

114TH CONGRESS
2D SESSION

S. 3519

To address the psychological, social, and emotional needs of children, youth, and families who have experienced trauma, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 7, 2016

Ms. HEITKAMP (for herself, Mr. DURBIN, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To address the psychological, social, and emotional needs of children, youth, and families who have experienced trauma, and for other purposes.

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 “Trauma-Informed
5 Care for Children and Families Act of 2016”.

1 **TITLE I—DEVELOPMENT OF**
2 **BEST PRACTICES**

3 **SEC. 101. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
4 **TRAUMA-INFORMED IDENTIFICATION, RE-**
5 **FERRAL, AND SUPPORT.**

6 (a) ESTABLISHMENT OF TASK FORCE TO IDENTIFY,
7 EVALUATE, RECOMMEND, MAINTAIN, AND UPDATE BEST
8 PRACTICES.—

9 (1) ESTABLISHMENT.—There is established a
10 task force, to be known as the Interagency Task
11 Force on Trauma-Informed Care.

12 (2) MAIN DUTIES.—The task force shall—

13 (A) identify, evaluate, recommend, main-
14 tain, and update, as described in subsection (c)
15 and in accordance with subsection (d), a set of
16 best practices with respect to children and
17 youth, and their families as appropriate, who
18 have experienced or are at risk of experiencing
19 trauma; and

20 (B) carry out other duties as described in
21 subsection (c).

22 (b) TASK FORCE COMPOSITION.—

23 (1) COMPOSITION.—The task force shall be
24 composed of Federal employees, consisting of the
25 Administrator of the Substance Abuse and Mental

1 Health Services Administration (referred to in this
2 section as the “Administrator”) and 1 representative
3 of each of—

4 (A) the National Center for Injury Preven-
5 tion and Control of the Centers for Disease
6 Control and Prevention;

7 (B) the Maternal and Child Health Bureau
8 of the Health Resources and Services Adminis-
9 tration;

10 (C) the Center for Medicaid and CHIP
11 Services;

12 (D) the National Institute of Mental
13 Health;

14 (E) the Eunice Kennedy Shriver National
15 Institute of Child Health and Human Develop-
16 ment;

17 (F) the National Institute on Drug Abuse;

18 (G) the National Institute on Alcohol
19 Abuse and Alcoholism;

20 (H) the Administration on Children, Youth
21 and Families of the Administration for Children
22 and Families;

23 (I) the Administration for Native Ameri-
24 cans of the Administration for Children and
25 Families;

1 (J) the Office of Child Care of the Admin-
2 istration for Children and Families;

3 (K) the Office of Head Start of the Ad-
4 ministration for Children and Families;

5 (L) the Office of Refugee Resettlement of
6 the Administration for Children and Families;

7 (M) the Indian Health Service of the De-
8 partment of Health and Human Services;

9 (N) the Office of Minority Health of the
10 Department of Health and Human Services;

11 (O) the Office of Juvenile Justice and De-
12 linquency Prevention of the Department of Jus-
13 tice;

14 (P) the Office of Community Oriented Po-
15 licing Services of the Department of Justice;

16 (Q) the National Center for Education
17 Evaluation and Regional Assistance of the De-
18 partment of Education;

19 (R) the Office of Safe and Healthy Stu-
20 dents of the Department of Education;

21 (S) the Office of Special Education and
22 Rehabilitative Services of the Department of
23 Education;

24 (T) the Office of Indian Education of the
25 Department of Education;

1 (U) the Bureau of Indian Affairs of the
2 Department of the Interior;

3 (V) the Bureau of Indian Education of the
4 Department of the Interior;

5 (W) the Veterans Health Administration of
6 the Department of Veterans Affairs; and

7 (X) such other Federal agencies as—

8 (i) the Administrator recommends to
9 the President; and

10 (ii) the President determines to be ap-
11 propriate.

12 (2) APPOINTMENT.—

13 (A) IN GENERAL.—Each member of the
14 task force, other than the Administrator, shall
15 be appointed by the Secretary or other head of
16 the entire Federal agency that contains the of-
17 fice or other unit of government that the mem-
18 ber represents.

19 (B) DATE OF APPOINTMENTS.—The heads
20 of Federal agencies with appointing authority
21 under this paragraph shall appoint the cor-
22 responding members of the task force not later
23 than 6 months after the date of enactment of
24 this Act.

1 (3) CHAIRPERSON.—The task force shall be
2 chaired by the Administrator.

3 (c) TASK FORCE DUTIES.—The task force shall—

4 (1) not later than 1 year after the date of en-
5 actment of this Act, and not less often than annually
6 thereafter—

7 (A) identify and evaluate a set of evidence-
8 based and evidence-informed best practices,
9 which may include practices already developed
10 by the Department of Health and Human Serv-
11 ices, the Department of Justice, the Depart-
12 ment of Education, or another Federal agency,
13 with respect to—

14 (i) the early identification of children
15 and youth, and their families as appro-
16 priate, who have experienced or are at risk
17 of experiencing trauma;

18 (ii) the expeditious referral of such
19 children and youth, and their families as
20 appropriate, that require specialized serv-
21 ices to the appropriate trauma-informed
22 support (including treatment) services, in
23 accordance with applicable privacy laws;
24 and

1 (iii) the implementation of trauma-in-
2 formed approaches and interventions in
3 child and youth-serving schools, organiza-
4 tions, homes, and other settings to foster
5 safe, stable, and nurturing environments
6 and relationships that prevent and mitigate
7 the effects of trauma;

8 (B) recommend such set of best practices,
9 including disseminating the set, to the Depart-
10 ment of Health and Human Services, the De-
11 partment of Justice, the Department of Edu-
12 cation, other Federal agencies as appropriate,
13 State, tribal, and local government agencies, in-
14 cluding State, local, and tribal educational
15 agencies, and other entities (including recipients
16 of relevant Federal grants, professional associa-
17 tions, health professional organizations, na-
18 tional and State accreditation bodies, and
19 schools) that the Administrator determines to
20 be appropriate, and to the general public; and

21 (C) maintain and update, as appropriate,
22 the set of best practices recommended under
23 subparagraph (B);

24 (2) not later than each date on which the task
25 force disseminates a set of best practices under

1 paragraph (1)(B), prepare and submit to Congress
2 a report containing a description of the set; and

3 (3) not later than 1 year after the date of en-
4 actment of this Act, and as often as practicable but
5 not less often than annually thereafter, coordinate,
6 among the offices and other units of government
7 represented on the task force, research, to the extent
8 feasible, and evaluation regarding models described
9 in subsection (d)(1)(C), identify gaps in or popu-
10 lations or settings not served by models described in
11 that subsection, solicit feedback on the models, from
12 the stakeholders described in subsection (d)(1)(B),
13 coordinate, among the offices and other units of gov-
14 ernment represented on the task force, the awarding
15 of grants related to preventing and mitigating trau-
16 ma, and establish procedures to enable the offices
17 and units of government to share technical expertise
18 related to preventing and mitigating trauma.

19 (d) BEST PRACTICES.—

20 (1) IN GENERAL.—In identifying, evaluating,
21 recommending, maintaining, and updating the set of
22 best practices under subsection (c), the task force
23 shall—

24 (A) consider findings from evidence-based
25 and evidence-informed models, including from

1 institutions of higher education, community
2 practice (including tribal experience), recog-
3 nized professional associations, and programs of
4 the Department of Health and Human Services,
5 the Department of Justice, the Department of
6 Education, and other Federal agencies, that re-
7 flect the science of healthy child, youth, and
8 family development, and have been developed,
9 implemented, and evaluated to demonstrate ef-
10 fectiveness and positive measurable outcomes;

11 (B) engage with, and solicit and receive
12 feedback from, faculty at institutions of higher
13 education, community practitioners associated
14 with the community practice described in sub-
15 paragraph (A), and recognized professional as-
16 sociations that represent the experience and
17 perspectives of individuals who provide services
18 in covered settings, to obtain observations and
19 practical recommendations on the best prac-
20 tices;

21 (C) ensure that the best practices include
22 culturally sensitive, linguistically appropriate,
23 and age- and gender-relevant models for set-
24 tings in which individuals may come into con-
25 tact with children and youth, and their families

1 as appropriate, who have experienced or are at
2 risk of experiencing trauma, including schools,
3 hospitals, settings where health care providers,
4 including primary care and pediatric providers,
5 provide services, preschool and early childhood
6 education and care settings, home visiting set-
7 tings, after-school program facilities, child wel-
8 fare agency facilities, public health agency fa-
9 cilities, mental health treatment facilities, sub-
10 stance abuse treatment facilities, faith-based in-
11 stitutions, juvenile justice system facilities, and
12 law enforcement agency facilities;

13 (D) recommend best practices that are evi-
14 dence-based or evidence-informed and include
15 guidelines for—

