

115TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice  
and referred to the Committee on \_\_\_\_\_

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**A BILL**

To address the psychological, developmental, 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 2017”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The 2007 Great Smoky Mountains Study, a  
9 representative longitudinal study of children, found

1 that by age 16, more than 67 percent of the children  
2 had been exposed to 1 or more traumatic events,  
3 such as child maltreatment, domestic violence, or  
4 sexual assault.

5 (2) According to a 2009 Office of Juvenile Jus-  
6 tice and Delinquency Prevention study of children  
7 ages 0 through 17, more than 60 percent of the chil-  
8 dren surveyed were exposed to violence within the  
9 past year, either directly or indirectly.

10 (3) According to the Administration for Chil-  
11 dren and Families, the rate of substantiated reports  
12 of child maltreatment in fiscal year 2015 was 9.2  
13 per 1,000 children ages 0 through 17, with children  
14 under age 1 having the highest rate of 24.2 per  
15 1,000 children.

16 (4) According to the Office of Juvenile Justice  
17 and Delinquency Prevention, a longitudinal study of  
18 youth detained at a juvenile detention center in Chi-  
19 cago showed that 92.5 percent of youth had experi-  
20 enced at least 1 trauma, and 84 percent had experi-  
21 enced more than 1 trauma.

22 (5) The National Intimate Partner and Sexual  
23 Violence Survey conducted by the Centers for Dis-  
24 ease Control and Prevention revealed that nearly 1  
25 in 5 women reported having been the victim of a

1 rape at some time during their lives. Seventy-eight  
2 percent experienced their first rape before the age of  
3 25.

4 (6) A 2017 study found that abuse and mal-  
5 treatment suffered as a child was associated with  
6 post-traumatic stress disorder and opioid-related  
7 misuse as an adult, and recommended that trauma  
8 history and post-traumatic stress disorder symptom  
9 severity be addressed as part of opioid addiction  
10 treatment.

11 (7) Findings from the Adverse Childhood Expe-  
12 riences Study conducted by the Centers for Disease  
13 Control and Prevention have shown that adverse  
14 childhood experiences predispose children towards  
15 negative trajectories from infancy through adoles-  
16 cence. Followup representative studies have shown  
17 the long-range impact of early trauma exposure on  
18 adult health conditions, including heart disease,  
19 asthma, and mental health.

20 (8) According to a subsequent study conducted  
21 by the Centers for Disease Control and Prevention,  
22 adults who had been exposed to multiple adverse  
23 childhood experiences were significantly more likely  
24 to be unemployed, to be living in poverty, and not

1 to have graduated high school than adults who had  
2 had zero adverse childhood experiences.

3 (9) According to a 2008 finding by the Na-  
4 tional Child Traumatic Stress Network, educators  
5 who work directly with traumatized children and  
6 adolescents are particularly vulnerable to secondary  
7 traumatic stress, experiencing burnout, fatigue, irri-  
8 tability, and other symptoms, and can be supported  
9 through early recognition of that stress, self-care,  
10 and trauma-informed support systems.

11 (10) Findings from a 2012 study conducted by  
12 the Centers for Disease Control and Prevention in-  
13 cluded an estimate that the total lifetime burden of  
14 child maltreatment cases that occur each year in the  
15 United States, including medical, welfare, and crimi-  
16 nal justice costs, is \$124,000,000,000.

17 (11) According to the Centers for Disease Con-  
18 trol and Prevention's National Health and Nutrition  
19 Examination Survey, only half of children ages 8  
20 through 15 with a mental disorder had received  
21 treatment for their disorder within the past year.  
22 Children with anxiety disorders such as post-trau-  
23 matic stress disorder were the least likely to be  
24 treated, with only 32.2 percent having received  
25 treatment for a mental disorder in the past year.

