con-
23 taining such information as the Secretary may
24 require, which shall include demonstrated expe-
25 rience furnishing successful hospital-based trau-

1 ma interventions to improve outcomes for pa-
2 tients presenting after overdosing, attempting
3 suicide, or suffering violent injury or abuse.

4 “(3) USE OF FUNDS.—An entity shall use
5 amounts received under a grant under this sub-
6 section to test and evaluate hospital-based trauma-
7 informed interventions for patients who present at
8 hospitals with drug overdoses, suicide attempts, and
9 violent injuries (such as domestic violence or inten-
10 tional penetrating wounds, including gunshots and
11 stabbings) to provide comprehensive education,
12 screening, counseling, discharge planning, skills
13 building, and long-term case management services to
14 prevent hospital readmission, injury, and improve
15 health and safety outcomes. Such interventions may
16 be furnished in coordination or partnership with
17 qualified community-based organizations and may
18 include or incorporate the best practices developed
19 under section 7132(d) of the SUPPORT for Pa-
20 tients and Communities Act (Public Law 115–271).

21 “(4) QUALITY MEASURES.—An entity that re-
22 ceive a grant under this section shall submit to the
23 Secretary a report on the data and outcomes devel-
24 oped under the grant, including any quality meas-

1 ures developed to prevent hospital readmissions for
2 the patients served under the program involved.”.

3 **SEC. 105. SUPPORTING AT-RISK AND TRAUMA-EXPOSED**
4 **STUDENTS WITH ARTS OPPORTUNITIES.**

5 Section 5(c) of the National Foundation on the Arts
6 and Humanities Act of 1965 (20 U.S.C. 954(c)) is amend-
7 ed—

8 (1) in paragraph (9), by striking “and” at the
9 end;

10 (2) in paragraph (10), by striking the period
11 and inserting “; and”; and

12 (3) by inserting after paragraph (10), the fol-
13 lowing:

14 “(11) projects, programs, and workshops that
15 provide therapy and creative expression opportuni-
16 ties through the arts for children, and their families
17 as appropriate, who have experienced or are at risk
18 of experiencing trauma.”.

19 **SEC. 106. ENSURING PARITY FOR INFANT, EARLY CHILD-**
20 **HOOD, AND YOUTH MENTAL HEALTH.**

21 Part K of title V of the Public Health Service Act
22 (42 U.S.C. 290ll et seq.) is amended—

23 (1) by redesignating section 550 (42 U.S.C.
24 290ee-10), relating to sobriety treatment and recov-
25 ery teams, as section 598; and

1 (2) by adding at the end the following:

2 **“SEC. 599. INFANT AND EARLY CHILDHOOD MENTAL**
3 **HEALTH PARITY.**

4 “(a) IN GENERAL.—The Secretary, in coordination
5 with the Secretary of Labor and the Secretary of Edu-
6 cation, shall award grants to, or enter into cooperative
7 agreements with, States to ensure that health insurance
8 issuers in the State comply with section 2726, as such sec-
9 tion applies to infants, early childhood, and youth mental
10 and behavioral health.

11 “(b) USE OF GRANT.—A State shall use amounts re-
12 ceived under a grant or cooperative agreement under this
13 section to—

14 “(1) establish clear guidelines for parity compli-
15 ance for infant and early childhood mental health
16 that are evidence-based;

17 “(2) align parity compliance with best practices
18 for meeting an infant’s Individualized Family Serv-
19 ice Plan under part C of the Individuals with Dis-
20 abilities Education Act or a child’s Individualized
21 Education Plan under part B of such Act, as well
22 as providing Coordinated Early Intervening Services
23 under part B of such Act;

24 “(3) engage with health insurance issuers to en-
25 sure that they comply with the guidelines promul-

1 gated and other provisions of section 2726, as such
2 section applies to infant and early childhood mental
3 health;

4 “(4) ensure health insurance issuer compliance
5 through audits, market conduct examinations, secret
6 shopper programs, or other means;

7 “(5) share learnings with other States who re-
8 ceive grants under this section; and

9 “(6) submit a report to the Secretary, the Sec-
10 retary of Labor, and the Secretary of Education, on
11 findings, actions, recommendations, and any such
12 other information as such Secretaries shall require.

13 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
14 is authorized to be appropriated to carry out this section,
15 \$10,000,000 for each of fiscal years 2020 through 2024.”.