16 (i)(I) training of front-line service
17 providers, including teachers, providers
18 from child- or youth-serving organizations,
19 health care providers, and first responders,
20 in identifying early signs and risk factors
21 of trauma in children and youth, and their
22 families as appropriate, including through
23 screening processes; and

24 (II) implementing appropriate re-
25 sponses;

- 1 (ii) mechanisms that—
- 2 (I) are procedures or systems,
3 and are designed to quickly refer chil-
4 dren and youth, and their families as
5 appropriate, who have experienced or
6 are at risk of experiencing trauma to,
7 and ensure the children, youth, and
8 appropriate family members receive,
9 the appropriate trauma-informed
10 screening and support, including
11 treatment; or
- 12 (II) use partnerships that—
- 13 (aa) include covered recipi-
14 ents;
- 15 (bb) include local organiza-
16 tions or clinical service providers
17 with expertise in furnishing sup-
18 port services (including treat-
19 ment) to prevent or mitigate the
20 effects of trauma;
- 21 (cc) may be partnerships
22 that co-locate services, such as by
23 providing services at school-based
24 health centers; and

1 (dd) are designed to make
2 such quick referrals, and ensure
3 the receipt of screening and sup-
4 port, described in subclause (I);

5 (iii) large-scale interventions for un-
6 derserved communities that have faced
7 trauma through acute or long-term expo-
8 sure to substantial discrimination, histor-
9 ical or cultural oppression, intergenera-
10 tional poverty, civil unrest, or a high rate
11 of violence;

12 (iv) multigenerational interventions
13 to—

14 (I) support, including through
15 skills building, parents (including ex-
16 pecting parents), guardians, adult
17 caregivers, and educators in fostering
18 safe, stable, and nurturing environ-
19 ments and relationships that prevent
20 and mitigate trauma for children and
21 youth who have experienced or are at
22 risk of experiencing trauma;

23 (II) assist parents and guardians
24 in learning to access resources related

1 to such prevention and mitigation;
2 and

3 (III) provide tools to prevent and
4 address caregiver or secondary trauma,
5 as appropriate;

6 (v) assisting parents and guardians in
7 understanding eligibility for and obtaining
8 certain health benefits coverage, including
9 coverage under a State Medicaid plan
10 under title XIX of the Social Security Act
11 (42 U.S.C. 1396 et seq.) of screening and
12 treatment for children and youth, and their
13 families as appropriate, who have experi-
14 enced or are at risk of experiencing trauma;
15

16 (vi) utilizing subclinical providers (in-
17 cluding peers through peer support models,
18 mentors, clergy, and other community fig-
19 ures), to—

20 (I) expeditiously link children
21 and youth, and their families as ap-
22 propriate, who have experienced or
23 are at risk of experiencing trauma, to
24 the appropriate trauma-informed

1 screening and support (including clin-
2 ical treatment) services; and

3 (II) provide ongoing care or case
4 management services;

5 (vii) collecting and utilizing data from
6 screenings, referrals, or the provision of
7 services and supports, conducted in the
8 covered settings, to evaluate and improve
9 processes for trauma-informed support and
10 outcomes;

11 (viii)(I) improving disciplinary prac-
12 tices in early childhood education and care
13 settings and schools, including use of posi-
14 tive disciplinary strategies that are effec-
15 tive at reducing the incidence of punitive
16 school disciplinary actions, including school
17 suspensions and expulsions; and

18 (II) providing the training described
19 in clause (i) to child care providers and to
20 school personnel, including school resource
21 officers, teacher assistants, administrators,
22 and heads of charter schools; and

23 (ix) incorporating trauma-informed
24 considerations into educational, preservice,
25 and continuing education opportunities, for

1 the use of health professional organiza-
2 tions, national and State accreditation bod-
3 ies for health care providers, health profes-
4 sional schools, and other relevant training
5 and educational entities;

6 (E) recommend best practices that—

7 (i) can be applied across underserved
8 geographic areas; and

9 (ii) engage entire organizations in
10 training and skill building related to the
11 best practices; and

12 (F) recommend best practices that are de-
13 signed not to lead to unwarranted custody loss
14 or criminal penalties for parents or guardians
15 in connection with children and youth who have
16 experienced or are at risk of experiencing trau-
17 ma.

18 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there are authorized to be appropriated
20 \$3,000,000 for fiscal year 2017 and \$1,000,000 for each
21 of fiscal years 2018 through 2021.

22 (f) DEFINITIONS.—In this section:

23 (1) COVERED RECIPIENT.—The term “covered
24 recipient” means a department or other entity de-
25 scribed in subsection (c)(1)(B).

1 (2) COVERED SETTING.—The term “covered
2 setting” means a setting described in subsection
3 (d)(1)(C).

4 **SEC. 102. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**
5 **STRESS INITIATIVE.**

6 Section 582(f) of the Public Health Service Act (42
7 U.S.C. 290hh–1(f)) is amended by striking “\$50,000,000
8 for fiscal year 2001, and such sums as may be necessary
9 for each of fiscal years 2003 through 2006.” and inserting
10 “\$70,000,000 for each of fiscal years 2017 through 2021.
11 Of the amounts appropriated under this subsection for
12 each of fiscal years 2017 through 2021, \$7,500,000 shall
13 be allocated to the operation of the coordinating center
14 of the National Child Traumatic Stress Initiative for pur-
15 poses of gathering and reporting data, evaluating models,
16 and providing technical assistance.”.

17 **TITLE II—DISSEMINATION AND**
18 **IMPLEMENTATION OF BEST**
19 **PRACTICES**

20 **SEC. 201. USE OF GRANT FUNDS FOR TRAINING IN BEST**
21 **PRACTICES RELATING TO CHILD AND YOUTH**
22 **TRAUMA AND COMMUNITY SUPPORT.**

23 (a) HEAD START ACT.—

24 (1) IN GENERAL.—Section 640(a) of the Head
25 Start Act (42 U.S.C. 9835(a)) is amended—

1 (A) by redesignating paragraph (7) as
2 paragraph (8); and

3 (B) by inserting after paragraph (6) the
4 following:

5 “(7) Any of the funds allocated under this sub-
6 section for Head Start programs (including Early
7 Head Start programs), for training and technical as-
8 sistance activities, or for collaboration grants may be
9 used to provide training for administrators and
10 other staff of Head Start agencies in the best prac-
11 tices developed under section 101 of the Trauma-In-
12 formed Care for Children and Families Act of
13 2016.”.

14 (2) CONFORMING AMENDMENTS.—

15 (A) Section 640(a)(2)(C)(i) of the Head
16 Start Act (42 U.S.C. 9835(a)(2)(C)(i)), in the
17 matter preceding subclause (I), by inserting
18 after “training and technical assistance activi-
19 ties” the following: “(such as training in the
20 best practices developed under section 101 of
21 the Trauma-Informed Care for Children and
22 Families Act of 2016)”.

23 (B) Sections 641A(h)(1)(B) and 645(d)(3)
24 of the Head Start Act (42 U.S.C.

1 9836a(h)(1)(B), 9840(d)(3)) are amended by
2 striking “640(a)(7)” and inserting “640(a)(8)”.

3 (C) Section 642B(a)(2)(B)(i) of the Head
4 Start Act (42 U.S.C. 9837b(a)(2)(B)(i)) is
5 amended by inserting before the semicolon the
6 following: “(such as by providing training for
7 administrators and other staff of those agencies
8 in the best practices developed under section
9 101 of the Trauma-Informed Care for Children
10 and Families Act of 2016)”.

11 (D) Section 648 of the Head Start Act (42
12 U.S.C. 9843) is amended—

13 (i) in subsection (a)(3)(B)(i), by in-
14 serting after “systems” the following:
15 “(such as systems that include training in
16 the best practices developed under section
17 101 of the Trauma-Informed Care for
18 Children and Families Act of 2016)”;

19 (ii) in subsection (b)(2)(C), by insert-
20 ing before the semicolon the following:
21 “(such as training in the best practices de-
22 veloped under section 101 of the Trauma-
23 Informed Care for Children and Families
24 Act of 2016)”;

1 (iii) in subsection (d)(1)(G), by insert-
2 ing after “staff training” the following
3 “(such as training in the best practices de-
4 veloped under section 101 of the Trauma-
5 Informed Care for Children and Families
6 Act of 2016)”.

7 (b) CHILD CARE AND DEVELOPMENT BLOCK
8 GRANT.—Section 658B of the Child Care and Develop-
9 ment Block Grant Act of 1990 (42 U.S.C. 9858) is
10 amended—

11 (1) by striking “There” and inserting the fol-
12 lowing:

13 “(a) IN GENERAL.—There”; and

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

15 “(b) BEST PRACTICES.—Any of the funds appro-
16 priated under this section may be used to provide training
17 in the best practices developed under section 101 of the
18 Trauma-Informed Care for Children and Families Act of
19 2016 for administrators of child care programs, and child
20 care providers, that receive assistance under this sub-
21 chapter.”.