1           (12) According to a 2014 report of the Institute  
2 of Medicine and National Research Council of the  
3 National Academies entitled “New Directions in  
4 Child Abuse and Neglect Research,” research has  
5 shown that child abuse and neglect experiences re-  
6 sulted in higher risk for behavioral health problems  
7 (such as depression and substance use) throughout  
8 life, but that with informed prevention approaches,  
9 child abuse and neglect can be both preventable and  
10 manageable.

11           (13) According to a 2017 finding by the Na-  
12 tional Child Traumatic Stress Network, of the chil-  
13 dren served by the Network with problems in the  
14 clinical range when entering care, 83 percent showed  
15 significant improvements in post-traumatic stress  
16 disorder, behavioral problems, or traumatic stress  
17 symptoms after receiving evidence-based treatments.

18           (14) According to a 2008 Washington State re-  
19 port on prevention programs that assessed both cost  
20 and effectiveness, evidence-based, two-generational  
21 child trauma treatments such as Parent-Child Inter-  
22 action Therapy return \$3.64 per dollar of cost.

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 Assistant Secretary for Mental Health and Sub-

1       stance Use (referred to in this section as the “As-  
2       sistant Secretary”, except where another Assistant  
3       Secretary is specifically named) and 1 representative  
4       of each of—

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

8               (B) the Center for Mental Health Services  
9               of the Substance Abuse and Mental Health  
10              Services Administration;

11              (C) the Center for Substance Abuse Pre-  
12              vention of that Administration;

13              (D) the Center for Substance Abuse Treat-  
14              ment of that Administration;

15              (E) the Center for Behavioral Health Sta-  
16              tistics and Quality of that Administration;

17              (F) the Maternal and Child Health Bureau  
18              of the Health Resources and Services Adminis-  
19              tration;

20              (G) the Center for Medicaid and CHIP  
21              Services;

22              (H) the National Institute of Mental  
23              Health;

1 (I) the Eunice Kennedy Shriver National  
2 Institute of Child Health and Human Develop-  
3 ment;

4 (J) the National Institute on Drug Abuse;

5 (K) the National Institute on Alcohol  
6 Abuse and Alcoholism;

7 (L) the Administration on Children, Youth  
8 and Families of the Administration for Children  
9 and Families;

10 (M) the Administration for Native Ameri-  
11 cans of the Administration for Children and  
12 Families;

13 (N) the Office of Child Care of the Admin-  
14 istration for Children and Families;

15 (O) the Office of Head Start of the Admin-  
16 istration for Children and Families;

17 (P) the Office of Refugee Resettlement of  
18 the Administration for Children and Families;

19 (Q) the Indian Health Service of the De-  
20 partment of Health and Human Services;

21 (R) the Office of Minority Health of the  
22 Department of Health and Human Services;

23 (S) the Office of the Assistant Secretary  
24 for Planning and Evaluation;



1 (T) the Office of Juvenile Justice and De-  
2 linquency Prevention of the Department of Jus-  
3 tice;

4 (U) the Office of Community Oriented Po-  
5 licing Services of the Department of Justice;

6 (V) the Office on Violence Against Women  
7 of the Department of Justice;

8 (W) the National Center for Education  
9 Evaluation and Regional Assistance of the De-  
10 partment of Education;

11 (X) the Office of Safe and Healthy Stu-  
12 dents of the Department of Education;

13 (Y) the Office of Special Education and  
14 Rehabilitative Services of the Department of  
15 Education;

16 (Z) the Office of Indian Education of the  
17 Department of Education;

18 (AA) the Bureau of Indian Affairs of the  
19 Department of the Interior;

20 (BB) the Bureau of Indian Education of  
21 the Department of the Interior;

22 (CC) the Veterans Health Administration  
23 of the Department of Veterans Affairs;

1 (DD) the Office of Special Needs Assist-  
2 ance Programs of the Department of Housing  
3 and Urban Development; and

4 (EE) such other Federal agencies as—

5 (i) the Assistant Secretary rec-  
6 ommends to the President; and

7 (ii) the President determines to be ap-  
8 propriate.