16 **SEC. 107. STREAMLINING AND COORDINATING TRAUMA**
17 **GRANT FUNDING.**

18 Not later than 2 years after the date of enactment
19 of this Act, the Director of the Office of Management and
20 Budget, in coordination with the Task Force created
21 under section 7132 of the SUPPORT for Patients and
22 Communities Act (Public Law 115–271), shall review the
23 Federal grant programs and funding streams with rel-
24 evance or potential to furnish the best practices developed
25 under section 7132(d) of such Act for preventing and miti-

1 gating the impact of trauma, and issue guidance to agen-
2 cies on the following:

3 (1) Aligning measurement, reporting, and
4 timelines for Federal funds used to address commu-
5 nity trauma.

6 (2) Leveraging different Federal funding
7 streams to enable effective data sharing, integration,
8 and privacy to support coordination for addressing
9 community trauma.

10 (3) Consistency in eligibility requirements and
11 enrollment pathways for Federal funding to facili-
12 tate strategies for addressing community trauma.

13 (4) Support for community-level planning ac-
14 tivities that advance the overall policy goals of each
15 Federal funding stream.

16 (5) Modeling the long-term budgetary benefits
17 of preventing or mitigating community trauma.

18 **SEC. 108. MEASURING SAVINGS FROM TRAUMA-INFORMED**

19 **INTERVENTIONS.**

20 (a) IDENTIFICATION OF EFFECTIVE INTERVEN-
21 TIONS.—The Secretary of Health and Human Services,
22 acting through the Assistant Secretary for Planning and
23 Evaluation, and in coordination with the Attorney Gen-
24 eral, the Secretary of Education, and the Secretary of
25 Labor, shall conduct a review and analysis of the best

1 practices developed under section 7132(d) of the SUP-
2 PORT for Patients and Communities Act (Public Law
3 115–271) (referred to in this section as the “developed
4 best practices”) that can be furnished through a Federal
5 grant or health insurance program to prevent and mitigate
6 the impact of trauma among infants, children, and youth,
7 and their families, as appropriate, and identify those prac-
8 tices which hold the most promise to reduce long-term
9 costs and spending associated with children, including
10 health care and child welfare costs.

11 (b) CONDUCT OF REVIEW.—In conducting the review
12 and analysis under subsection (a), the Assistant Secretary
13 may—

14 (1) solicit public input on the review design,
15 findings, and conclusions; and

16 (2) examine methods for evaluating whether the
17 developed best practices were effectively implemented
18 and the predicted outcomes and savings are likely to
19 be achieved, which may include competency and test-
20 ing approaches, and performance or outcome meas-
21 ures.

22 (c) UPDATES.—The set of best practices identified
23 under subsection (a) as holding promise to reduce costs
24 shall be updated at regular intervals.

1 (d) EVALUATING LONG-TERM SAVINGS ASSOCIATED
2 WITH THE INTERVENTIONS.—The Director of the Office
3 of Management and Budget shall analyze, determine, and
4 publicly report the cost-savings across the Federal budget
5 over 20 years, including an appropriate discount rate, as-
6 sociated with the effective implementation of the interven-
7 tions identified in subsection (a), when applied in a rep-
8 resentative population of children participating in all such
9 appropriate Federal grant or health insurance programs
10 in a given year, and update these determinations at least
11 every 5 years.

12 **TITLE II—WORKFORCE** 13 **DEVELOPMENT**

14 **SEC. 201. DIVERSITY TRAINING FOR INDIVIDUALS FROM**
15 **COMMUNITIES THAT HAVE EXPERIENCED**
16 **HIGH LEVELS OF TRAUMA, VIOLENCE, OR AD-**
17 **DICTION.**

18 Part B of title VII of the Public Health Service Act
19 (42 U.S.C. 293 et seq.) is amended by adding at the end
20 the following:

21 **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**
22 **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**
23 **OLENCE, OR ADDICTION.**

24 “In carrying out activities under this part, the Sec-
25 retary shall ensure that emphasis is provided on the re-

1 cruitment of individuals from communities that have expe-
2 rienced high levels of trauma, violence, or addiction and
3 that appropriate activities under this part are carried out
4 in partnership with community-based organizations that
5 have expertise in addressing such challenges to enhance
6 service delivery.”.

7 **SEC. 202. FUNDING FOR THE NATIONAL HEALTH SERVICE**
8 **CORPS.**

9 Section 10503(b)(2) of the Patient Protection and
10 Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amend-
11 ed—

12 (1) in subparagraph (E), by striking “and” at
13 the end;

14 (2) in subparagraph (F), by striking the period
15 and inserting “; and”; and

16 (3) by adding at the end the following:

17 “(G) \$360,000,000 for each of fiscal years
18 2020 through 2024.”.