22 (c) SOCIAL SERVICES BLOCK GRANT.—Section
23 2002(a)(2)(B) of the Social Security Act (42 U.S.C.
24 1397a(a)(2)(B)) is amended—

1 (1) in clause (ii), by striking “and” after the
2 semicolon;

3 (2) in clause (iii), by striking the period at the
4 end and inserting “; and”; and

5 (3) by adding at the end the following new
6 clause:

7 “(iv) training for providers in the best
8 practices developed under section 101 of
9 the Trauma-Informed Care for Children
10 and Families Act of 2016.”.

11 (d) MATERNAL AND CHILD HEALTH SERVICES
12 BLOCK GRANT.—Section 504 of the Social Security Act
13 (42 U.S.C. 704) is amended by adding at the end the fol-
14 lowing new subsection:

15 “(e) A State may use a portion of the amounts de-
16 scribed in subsection (a) for the purpose of providing
17 training for licensed health care providers and public
18 health agencies in the best practices developed under sec-
19 tion 101 of the Trauma-Informed Care for Children and
20 Families Act of 2016.”.

21 (e) MATERNAL, INFANT, AND EARLY CHILDHOOD
22 HOME VISITING (MIECHV).—Section 511(i)(2) of the
23 Social Security Act (42 U.S.C. 711(i)(2)) is amended—

1 (1) by redesignating subparagraphs (D)
2 through (G) as subparagraphs (E) through (H), re-
3 spectively; and

4 (2) by inserting after subparagraph (C) the fol-
5 lowing new subparagraph:

6 “(D) Section 504(e) (relating to the use of
7 funds for training in the best practices devel-
8 oped under section 101 of the Trauma-In-
9 formed Care for Children and Families Act of
10 2016).”.

11 (f) CHILD WELFARE SERVICES.—Section
12 422(b)(4)(B) of the Social Security Act (42 U.S.C.
13 622(b)(4)(B)) is amended by inserting before the semi-
14 colon “(which may include training in the best practices
15 developed under section 101 of the Trauma-Informed Care
16 for Children and Families Act of 2016)”.

17 (g) TANF.—Section 404 of the Social Security Act
18 (42 U.S.C. 604) is amended by adding at the end the fol-
19 lowing new subsection:

20 “(1) USE OF FUNDS FOR TRAINING IN TRAUMA-IN-
21 FORMED BEST PRACTICES.—A State to which a grant is
22 made under section 403 may use the grant to provide
23 training for State and local officials responsible for admin-
24 istering the State program funded under this part in the

1 best practices developed under section 101 of the Trauma-
2 Informed Care for Children and Families Act of 2016.”.

3 (h) FEDERAL PAYMENTS FOR FOSTER CARE AND
4 ADOPTION ASSISTANCE.—Section 474(a)(3)(A) of the So-
5 cial Security Act (42 U.S.C. 674(a)(3)(A)) is amended by
6 inserting “, and including training in the best practices
7 developed under section 101 of the Trauma-Informed Care
8 for Children and Families Act of 2016” after “enrolled
9 in such institutions”.

10 (i) HEALTHY START INITIATIVE.—Section 330H(e)
11 of the Public Health Service Act (42 U.S.C. 254c–8(e))
12 is amended by adding at the end the following:

13 “(3) TRAINING PROVIDERS IN BEST PRACTICES
14 RELATING TO TRAUMA.—Any of the funds appro-
15 priated under paragraph (1) may be used to provide
16 training for providers in the best practices developed
17 under section 101 of the Trauma-Informed Care for
18 Children and Families Act of 2016.”.

19 (j) BLOCK GRANTS FOR COMMUNITY MENTAL
20 HEALTH SERVICES.—Section 1920 of the Public Health
21 Service Act (42 U.S.C. 300x–9) is amended by adding at
22 the end the following:

23 “(c) TRAINING PROVIDERS IN BEST PRACTICES RE-
24 LATING TO TRAUMA.—Any of the funds appropriated
25 under subsection (a) may be used to provide training for

1 providers in the best practices developed under section 101
2 of the Trauma-Informed Care for Children and Families
3 Act of 2016.”.

4 (k) BLOCK GRANTS FOR PREVENTION AND TREAT-
5 MENT OF SUBSTANCE ABUSE.—Section 1935 of the Pub-
6 lic Health Service Act (42 U.S.C. 300x–35) is amended
7 by adding at the end the following:

8 “(c) ALLOCATIONS FOR TRAINING PROVIDERS IN
9 BEST PRACTICES RELATING TO TRAUMA.—Any of the
10 funds appropriated under subsection (a) may be used to
11 provide training for providers in the best practices devel-
12 oped under section 101 of the Trauma-Informed Care for
13 Children and Families Act of 2016.”.

14 (l) USE OF GRANT FUNDS FOR TRAINING PRO-
15 VIDERS IN BEST PRACTICES RELATING TO TRAUMA.—

16 (1) SCHOOL-BASED HEALTH CENTERS.—Sec-
17 tion 399Z–1(l) of the Public Health Service Act (42
18 U.S.C. 280h–5(l)) is amended by adding “Any of
19 the funds appropriated under this subsection may be
20 used to provide training for providers in the best
21 practices developed under section 101 of the Trau-
22 ma-Informed Care for Children and Families Act of
23 2016.” after the first sentence.

24 (2) COMMUNITY HEALTH CENTERS.—Section
25 330(r) of the Public Health Service Act (42 U.S.C.

1 254b(r)) is amended by adding at the end the fol-
2 lowing:

3 “(5) TRAINING PROVIDERS IN BEST PRACTICES
4 RELATING TO TRAUMA.—Any of the funds appro-
5 priated under this subsection may be used to provide
6 training for providers in the best practices developed
7 under section 101 of the Trauma-Informed Care for
8 Children and Families Act of 2016.”.

9 (m) SUPPORTING EFFECTIVE INSTRUCTION; LOCAL
10 USE OF FUNDS.—Section 2103(b)(3) of the Elementary
11 and Secondary Education Act of 1965 (20 U.S.C.
12 6613(b)(3)) is amended—

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

15 (2) by redesignating subparagraph (P) as sub-
16 paragraph (Q); and

17 (3) by inserting after subparagraph (O) the fol-
18 lowing:

19 “(P) providing training for school per-
20 sonnel, including teachers, principals, other
21 school leaders, specialized instructional support
22 personnel, and paraprofessionals, in the best
23 practices developed under section 101 of the
24 Trauma-Informed Care for Children and Fami-
25 lies Act of 2016; and”.

1 (n) STUDENT SUPPORT AND ACADEMIC ENRICH-
2 MENT.—

3 (1) STATE USE OF FUNDS.—Section 4104(b) of
4 the Elementary and Secondary Education Act of
5 1965 (20 U.S.C. 7114(b)) is amended—

6 (A) in paragraph (2), by striking “or” at
7 the end;

8 (B) in paragraph (3) by striking the period
9 at the end and inserting “; or”; and

10 (C) by adding at the end the following:

11 “(4) providing training for teachers, adminis-
12 trators, school counselors, mental health profes-
13 sionals, and other appropriate personnel in the best
14 practices developed under section 101 of the Trau-
15 ma-Informed Care for Children and Families Act of
16 2016.”.

17 (2) LOCAL USE OF FUNDS.—Paragraph (5) of
18 section 4108 of the Elementary and Secondary Edu-
19 cation Act of 1965 (20 U.S.C. 7118) is amended—

20 (A) in subparagraph (H), by striking “or”
21 at the end;

22 (B) in subparagraph (I), by striking the
23 period at the end and inserting “; or”; and

24 (C) by adding at the end the following:

1 “(J) providing training for teachers, ad-
2 ministrators, school counselors, mental health
3 professionals, and other appropriate personnel
4 in the best practices developed under section
5 101 of the Trauma-Informed Care for Children
6 and Families Act of 2016.”.

7 (o) 21ST CENTURY COMMUNITY LEARNING CEN-
8 TERS.—

9 (1) STATE USE OF FUNDS.—Section 4202(c)(3)
10 of the Elementary and Secondary Education Act of
11 1965 (20 U.S.C. 7172(c)(3)) is amended—

12 (A) by redesignating subparagraphs (H),
13 (I), and (G), as subparagraphs (G), (H), and
14 (I), respectively; and

15 (B) by adding at the end the following:

16 “(J) Providing training for teachers, ad-
17 ministrators, school counselors, mental health
18 professionals, and other appropriate personnel
19 (including appropriate personnel involved with
20 programs and activities that advance student
21 academic achievement and support student suc-
22 cess during nonschool hours) in the best prac-
23 tices developed under section 101 of the Trau-
24 ma-Informed Care for Children and Families
25 Act of 2016.”.

1 (2) LOCAL USE OF FUNDS.—Section 4205(a) of
2 the Elementary and Secondary Education Act of
3 1965 (20 U.S.C. 7175(a)) is amended—

4 (A) in paragraph (13), by striking “and”
5 at the end;

6 (B) in paragraph (14), by striking the pe-
7 riod at the end and inserting “; and”; and

8 (C) by adding at the end the following:

9 “(15) training for teachers, administrators,
10 school counselors, mental health professionals, and
11 other appropriate personnel in the best practices de-
12 veloped under section 101 of the Trauma-Informed
13 Care for Children and Families Act of 2016.”.

14 (p) FULL-SERVICE COMMUNITY SCHOOLS.—Section
15 4625(e) of the Elementary and Secondary Education Act
16 of 1965 (20 U.S.C. 7275(e)) is amended—

17 (1) in paragraph (2), by striking “and” after
18 the semicolon;

19 (2) by redesignating paragraph (3) as para-
20 graph (4); and

21 (3) by inserting after paragraph (2) the fol-
22 lowing:

23 “(3) provide training for teachers, administra-
24 tors, school counselors, mental health professionals,
25 and other appropriate personnel (including appro-

1 appropriate personnel involved with the full-service com-
2 munity school) in the best practices developed under
3 section 101 of the Trauma-Informed Care for Chil-
4 dren and Families Act of 2016; and”.

5 (q) NATIONAL ACTIVITIES FOR SCHOOLS.—Section
6 4631(a)(1)(B) of the Elementary and Secondary Edu-
7 cation Act of 1965 (20 U.S.C. 7281(a)(1)(B)) is amended
8 by striking “or conducting a national evaluation.” and in-
9 serting “, conducting a national evaluation, or providing
10 training for teachers, administrators, school counselors,
11 mental health professionals, and other appropriate per-
12 sonnel in the best practices developed under section 101
13 of the Trauma-Informed Care for Children and Families
14 Act of 2016.”.

15 (r) IDEA.—Section 638 of the Individuals with Dis-
16 abilities Education Act (20 U.S.C. 1438) is amended—

17 (1) in paragraph (4), by striking “and” after
18 the semicolon;

19 (2) in paragraph (5), by striking the period at
20 the end and inserting “; and”; and

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

22 “(6) to provide training for appropriate per-
23 sonnel who provide direct early intervention services
24 for infants and toddlers with disabilities in the best
25 practices developed under section 101 of the Trau-

1 ma-Informed Care for Children and Families Act of
2 2016.”.

3 (s) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
4 FOR WOMEN, INFANTS, AND CHILDREN.—Section 17(f)
5 of the Child Nutrition Act of 1966 (42 U.S.C. 1786(f))
6 is amended by adding at the end the following:

7 “(27) BEST PRACTICES.—A State agency may
8 use a portion of the amounts made available to the
9 State agency under this section for the purpose of
10 providing training for local agencies in the best prac-
11 tices developed under section 101 of the Trauma-In-
12 formed Care for Children and Families Act of
13 2016.”.

14 (t) COMMUNITY SERVICES BLOCK GRANT ACT.—

15 (1) STATE ACTIVITIES.—Section 675C(b)(1)(A)
16 of the Community Services Block Grant Act (42
17 U.S.C. 9907(b)(1)(A)) is amended by inserting after
18 “providing training” the following: “(which may in-
19 clude providing training, to the entities that are pro-
20 viders of services to children and youth, in the best
21 practices developed under section 101 of the Trau-
22 ma-Informed Care for Children and Families Act of
23 2016)”.

24 (2) NATIONAL ACTIVITIES.—Section
25 678A(a)(1)(A) of the Community Services Block

1 Grant Act (42 U.S.C. 9913(a)(1)(A)) is amended by
2 inserting after “training” the following: “(which may
3 include providing training, to the entities that are
4 providers of services to children and youth, in the
5 best practices developed under section 101 of the
6 Trauma-Informed Care for Children and Families
7 Act of 2016)”.

8 (u) RUNAWAY AND HOMELESS YOUTH ACT.—Sec-
9 tion 342 of the Runaway and Homeless Youth Act (42
10 U.S.C. 5714–22) is amended by inserting after “technical
11 assistance and training” the following: “(which may in-
12 clude providing training, to providers of services under
13 this title, in the best practices developed under section 101
14 of the Trauma-Informed Care for Children and Families
15 Act of 2016)”.

16 (v) PROGRAMS OF THE OFFICE OF REFUGEE RESET-
17 TLEMENT.—Section 462(b)(1) of the Homeland Security
18 Act of 2002 (6 U.S.C. 279(b)(1)) is amended—

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

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

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

24 “(M) at the election of the Director, pro-
25 viding training, to providers responsible for the

1 care of the unaccompanied alien children, in the
2 best practices developed under section 101 of
3 the Trauma-Informed Care for Children and
4 Families Act of 2016.”.

5 (w) FAMILY VIOLENCE PREVENTION AND SERVICES
6 ACT.—

7 (1) PREVENTION AND SUPPORTIVE SERVICES.—
8 Section 308(b)(1)(D) of the Family Violence Preven-
9 tion and Services Act (42 U.S.C. 10408(b)(1)(D)) is
10 amended by inserting before the semicolon the fol-
11 lowing: “, and provision of training to providers in
12 the best practices developed under section 101 of the
13 Trauma-Informed Care for Children and Families
14 Act of 2016”.

15 (2) NATIONAL RESOURCE CENTER.—Section
16 310(b)(1)(A)(i) of the Family Violence Prevention
17 and Services Act (42 U.S.C. 10410(b)(1)(A)(i)) is
18 amended by inserting before the semicolon the fol-
19 lowing: “, and which may offer training related to
20 the best practices developed under section 101 of the
21 Trauma-Informed Care for Children and Families
22 Act of 2016”.

1 **SEC. 202. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**
2 **AND YOUTH TRAUMA COORDINATING CEN-**
3 **TER.**

4 (a) ESTABLISHMENT OF CENTER.—

5 (1) IN GENERAL.—The Attorney General shall
6 establish a National Law Enforcement Child and
7 Youth Trauma Coordinating Center (referred to in
8 this section as the “Center”) to provide assistance to
9 State, local, and tribal law enforcement agencies in
10 interacting with children and youth who have been
11 exposed to violence or other trauma, and their fami-
12 lies as appropriate.

13 (2) AGE RANGE.—The Center shall determine
14 the age range of children and youth to be covered
15 by the activities of the Center.

16 (b) DUTIES.—The Center shall provide assistance to
17 State, local, and tribal law enforcement agencies by—

18 (1) disseminating information on the best prac-
19 tices for law enforcement officers developed under
20 section 101, which may include best practices based
21 on evidence-based and evidence-informed models
22 from programs of the Department of Justice and the
23 Office of Justice Services of the Bureau of Indian
24 Affairs, such as—

1 (A) models developed in partnership with
2 national law enforcement organizations, Indian
3 tribes, or clinical researchers; and

4 (B) models that include—

5 (i) trauma-informed approaches to
6 conflict resolution, de-escalation, and crisis
7 intervention training;

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

12 (iii) supporting officers who experi-
13 ence secondary trauma;

14 (2) providing professional training and technical
15 assistance; and

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

17 (c) GRANT PROGRAM.—

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

22 (A) enhance the awareness of best prac-
23 tices developed under section 101 for trauma-
24 informed responses to children and youth who

1 have been exposed to violence or other trauma,
2 and their families as appropriate; and

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

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

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

14 (A) provide training to law enforcement of-
15 ficers on the best practices developed under sec-
16 tion 101, including how to identify early signs
17 of trauma and violence exposure when inter-
18 acting with children and youth; and

19 (B) establish, operate, and evaluate a re-
20 ferral and partnership program with clinical
21 mental health or social service professionals in
22 the community in which the law enforcement
23 agency serves.

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

4 (1) \$15,000,000 for each of fiscal years 2017
 5 through 2021 to award grants under subsection (c);
 6 and

7 (2) \$2,000,000 for each of fiscal years 2017
 8 through 2021 for other activities of the Center.

9 **SEC. 203. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
 10 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
 11 **DREN AND YOUTH IN EDUCATIONAL SET-**
 12 **TINGS.**

13 Part A of title IV of the Elementary and Secondary
 14 Education Act of 1965 (20 U.S.C. 7101 et seq.) is amend-
 15 ed by adding at the end the following:

16 **“Subpart 3—Grants To Improve Trauma Support**
 17 **Services and Mental Health Care for Children**
 18 **and Youth in Educational Settings**

19 **“SEC. 4131. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
 20 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
 21 **DREN AND YOUTH IN EDUCATIONAL SET-**
 22 **TINGS.**

23 “(a) GRANTS, CONTRACTS, AND COOPERATIVE
 24 AGREEMENTS AUTHORIZED.—The Secretary is authorized
 25 to award grants to, or enter into contracts or cooperative

1 agreements with, State educational agencies, local edu-
2 cational agencies, Indian tribes or their tribal educational
3 agencies, a school operated by the Bureau of Indian Edu-
4 cation, or a Regional Corporation (as defined in section
5 3 of the Alaska Native Claims Settlement Act (43 U.S.C.
6 1602)) for the purpose of increasing student access to
7 quality trauma support services and mental health care
8 by developing innovative programs to link local school sys-
9 tems with local trauma-informed support and mental
10 health systems, including those under the Indian Health
11 Service.