19 **SEC. 203. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**
20 **FORCE.**

21 Part P of title III of the Public Health Service Act
22 (42 U.S.C. 280g) is amended by adding at the end the
23 following:

1 **“SEC. 399V-7. INFANT AND EARLY CHILDHOOD CLINICAL**
2 **WORKFORCE.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Associate Administrator of the Maternal and Child
5 Health Bureau, shall establish an Infant and Early Child-
6 hood Clinical Mental Health Leadership Program to
7 award grants to eligible entities to establish training insti-
8 tutes and centers of excellence for infant and early child-
9 hood clinical mental health.

10 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
11 a grant under this section, an entity shall—

12 “(1) be—

13 “(A) an institution of higher education as
14 defined in section 101(a) of the Higher Edu-
15 cation Act of 1965; or

16 “(B) be a hospital with affiliation with
17 such an institution of higher education, or a
18 State professional medical society or association
19 of infant mental health demonstrating an affili-
20 ation or partnership with such an institution of
21 higher education; and

22 “(2) submit to the Secretary an application at
23 such time, in such manner, and containing such in-
24 formation as the Secretary may require.

25 “(c) USE OF GRANT.—An entity shall use amounts
26 received under a grant under this section to establish

1 statewide training institutes or centers of excellence for
2 licensed clinical social workers, licensed professional coun-
3 selors, licensed marriage and family therapists, clinical
4 psychologists, child psychiatrists including school psy-
5 chologists, nurses, and developmental and behavioral pedi-
6 atricians on infant and early childhood clinical mental
7 health, with an emphasis on screening, assessment, service
8 provision or referral, prevention, and treatment for infants
9 and children who have experienced or are at risk of experi-
10 encing trauma, as well as prevention of secondary trauma,
11 through—

12 “(1) the provision of community-based training
13 and supervision in evidence-based assessment, diag-
14 nosis, and treatment, which may be conducted
15 through partnership with qualified community-based
16 organizations;

17 “(2) the development of graduate education
18 training tracks;

19 “(3) the provision of scholarships and stipends,
20 including to enhance recruitment from under-rep-
21 resented populations in the mental health workforce;
22 and

23 “(4) the provision of mid-career training to de-
24 velop the capacity of existing health practitioners.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$25,000,000 for each of fiscal years 2020 through 2024.”.

4 **SEC. 204. TRAUMA-INFORMED TEACHING AND SCHOOL**
5 **LEADERSHIP.**

6 (a) PARTNERSHIP GRANTS.—Section 202 of the
7 Higher Education Act of 1965 (20 U.S.C. 1022a) is
8 amended—

9 (1) in subsection (b)(6)—

10 (A) by redesignating subparagraphs (H)
11 through (K) as subparagraphs (I) through (L),
12 respectively; and

13 (B) by inserting after subparagraph (G)
14 the following:

15 “(H) how the partnership will prepare gen-
16 eral education and special education teachers,
17 including early childhood educators, to support
18 positive learning outcomes and social and emo-
19 tional development for students who have expe-
20 rienced trauma (including students who are in-
21 volved in the foster care or juvenile justice sys-
22 tems or runaway or homeless youth) and in al-
23 ternative education settings in which high popu-
24 lations of youth with trauma exposure may
25 learn (including settings for correctional edu-

1 cation, juvenile justice, pregnant and parenting
2 students, or youth who have re-entered school
3 after a period of absence due to dropping
4 out);”;

5 (2) in subsection (d)(1)(A)(i)—

6 (A) in subclause (II), by striking “and”
7 after the semicolon;

8 (B) by redesignating subclause (III) as
9 subclause (IV); and

10 (C) by inserting after subclause (II) the
11 following:

12 “(III) such teachers, including
13 early childhood educators, to adopt
14 evidence-based approaches for improv-
15 ing behavior (such as positive behavior
16 interventions and supports and restor-
17 ative justice), supporting social and
18 emotional learning, mitigating the ef-
19 fects of trauma, improving the learn-
20 ing environment in the school, pre-
21 venting secondary trauma, compassion
22 fatigue, and burnout, and for alter-
23 natives to suspensions, expulsions,
24 corporal punishment, referrals to law
25 enforcement, and other actions that

1 remove students from the learning en-
2 vironment; and”; and

3 (3) in subsection (d), by adding at the end the
4 following:

5 “(7) TRAUMA-INFORMED PRACTICE AND WORK
6 IN ALTERNATIVE EDUCATION SETTINGS.—Devel-
7 oping the teaching skills of prospective and, as appli-
8 cable, new, early childhood, elementary school, and
9 secondary school teachers to adopt evidence-based
10 trauma-informed teaching strategies—

11 “(A) to—

12 “(i) recognize the signs of trauma and
13 its impact on learning;

14 “(ii) maximize student engagement
15 and promote the social and emotional de-
16 velopment of students; and

17 “(iii) implement alternative practices
18 to suspension and expulsion that do not re-
19 move students from the learning environ-
20 ment; and

21 “(B) including programs training teachers,
22 including early childhood educators, to work
23 with students with exposure to traumatic events
24 (including students involved in the foster care
25 or juvenile justice systems) and in alternative

1 academic settings for youth unable to partici-
2 pate in a traditional public school program in
3 which high populations of students with trauma
4 exposure may learn (such as students involved
5 in the foster care or juvenile justice systems,
6 pregnant and parenting students, runaway and
7 homeless students, and other youth who have
8 re-entered school after a period of absence due
9 to dropping out).”.

10 (b) ADMINISTRATIVE PROVISIONS.—Section
11 203(b)(2) of the Higher Education Act of 1965 (20
12 U.S.C. 1022b(b)(2)) is amended—

13 (1) in subparagraph (A), by striking “and”
14 after the semicolon;

15 (2) in subparagraph (B), by striking the period
16 at the end and inserting “; and”; and

17 (3) by adding at the end the following:

18 “(C) to eligible partnerships that have a
19 high-quality proposal for trauma training pro-
20 grams for general education and special edu-
21 cation teachers, including early childhood edu-
22 cators.”.

23 (c) GRANTS FOR THE DEVELOPMENT OF LEADER-
24 SHIP PROGRAMS.—Section 202(f)(1)(B) of the Higher

1 Education Act of 1965 (20 U.S.C. 1022a(f)(1)(B)) is
2 amended—

3 (1) in clause (v), by striking “and” at the end;

4 (2) in clause (vi), by striking the period and in-
5 serting “; and”; and

6 (3) by adding at the end the following:

7 “(vii) identify students who have expe-
8 rienced trauma and connect those students
9 with appropriate school-based or commu-
10 nity-based interventions and services.”.

11 **SEC. 205. TOOLS FOR FRONT-LINE PROVIDERS.**

12 Not later than 18 months after the date of enactment
13 of this Act, the Secretary of Health and Human Services,
14 in coordination with appropriate stakeholders with subject
15 matter expertise which may include the National Child
16 Traumatic Stress Network, shall carry out activities to de-
17 velop accessible and easily understandable toolkits for use
18 by front-line service providers (including teachers, early
19 childhood educators, school leaders, mentors, social work-
20 ers, counselors, faith leaders, first responders, kinship
21 caregivers) for appropriately identifying, responding to,
22 and supporting infants, children, and youth, and their
23 families, as appropriate, who have experienced or are at
24 risk of experiencing trauma. Such toolkits shall incor-
25 porate best practices developed under section 7132(d) of

1 the SUPPORT for Patients and Communities Act (Public
2 Law 115–271), and include actions to build a safe, stable,
3 and nurturing environment for the infants, children, and
4 youth served in those settings, capacity building, and
5 strategies for addressing the impact of secondary trauma,
6 compassion fatigue, and burnout among such front-line
7 service providers.

8 **SEC. 206. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.**

9 Title I of the Omnibus Crime Control and Safe
10 Streets Act of 1968 (34 U.S.C. 10101) is amended by
11 adding at the end the following:

12 **“PART OO—CHILDREN EXPOSED TO VIOLENCE**

13 **AND ADDICTION INITIATIVE**

14 **“SEC. 3051. GRANTS TO IDENTIFY AND SUPPORT CHILDREN**

15 **EXPOSED TO VIOLENCE AND SUBSTANCE**

16 **USE.**

17 “(a) IN GENERAL.—The Attorney General may make
18 grants to States, units of local government, and nonprofit
19 organizations to reduce violence and substance use by pre-
20 venting exposure to violence and substance use and identi-
21 fying and supporting infants, children, and youth, and
22 their families, as appropriate, exposed to violence and sub-
23 stance use.