12 “(b) DURATION.—With respect to a grant, contract,
13 or cooperative agreement awarded or entered into under
14 this section, the period during which payments under such
15 grant, contract or agreement are made to the recipient
16 may not exceed 5 years.

17 “(c) USE OF FUNDS.—An entity that receives a
18 grant, contract, or cooperative agreement under this sec-
19 tion shall use amounts made available through such grant,
20 contract, or cooperative agreement for any of the fol-
21 lowing:

22 “(1) To enhance, improve, or develop collabo-
23 rative efforts between school-based service systems
24 and trauma-informed support and mental health
25 service systems to provide, enhance, or improve pre-

1 vention, screening, referral, and treatment services
2 to students.

3 “(2) To enhance the availability of trauma sup-
4 port services and school-based counseling programs,
5 as well as provide appropriate referrals for students
6 potentially in need of mental health services, and on-
7 going mental health services.

8 “(3) To provide universal trauma screenings to
9 identify students in need of specialized support.

10 “(4) To implement multi-tiered positive behav-
11 ioral interventions and supports, or other trauma-in-
12 formed models of support.

13 “(5) To provide training to teachers, teacher
14 assistants, and other appropriate school personnel to
15 develop safe, stable, and nurturing learning environ-
16 ments that prevent and mitigate the effects of trau-
17 ma, including through social and emotional learning.

18 “(6) To provide training and professional devel-
19 opment for the school personnel and mental health
20 professionals to improve school capacity to identify,
21 refer, and provide services, as appropriate, to stu-
22 dents in need of trauma support or behavioral health
23 services.

24 “(7) To provide technical assistance and con-
25 sultation to school systems and mental health agen-

1 cies as well as to families participating in the pro-
2 gram carried out under this section.

3 “(8) To provide linguistically appropriate and
4 culturally competent services.

5 “(9) To evaluate the effectiveness of the pro-
6 gram carried out under this section in increasing
7 student access to quality trauma support services
8 and mental health care, and make recommendations
9 to the Secretary about the sustainability of the pro-
10 gram.

11 “(10) To engage and utilize expertise provided
12 by institutions of higher education, such as a Tribal
13 College or University, as defined in section 316(b) of
14 the Higher Education Act of 1965.

15 “(11) To provide trainings and implement pro-
16 cedures pursuant to the relevant best practices de-
17 veloped under section 101 of the Trauma-Informed
18 Care for Children and Families Act of 2016.

19 “(d) APPLICATIONS.—To be eligible to receive a
20 grant, contract, or cooperative agreement under this sec-
21 tion, an entity described in subsection (a) shall submit an
22 application to the Secretary at such time, in such manner,
23 and containing such information as the Secretary may rea-
24 sonably require, such as the following:

1 “(1) A description of the program to be funded
2 under the grant, contract, or cooperative agreement.

3 “(2) A description of how such program will in-
4 crease access to quality trauma support services and
5 mental health care for students.

6 “(3) A description of how the applicant will es-
7 tablish trauma support services or a school-based
8 counseling program, or both, that provide immediate
9 prevention and mental health services to the school
10 community as necessary.

11 “(4) An assurance that—

12 “(A) persons providing services under the
13 grant, contract, or cooperative agreement are
14 adequately trained to provide such services;

15 “(B) the services will be provided in ac-
16 cordance with subsection (c);

17 “(C) teachers, administrators, parents or
18 guardians, representatives of local Indian tribes,
19 and other school personnel are aware of the
20 program; and

21 “(D) parents or guardians of students par-
22 ticipating in services under this section will be
23 engaged and involved in the design and imple-
24 mentation of the services.

1 “(5) An assurance that the applicant will sup-
2 port and integrate existing school-based services
3 with the program in order to provide appropriate
4 mental health services for students.

5 “(6) An assurance that the applicant will estab-
6 lish a program that will support students and the
7 school in improving the school climate in order to
8 support an environment conducive to learning.

9 “(e) INTERAGENCY AGREEMENTS.—

10 “(1) DESIGNATION OF LEAD AGENCY.—A re-
11 cipient of a grant, contract, or cooperative agree-
12 ment under this section shall designate a lead agen-
13 cy to direct the establishment of an interagency
14 agreement among local educational agencies, juvenile
15 justice authorities, mental health agencies, and other
16 relevant entities in the State, in collaboration with
17 local entities, such as Indian tribes.

18 “(2) CONTENTS.—The interagency agreement
19 shall ensure the provision of the services described
20 in subsection (c), specifying with respect to each
21 agency, authority, or entity—

22 “(A) the financial responsibility for the
23 services;

24 “(B) the conditions and terms of responsi-
25 bility for the services, including quality, ac-

1 countability, and coordination of the services;
2 and

3 “(C) the conditions and terms of reim-
4 bursement among the agencies, authorities, or
5 entities that are parties to the interagency
6 agreement, including procedures for dispute
7 resolution.

8 “(f) EVALUATION.—The Secretary shall evaluate
9 each program carried out under this section and shall dis-
10 seminate the findings with respect to each such evaluation
11 to appropriate public, tribal, and private entities.

12 “(g) DISTRIBUTION OF AWARDS.—The Secretary
13 shall ensure that grants, contracts, and cooperative agree-
14 ments awarded or entered into under this section are equi-
15 tably distributed among the geographical regions of the
16 United States and among tribal, urban, suburban, and
17 rural populations.

18 “(h) RULE OF CONSTRUCTION.—Nothing in this sec-
19 tion shall be construed—

20 “(1) to prohibit an entity involved with a pro-
21 gram carried out under this section from reporting
22 a crime that is committed by a student to appro-
23 priate authorities; or

24 “(2) to prevent State and tribal law enforce-
25 ment and judicial authorities from exercising their

1 responsibilities with regard to the application of
 2 Federal, tribal, and State law to crimes committed
 3 by a student.

4 “(i) SUPPLEMENT, NOT SUPPLANT.—Any services
 5 provided through programs carried out under this section
 6 shall supplement, and not supplant, existing mental health
 7 services, including any services required to be provided
 8 under the Individuals with Disabilities Education Act.

9 “(j) CONSULTATION WITH INDIAN TRIBES.—In car-
 10 rying out subsection (a), the Secretary shall, in a timely
 11 manner, meaningfully consult, engage, and cooperate with
 12 Indian tribes and their representatives to ensure notice of
 13 eligibility.

14 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
 15 is authorized to be appropriated to carry out this section
 16 \$6,000,000 for the period of fiscal years 2017 through
 17 2022.”

18 **TITLE III—UNDERSTANDING**
 19 **THE SCOPE OF TRAUMA EX-**
 20 **POSURE**

21 **SEC. 301. CDC SURVEILLANCE AND DATA COLLECTION FOR**
 22 **CHILD, YOUTH, AND ADULT TRAUMA.**

23 (a) DATA COLLECTION.—The Director of the Centers
 24 for Disease Control and Prevention (referred to in this
 25 section as the “Director”) shall authorize and encourage

1 States to collect and report data on adverse childhood ex-
2 periences through the Behavioral Risk Factor Surveillance
3 System and the Youth Risk Behavior Surveillance System.
4 In collecting and reporting such data, States shall use the
5 appropriate modules developed under section 302(2)(B),
6 in addition to other appropriate modules.

7 (b) TIMING.—The collection of data authorized under
8 subsection (a) may occur in fiscal year 2019 and every
9 2 years thereafter.

10 (c) DATA FROM TRIBAL AND RURAL AREAS.—The
11 Director shall require that each State, in collecting data
12 in accordance with subsection (a), ensure that, as appro-
13 priate, data from tribal and rural areas within such State
14 is included by oversampling from such areas.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
16 out this section, there are authorized to be appropriated
17 \$64,000,000 for the period of fiscal years 2019 through
18 2021.