24 “(b) USE OF FUNDS.—A grant under subsection (a)
25 may be used to implement trauma-informed policies and

1 practices that support infants, children, youth, and their
2 families, as appropriate, by—

3 “(1) building public awareness and education,
4 and improving policies and practices;

5 “(2) providing training, tools, mental health
6 consultations, and resources to develop the skills and
7 capacity of parents (including foster parents), adult
8 guardians, and professionals who interact directly
9 with infants, children, and youth, and their families,
10 as appropriate, in an organized or professional set-
11 ting, including through the best practices developed
12 under section 7132(d) of the SUPPORT for Pa-
13 tients and Communities Act (Public Law 115–271);
14 and

15 “(3) providing technical assistance to commu-
16 nities, organizations, and public agencies on how to
17 prevent and mitigate the impact of exposure to trau-
18 ma, violence, and substance use.

19 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 \$11,000,000 for each of fiscal years 2020 through 2024.”.

22 **SEC. 207. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**
23 **AND YOUTH TRAUMA COORDINATING CEN-**
24 **TER.**

25 (a) ESTABLISHMENT OF CENTER.—

1 (B) models that include—

2 (i) trauma-informed approaches to
3 conflict resolution, information gathering,
4 forensic interviewing, de-escalation, and
5 crisis intervention training;

6 (ii) early interventions that link child
7 and youth witnesses and victims, and their
8 families as appropriate, to age-appropriate
9 trauma-informed services; and

10 (iii) preventing and supporting offi-
11 cers who experience secondary trauma;

12 (2) providing professional training and technical
13 assistance; and

14 (3) awarding grants under subsection (c).

15 (c) GRANT PROGRAM.—

16 (1) IN GENERAL.—The Attorney General, act-
17 ing through the Center, may award grants to State,
18 local, and tribal law enforcement agencies or to
19 multi-disciplinary consortia to—

20 (A) enhance the awareness of best prac-
21 tices for trauma-informed responses to infants,
22 children, and youth who have been exposed to
23 violence or other trauma, and their families as
24 appropriate; and

1 (B) provide professional training and tech-
2 nical assistance in implementing the best prac-
3 tices described in subparagraph (A).

4 (2) APPLICATION.—Any State, local, or tribal
5 law enforcement agency seeking a grant under this
6 subsection shall submit an application to the Attor-
7 ney General at such time, in such manner, and con-
8 taining such information as the Attorney General
9 may require.

10 (3) USE OF FUNDS.—A grant awarded under
11 this subsection may be used to—

12 (A) provide training to law enforcement of-
13 ficers on best practices, including how to iden-
14 tify and appropriately respond to early signs of
15 trauma and violence exposure when interacting
16 with infants, children, and youth, and their
17 families, as appropriate; and

18 (B) establish, operate, and evaluate a re-
19 ferral and partnership program with trauma-in-
20 formed clinical mental health, substance use,
21 health care, or social service professionals in the
22 community in which the law enforcement agen-
23 cy serves.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Attorney Gen-
3 eral—

4 (1) \$6,000,000 for each of fiscal years 2020
5 through 2024 to award grants under subsection (c);
6 and

7 (2) \$2,000,000 for each of fiscal years 2020
8 through 2024 for other activities of the Center.

9 **SEC. 208. NATIONAL INSTITUTES OF HEALTH REPORT ON**
10 **TRAUMA.**

11 Not later than 1 year after the date of the enactment
12 of this Act, the Director of the National Institutes of
13 Health shall submit to Congress a report on the activities
14 of the National Institutes of Health with respect to trau-
15 ma (including trauma that stems from child abuse, expo-
16 sure to violence, addiction and substance use, and toxic
17 stress) and the implications of trauma for infants, chil-
18 dren, and youth, and their families, as appropriate. Such
19 report shall include—

20 (1) the comprehensive research agenda of the
21 National Institutes of Health with respect to trau-
22 ma;

23 (2) the capacity, expertise, and review mecha-
24 nisms of the National Institutes of Health with re-
25 spect to the evaluation and examination of research

1 proposals related to child trauma, including coordi-
2 nation across institutes and centers;

3 (3) the relevance of trauma to other diseases,
4 outcomes, and domains;

5 (4) strategies to link and analyze data from
6 multiple independent sources, including child wel-
7 fare, health care (including mental health care), law
8 enforcement, and education systems, to enhance re-
9 search efforts and improve health outcomes;

10 (5) the efficacy of existing interventions, includ-
11 ing clinical treatment methods, child- and family-fo-
12 cused prevention models, and community-based ap-
13 proaches, in mitigating the effects of experiencing
14 trauma and improving health and societal outcomes;
15 and

16 (6) identification of gaps in understanding in
17 the field of trauma and areas of greatest need for
18 further research related to trauma.