19 **SEC. 302. CDC ANALYSIS OF CHILD, YOUTH, AND ADULT**
20 **TRAUMA.**

21 The Secretary of Health and Human Services, acting
22 through the Director of the Centers for Disease Control
23 and Prevention, shall—

24 (1) conduct an analysis of—

1 (A) the prevalence of child, youth, and
2 adult trauma experienced in the United States,
3 including assessments of the types of the most
4 prominent adverse childhood experiences, and
5 disparities by race and ethnicity, by geographic
6 distribution, and by socioeconomic status;

7 (B) the public health impact of the scope
8 of exposure to adverse childhood experiences,
9 including whether such scope of exposure to ad-
10 verse childhood experiences constitutes a public
11 health epidemic;

12 (C) modules that measure and assess ad-
13 verse childhood experiences, for development
14 and ultimate inclusion in the Youth Risk Be-
15 havior Surveillance System; and

16 (D) outcomes modules that measure and
17 evaluate the utilization and efficacy of trauma-
18 informed interventions, such as mental health
19 services or other clinical or sub-clinical care, for
20 ultimate inclusion in the Youth Risk Behavior
21 Surveillance System and the Behavioral Risk
22 Factor Surveillance System; and

23 (2) not later than 1 year after the date of en-
24 actment of this Act, submit to Congress a report on

1 the analysis under paragraph (1) that includes rec-
2 ommendations on—

3 (A) what communities can do to prevent
4 adverse childhood experiences and how Indian
5 tribes, social service providers, law enforcement,
6 health care practitioners, public health agencies,
7 educational institutions, and other community
8 stakeholders may collaborate to improve efforts
9 to identify, connect to appropriate services, and
10 provide treatment and support for children and
11 youth, and their families as appropriate, who
12 have experienced or are at risk of experiencing
13 trauma;

14 (B) modules for inclusion in the appro-
15 priate surveillance systems, as described in sub-
16 paragraphs (C) and (D) of paragraph (1); and

17 (C) how the Centers for Disease Control
18 and Prevention can utilize data collected
19 through surveillance systems to target specific
20 populations or geographic locations with a high
21 incidence of measured Adverse Childhood Expe-
22 riences, including by considering such data
23 when awarding grants and contracts to entities
24 serving such populations or locations.

1 **SEC. 303. GOVERNMENT ACCOUNTABILITY STUDY ON BAR-**
2 **RIERS TO AND OPPORTUNITIES FOR TRAU-**
3 **MA-INFORMED IDENTIFICATION AND TREAT-**
4 **MENT.**

5 (a) STUDY.—

6 (1) IN GENERAL.—The Comptroller General
7 shall conduct a study of the barriers to, and the op-
8 portunities for increasing, the early identification
9 and treatment of children and youth, and their fami-
10 lies as appropriate, who have experienced or are at
11 risk of experiencing trauma.

12 (2) CONTENTS.—In conducting the study, the
13 Comptroller General shall examine—

14 (A) ways in which such identification and
15 treatment could be facilitated in early childhood
16 education and care settings and elementary and
17 secondary schools, such as through improved
18 teacher preparation, professional development,
19 and curriculum design, and the development of
20 the cognitive and social-emotional skills of stu-
21 dents;

22 (B)(i) the extent to which State Medicaid
23 plans use early and periodic screening, diag-
24 nostic, and treatment services (as defined in
25 section 1905(r) of the Social Security Act (42
26 U.S.C. 1396d(r)) that are provided in accord-

1 ance with the requirements of section
2 1902(a)(43) of such Act (42 U.S.C.
3 1396a(a)(43))) to provide trauma-informed
4 services to children and youth, and their fami-
5 lies as appropriate, who have experienced or are
6 at risk of experiencing trauma;

7 (ii) barriers to increased utilization of such
8 screening, diagnostic, and treatment services;
9 and

10 (iii) the impact of State Medicaid plan de-
11 sign and State regulatory decisions on the pro-
12 vision of such services;

13 (C) the feasibility of, State experiences
14 with, and considerations regarding, systematic
15 collection and sharing of data that—

16 (i) is carried out by health care pro-
17 viders, State, local, and tribal educational
18 agencies, social service providers, law en-
19 forcement, and any other entity providing
20 services in a covered setting (as defined in
21 section 101(f));

22 (ii) relies on common data measures,
23 fosters communication and coordination
24 across covered settings (as so defined), and

1 promotes shared accountability for the
2 data; and

3 (iii) relates to the screening, referral,
4 and support of children and youth, and
5 their families as appropriate, who have ex-
6 perienceed or are at risk of experiencing
7 trauma;

8 (D) privacy and consent issues affecting
9 identification and treatment of children and
10 youth who have experienced or are at risk of ex-
11 perienceed trauma, including considerations re-
12 garding information collected and reported by
13 providers and regarding parental consent;

14 (E)(i) the comprehensive, coordinated, and
15 multisector process through which State, local,
16 and tribal educational agencies locate, identify,
17 and screen infants and toddlers with disabil-
18 ities, and children with disabilities (including
19 such children who are youth), under the Indi-
20 viduals with Disabilities Education Act (20
21 U.S.C. 1400 et seq.); and

22 (ii) considerations, strategies, alignment
23 opportunities, and applicability for trauma-in-
24 formed models for conducting such location,
25 identification, and screening;

1 (F)(i) clinical pediatric mental health and
2 child- and youth-serving social service workforce
3 capacity, including analyzing that capacity by
4 setting, geographic distribution, and population
5 served; and

6 (ii) barriers that contribute to any short-
7 ages in professionals in that workforce; and

8 (G) the cost-effectiveness and success of
9 providing services through school-based health
10 centers as a method of—

11 (i) addressing the needs of students
12 who have experienced or are at risk of ex-
13 perencing trauma; and

14 (ii) improving their academic achieve-
15 ment.

16 (b) REPORT.—The Comptroller General shall submit
17 a report containing the results of the study to—

18 (1) the Committee on Appropriations, the Com-
19 mittee on Health, Education, Labor, and Pensions,
20 the Committee on Finance, the Committee on Indian
21 Affairs, and the Committee on the Judiciary of the
22 Senate; and

23 (2) the Committee on Appropriations, the Com-
24 mittee on Energy and Commerce, the Committee on
25 Education and the Workforce, the Committee on

1 Ways and Means, the Committee on Natural Re-
 2 sources, and the Committee on the Judiciary of the
 3 House of Representatives.

4 (c) DEFINITIONS.—In this section:

5 (1) CHILD WITH A DISABILITY.—The term
 6 “child with a disability” has the meaning given the
 7 term in section 602 of the Individuals with Disabil-
 8 ities Education Act (20 U.S.C. 1401).

9 (2) INFANT OR TODDLER WITH A DIS-
 10 ABILITY.—The term “infant or toddler with a dis-
 11 ability” has the meaning given the term in section
 12 632 of the Individuals with Disabilities Education
 13 Act (20 U.S.C. 1432).

14 **TITLE IV—EVALUATION OF NEW**
 15 **INTERVENTIONS AND IM-**
 16 **PROVING SERVICE DELIVERY**

17 **SEC. 401. CLARIFICATION OF DEFINITION OF MEDICAID**
 18 **EPSDT SERVICES; DEMONSTRATION**
 19 **PROJECT TO TEST TRAUMA-INFORMED DE-**
 20 **LIVERY OF EPSDT SERVICES.**

21 (a) CLARIFICATION OF DEFINITION OF EPSDT
 22 SERVICES.—Section 1905(r) of the Social Security Act
 23 (42 U.S.C. 1396d(r)) is amended—

24 (1) in paragraph (1)—

1 (A) in subparagraph (A)(ii), by inserting
2 “(including in the immediate aftermath of expo-
3 sure to a traumatic event)” after “medically
4 necessary”; and

5 (B) in subparagraph (B)(i), by inserting
6 “and any past exposure to traumatic events”
7 after “health development”; and

8 (2) in paragraph (5), by inserting “including
9 any defects, illnesses, and conditions (including
10 symptoms of a possible mental health disorder that
11 are not sufficiently acute for a diagnosis of a clinical
12 mental health disorder) stemming from exposure to
13 traumatic events,” after “screening services.”.

14 (b) TRAUMA-INFORMED DELIVERY OF EPSDT
15 SERVICES DEMONSTRATION PROJECT.—

16 (1) IN GENERAL.—The Secretary shall make
17 grants to States to conduct demonstration projects
18 under title XIX of the Social Security Act (42
19 U.S.C. 1396 et seq.) to test innovative, trauma-in-
20 formed approaches for delivering early and periodic
21 screening, diagnostic, and treatment services (as de-
22 fined in section 1905(r) of the Social Security Act
23 (42 U.S.C. 1396d(r))) to eligible children.

24 (2) SCOPE AND DURATION.—

1 (A) SCOPE.—The Secretary shall select 10
2 States to participate in the demonstration
3 project.

4 (B) SELECTION.—

5 (i) DIVERSITY.—In selecting States to
6 participate in the demonstration project,
7 the Secretary shall—

8 (I) ensure that geographically di-
9 verse areas, including rural and un-
10 derserved areas, are included; and

11 (II) include at least 2 States in
12 which Indian tribes or tribal organiza-
13 tions (as defined in section 4 of the
14 Indian Health Care Improvement Act
15 (25 U.S.C. 1603)) are located.

16 (ii) PRIORITY.—In selecting States to
17 participate in the demonstration project,
18 the Secretary shall give priority to States
19 that—

20 (I) use a value-based payment
21 methodology for paying providers for
22 services provided under the State
23 Medicaid program, including services
24 related to healthy child development;

1 (II) use an alternative payment
2 model under the State Medicaid pro-
3 gram that enables cross-sector col-
4 laboration, provision of trauma-in-
5 formed services, and supports for
6 healthy child development; or

7 (III) integrate information tech-
8 nology between child- and youth-serv-
9 ing sectors to improve coordination
10 and outcomes.

11 (C) DURATION.—The demonstration
12 project shall begin not later than 1 year after
13 the date of the enactment of this Act, and shall
14 be conducted for a period of 4 years.

15 (3) REQUIREMENTS.—To be eligible for a grant
16 under this subsection, a State that is participating
17 in the demonstration project shall demonstrate that
18 it has implemented the following measures with re-
19 spect to the State Medicaid program:

20 (A) The State Medicaid program allows for
21 the provision of early and periodic screening, di-
22 agnostic, and treatment services—

23 (i) in a diverse set of settings, includ-
24 ing schools, hospitals, primary care set-
25 tings, Federally-qualified health centers (as

1 defined in section 1905(l)(2)(B) of the So-
2 cial Security Act (42 U.S.C.
3 1396d(l)(2)(B))), and tribally operated
4 health facilities, without undue restrictions
5 on the settings in which providers are per-
6 mitted to furnish such services; and

7 (ii) by the full scope of providers that
8 are licensed or otherwise authorized under
9 State law to provide the services, including
10 peers through eligible peer support serv-
11 ices, community health workers, or subclin-
12 ical case managers.

13 (B) Where necessary to improve or pro-
14 mote the health of an eligible child, the State
15 Medicaid program provides for payment for
16 services provided to the parent of the child.

17 (C) The State Medicaid program has pro-
18 cedures in place to coordinate across settings,
19 including with law enforcement, juvenile justice
20 agencies, schools (including preschools and
21 after-school programs), hospitals, primary care
22 providers, tribally operated health facilities, and
23 child welfare providers, to ensure that eligible
24 children who experience trauma receive the ap-
25 propriate services.

1 (D) Where appropriate, the State Medicaid
2 program coordinates with facilities of the In-
3 dian Health Service (including a hospital, nurs-
4 ing facility, or any other type of facility which
5 provides services of a type otherwise covered
6 under the program) and other tribally operated
7 health facilities to ensure eligible children have
8 access to adequate qualified providers that are
9 licensed or otherwise authorized under State
10 law to furnish the services.

11 (4) FUNDING.—Out of any funds in the Treas-
12 ury not otherwise appropriated, there is appro-
13 priated \$75,000,000 for the period of fiscal years
14 2017 through 2021 to carry out this subsection.

15 (5) DEFINITIONS.—In this subsection:

16 (A) DEMONSTRATION PROJECT.—The term
17 “demonstration project” means the demonstra-
18 tion project established under this subsection.

19 (B) ELIGIBLE CHILD.—The term “eligible
20 child” means an individual who is under age 21
21 and who is enrolled in a State plan under title
22 XIX of the Social Security Act (42 U.S.C. 1396
23 et seq.).

1 (C) SECRETARY.—The term “Secretary”
2 means the Secretary of Health and Human
3 Services.

4 (D) STATE MEDICAID PROGRAM.—The
5 term “State Medicaid program” means a State
6 plan or waiver under title XIX of the Social Se-
7 curity Act (42 U.S.C. 1396 et seq.).

8 (E) TRAUMATIC TRIGGER EVENT.—The
9 term “traumatic trigger event” means a trau-
10 matic event experienced by a child, including—

- 11 (i) sexual abuse or maltreatment;
- 12 (ii) sexual assault or rape;
- 13 (iii) physical abuse or maltreatment;
- 14 (iv) physical assault;
- 15 (v) emotional abuse or psychological
- 16 maltreatment;
- 17 (vi) neglect;
- 18 (vii) domestic violence;
- 19 (viii) war, terrorism, or political vio-
- 20 lence;
- 21 (ix) illness or medical trauma;
- 22 (x) accidental injury;
- 23 (xi) natural disaster;
- 24 (xii) kidnapping and trafficking;

- 1 (xiii) traumatic loss, separation, or be-
2 reavement;
3 (xiv) forced displacement;
4 (xv) impaired caregiver;
5 (xvi) personal or interpersonal vio-
6 lence;
7 (xvii) community violence;
8 (xviii) school violence and bullying;
9 and
10 (xix) such other events as the Sec-
11 retary shall determine.

12 **SEC. 402. HEALTH PROFESSIONAL SHORTAGE AREAS.**

13 Section 332(a) of the Public Health Service Act (42
14 U.S.C. 254e(a)) is amended—

15 (1) in paragraph (2)(A), by inserting “(includ-
16 ing a community health center operated in an ele-
17 mentary or secondary school)” after “community
18 health center”; and

19 (2) in paragraph (3)—

20 (A) by striking “, and residents” and in-
21 serting “, residents”; and

22 (B) by inserting “, and a population group
23 that the Secretary determines has experienced
24 trauma (such as through acute or long-term ex-
25 posure to substantial discrimination, historical

1 oppression, intergenerational poverty, civil un-
2 rest, or a high rate of violence)” before “may
3 be”.

4 **SEC. 403. LICENSING GUIDELINES FOR COMMUNITY FIG-**
5 **URES.**

6 The Secretary of Health and Human Services, acting
7 through the Administrator of the Agency for Healthcare
8 Research and Quality, shall conduct a study on, and estab-
9 lish guidelines for States to consider with respect to, the
10 licensing of community figures, including community men-
11 tors, peers with lived experiences, and faith-based leaders,
12 to build awareness of trauma and promote linkages to
13 community services, provide case management services,
14 and conduct appropriate trauma-informed screening for
15 individuals who have experienced or are at risk of experi-
16 encing trauma. Such licensing guidelines shall include rec-
17 ommendations for partnerships between such licensed
18 community figures and other health care providers such
19 that the licensed community figures could be reimbursed
20 through the State Medicaid plan under title XIX of the
21 Social Security Act (42 U.S.C. 1396 et seq.) for fur-
22 nishing services to individuals enrolled in such plan.

1 **SEC. 404. TRAINING FOR HEALTH CARE WORKFORCE.**

2 Subpart I of part C of title VII of the Public Health
3 Service Act is amended by inserting after section 747A
4 (42 U.S.C. 293k-1) the following:

5 **“SEC. 747B. EDUCATION AND TRAINING IN TRAUMA-IN-**
6 **FORMED CARE.**

7 “(a) IN GENERAL.—The Secretary may award
8 grants, cooperative agreements, or contracts to health pro-
9 fessions schools, and other public and private entities, for
10 the development and implementation of programs to pro-
11 vide education and training to health care professionals
12 in the delivery of trauma-informed care.

13 “(b) ELIGIBILITY.—To be eligible to receive a grant,
14 contract, or cooperative agreement under subsection (a),
15 an entity shall—

16 “(1) be—

17 “(A) a health professions school; or

18 “(B) a public or private entity determined
19 to be appropriate by the Secretary;

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

23 “(3) enter into an agreement described in sub-
24 section (c).

25 “(c) CERTAIN TOPICS.—The Secretary may award a
26 grant, contract, or cooperative agreement under sub-

1 section (a) to an entity only if the entity agrees that the
2 program to be implemented under the award will include
3 information and education on—

4 “(1) best practices developed under section 101
5 of the Trauma-Informed Care for Children and
6 Families Act of 2016;

7 “(2) interdisciplinary approaches to delivering
8 trauma-informed care;

9 “(3) cultural, linguistic, literacy, geographic,
10 and other barriers to care in underserved popu-
11 lations; and

12 “(4) recent findings, developments, and im-
13 provements in the provision of trauma-informed
14 care.

15 “(d) EVALUATION OF PROGRAMS.—The Secretary
16 shall (directly or through grants or contracts) provide for
17 the evaluation of programs implemented under subsection
18 (a) in order to determine the effect of such programs on
19 knowledge of and practice concerning trauma-informed
20 care.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of the fiscal years
24 2017 through 2019. Amounts appropriated under this
25 subsection shall remain available until expended.”.

1 **SEC. 405. TRAUMA-RELATED COORDINATING BODIES.**

2 Part G of title V of the Public Health Service Act
3 (42 U.S.C. 290hh et seq.) is amended by adding at the
4 end the following:

5 **“SEC. 583. TRAUMA-RELATED COORDINATING BODIES.**

6 “(a) GRANTS.—

7 “(1) IN GENERAL.—The Secretary, acting
8 through the Administrator, shall make not more
9 than 10 grants to State, local, or tribal eligible enti-
10 ties to act as trauma-related coordinating bodies.

11 “(2) AMOUNT.—The Secretary shall make such
12 a grant in an amount of not more than \$4,000,000.

13 “(3) DURATION.—The Secretary shall make
14 such a grant for a period of 4 years.

15 “(b) ELIGIBLE ENTITIES.—

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

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

22 “(A) agencies, such as public health or
23 child welfare agencies, that provide services to
24 prevent trauma among, identify, refer for serv-
25 ices, or support (including providing treatment
26 for) children and youth, and their families as

1 appropriate, that have experienced or are at
2 risk of experiencing trauma;

3 “(B) faculty at an institution of higher
4 education, or researchers or experts, in an area
5 related to prevention of, identification of, refer-
6 ral for services for, or support (including treat-
7 ment) for child and youth trauma;

8 “(C) hospitals or other health care institu-
9 tions;

10 “(D) law enforcement;

11 “(E) elementary or secondary schools, or
12 early childhood education or care programs;

13 “(F) providers of after-school, social serv-
14 ices, or home visiting programs;

15 “(G) community organizers or faith-based
16 providers; and

17 “(H) the general public, including individ-
18 uals who have experienced trauma.

19 “(3) QUALIFICATIONS.—In order for an entity
20 to be eligible to receive the grant, the representatives
21 included in the entity shall, collectively, have back-
22 grounds or expertise concerning a broad range of ad-
23 verse childhood experiences.

24 “(c) APPLICATION.—To be eligible to receive a grant
25 under this section, an entity shall submit an application

1 to the Secretary at such time, in such manner, and con-
2 taining such information as the Secretary may require, in-
3 cluding information describing how the coordinating body
4 will continue its activities after the end of the grant pe-
5 riod.

6 “(d) USE OF FUNDS.—An entity that receives a
7 grant under this section to act as a coordinating body shall
8 use the grant funds—

9 “(1) to bring together stakeholders who provide
10 or use services in, or have expertise concerning, cov-
11 ered settings to identify community needs and re-
12 sources related to preventing trauma among, identi-
13 fying, referring for services, and supporting (includ-
14 ing providing treatment for) children and youth, and
15 their families as appropriate, who have experienced
16 or are at risk of experiencing trauma, and to build
17 on any needs assessments conducted by organiza-
18 tions or groups represented on the coordinating
19 body;

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

23 “(B) to use the data to identify unique commu-
24 nity challenges, gaps in services, and high-need
25 areas, related to preventing trauma among, identi-

1 fying, referring for services, and supporting (includ-
2 ing providing treatment for) children and youth, and
3 their families as appropriate, who have experienced
4 or are at risk of experiencing trauma;

5 “(3) to build awareness, skills, and leadership
6 (including through trauma-informed training and
7 public outreach campaigns) related to preventing
8 trauma among, identifying, referring for services,
9 and supporting (including providing treatment for)
10 children and youth, and their families as appro-
11 priate, who have experienced or are at risk of experi-
12 encing trauma in the community;

13 “(4) to leverage the resources of the members
14 of the organizations and groups represented on the
15 coordinating body, for preventing trauma among,
16 identifying, referring for services, and supporting
17 (including providing treatment for) children and
18 youth, and their families as appropriate, who have
19 experienced or are at risk of experiencing trauma;
20 and

21 “(5) to develop a strategic plan that identi-
22 fies—

23 “(A) barriers to and gaps in the provision
24 of such services to prevent trauma among, iden-
25 tify, refer for services, or support (including

1 providing treatment for) children and youth,
2 and their families as appropriate, who have ex-
3 perience or are at risk of experiencing trauma;
4 and

5 “(B) policy goals and coordination oppor-
6 tunities (including coordination in applying for
7 grants) relating to the provision of such services
8 to prevent trauma among, identify, refer for
9 services, and support (including providing treat-
10 ment for) children and youth, and their families
11 as appropriate, who have experienced or are at
12 risk of experiencing trauma.

13 “(e) SUPPLEMENT NOT SUPPLANT.—Amounts made
14 available under this section shall be used to supplement
15 and not supplant other Federal, State, and local public
16 funds and private funds expended to provide trauma-re-
17 lated coordination activities.

18 “(f) EVALUATION.—At the end of the period for
19 which grants are made under this section, the Secretary
20 shall conduct an evaluation of the activities carried out
21 under each grant. In conducting the evaluation, the Sec-
22 retary shall assess the outcomes of the grant activities car-
23 ried out by each grant recipient.

24 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
25 is authorized to be appropriated to carry out this section

1 \$40,000,000 for the period of fiscal years 2017 through
2 2020.

3 “(h) DEFINITION.—In this section, the term ‘covered
4 setting’ has the meaning given the term in section 101(f)
5 of the Trauma-Informed Care for Children and Families
6 Act of 2016.”.

7 **SEC. 406. EXPANSION OF PERFORMANCE PARTNERSHIP**
8 **PILOT FOR CHILDREN WHO HAVE EXPERI-**
9 **ENCED OR ARE AT RISK OF EXPERIENCING**
10 **TRAUMA.**

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

15 (1) in subsection (a), by striking paragraph (2)
16 and inserting the following:

17 “(2) ‘To improve outcomes for children and
18 youth, and their families as appropriate, who have
19 experienced or are at risk of experiencing trauma’
20 means to increase the rate at which individuals who
21 have experienced or are at risk of experiencing trauma,
22 including those who are low-income, homeless,
23 in foster care, involved in the juvenile justice system,
24 unemployed, or not enrolled in or at risk of dropping
25 out of an educational institution and live in a com-

1 munity that has faced acute or long-term exposure
2 to substantial discrimination, historical oppression,
3 intergenerational poverty, civil unrest, or a high rate
4 of violence, achieve success in meeting educational,
5 employment, health, developmental, community re-
6 entry, or other key goals.”;

7 (2) in subsection (b)—

8 (A) in the subsection heading, by striking
9 “FISCAL YEAR 2014” and inserting “FISCAL
10 YEARS 2014 THROUGH 2017”;

11 (B) in the matter preceding paragraph (1),
12 by inserting “or any Act appropriating funds
13 for any of fiscal years 2014 through 2017”;

14 (C) in paragraph (1), by striking “discon-
15 nected youth” and inserting “children and
16 youth, and their families as appropriate, who
17 have experienced or are at risk of experiencing
18 trauma”; and

19 (D) in paragraph (2), by striking “discon-
20 nected youth, or designed to prevent youth from
21 disconnecting from school or work, that provide
22 education, training, employment, and other re-
23 lated social services.” and inserting “children
24 and youth, and their families as appropriate,

1 who have experienced or are at risk of experi-
2 encing trauma.”;

3 (3) in subsection (c)(2)(A), by striking “2018”
4 and inserting “2022”; and

5 (4) in subsection (e), by striking “2018” and
6 inserting “2022”.

7 **SEC. 407. TRAUMA-INFORMED TEACHING.**

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

11 (1) in subsection (b)(6)—

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

15 (B) by inserting after subparagraph (G)
16 the following:

17 “(H) how the partnership will prepare gen-
18 eral education and special education teachers to
19 work with students who have experienced trau-
20 ma (including students who are involved in the
21 foster care or juvenile justice systems or run-
22 away or homeless youth) and in alternative edu-
23 cation settings in which high populations of
24 youth with trauma exposure may learn (includ-
25 ing settings for correctional education, juvenile

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

4 (2) in subsection (d)(1)(A)(i)—

5 (A) in subclause (II), by striking “and” at
6 the end;

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

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

11 “(III) such teachers to adopt evi-
12 dence-based approaches for improving
13 behavior (such as positive behavior
14 interventions and supports and restor-
15 ative justice), supporting social and
16 emotional learning, mitigating the ef-
17 fects of trauma, improving the learn-
18 ing environment in the school, and for
19 reducing the need for suspensions, ex-
20 pulsions, corporal punishment, refer-
21 rals to law enforcement, and other ac-
22 tions that remove students from in-
23 struction; and”;

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

1 “(7) TRAUMA-INFORMED PRACTICE AND WORK
2 IN ALTERNATIVE EDUCATION SETTINGS.—Develop-
3 ing the teaching skills of prospective and, as appli-
4 cable, new elementary school and secondary school
5 teachers to adopt evidence-based trauma-informed
6 teaching strategies—

7 “(A) to—

8 “(i) recognize the signs of trauma and
9 its impact on learning;

10 “(ii) maximize student engagement;

11 and

12 “(iii) minimize suspension and expul-
13 sion; and

14 “(B) including programs training teachers
15 to work with students with exposure to trau-
16 matic events (including students involved in the
17 foster care or juvenile justice systems) and in
18 alternative academic settings for youth unable
19 to participate in a traditional public school pro-
20 gram in which high-populations of students
21 with trauma exposure may learn (such as stu-
22 dents involved in the foster care or juvenile jus-
23 tice systems, pregnant and parenting students,
24 runaway and homeless students, and other

1 youth who have re-entered school after a period
2 of absence due to dropping out).”.

3 (b) ADMINISTRATIVE PROVISIONS.—Section
4 203(b)(2) of the Higher Education Act of 1965 (20
5 U.S.C. 1022b(b)(2)) is amended—

6 (1) in subparagraph (A), by striking “and” at
7 the end;

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

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

11 “(C) to eligible partnerships that have a
12 high-quality proposal for trauma training pro-
13 grams for general education and special edu-
14 cation teachers.”.

○