9 (2) APPOINTMENT.—

10 (A) IN GENERAL.—Each member of the  
11 task force, other than the Assistant Secretary,  
12 shall be appointed by the Secretary or other  
13 head of the entire Federal agency that contains  
14 the office or other unit of government that the  
15 member represents.

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

22 (3) CHAIRPERSON.—The task force shall be  
23 chaired by the Assistant Secretary.

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



1 child and youth-serving schools, organiza-  
2 tions, homes, and other settings to foster  
3 safe, stable, and nurturing environments  
4 and relationships that prevent and mitigate  
5 the effects of trauma;

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

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

23 (2) not later than 2 years after the date of en-  
24 actment of this Act—

1 (A) prepare an integrated task force strat-  
2 egy report concerning how the task force and  
3 member agencies will collaborate, prioritize op-  
4 tions for, and implement a coordinated ap-  
5 proach to preventing trauma, and identifying  
6 and ensuring the appropriate interventions and  
7 supports for children, youth, and their families  
8 as appropriate, who have experienced or are at  
9 risk of experiencing trauma;

10 (B) submit the report to the appropriate  
11 committees of Congress; and

12 (C) make the report publicly available;

13 (3) not later than 1 year after the date of en-  
14 actment of this Act, and as often as practicable but  
15 not less often than annually thereafter, coordinate,  
16 to the extent feasible, among the offices and other  
17 units of government represented on the task force,  
18 research, data collection, and evaluation regarding  
19 models described in subsection (d)(1)(C), identify  
20 gaps in or populations or settings not served by  
21 models described in that subsection, solicit feedback  
22 on the models, from the stakeholders described in  
23 subsection (d)(1)(B), coordinate, among the offices  
24 and other units of government represented on the  
25 task force, the awarding of grants related to pre-

1 venting and mitigating trauma, and establish proce-  
2 dures to enable the offices and units of government  
3 to share technical expertise related to preventing and  
4 mitigating trauma.

5 (d) BEST PRACTICES.—

6 (1) IN GENERAL.—In identifying, evaluating,  
7 recommending, maintaining, and updating the set of  
8 best practices under subsection (c), the task force  
9 shall—

10 (A) consider findings from evidence-based,  
11 evidence-informed, and promising practice-  
12 based models, including from institutions of  
13 higher education, community practice (including  
14 tribal experience), recognized professional asso-  
15 ciations, and programs of the Department of  
16 Health and Human Services, the Department of  
17 Justice, the Department of Education, and  
18 other Federal agencies (including the National  
19 Mental Health and Substance Use Policy Lab-  
20 oratory and offices in such agencies that main-  
21 tain registries and clearinghouses of relevant  
22 models), that reflect the science of healthy  
23 child, youth, and family development, and have  
24 been developed, implemented, and evaluated to

1 demonstrate effectiveness or positive measur-  
2 able outcomes;

3 (B) engage with, and solicit and receive  
4 feedback from—

5 (i) faculty at institutions of higher  
6 education, community practitioners associ-  
7 ated with the community practice described  
8 in subparagraph (A), and recognized pro-  
9 fessional associations that represent the  
10 experience and perspectives of individuals  
11 who provide services in covered settings, to  
12 obtain observations and practical rec-  
13 ommendations on the best practices; and

14 (ii) the public, by—

15 (I) holding at least one public  
16 meeting to solicit recommendations  
17 and information relating to the best  
18 practices; and

19 (II) providing notice of the meet-  
20 ing in the Federal Register;

21 (C) recommend models for settings in  
22 which individuals may come into contact with  
23 children and youth, and their families as appro-  
24 priate, who have experienced or are at risk of  
25 experiencing trauma, including schools, hos-





1 youth, and their families as appropriate,  
2 including through screening processes; and  
3 (II) implementing appropriate re-  
4 sponses;  
5 (ii) procedures or systems that—  
6 (I) are designed to quickly refer  
7 children and youth, and their families  
8 as appropriate, who have experienced  
9 or are at risk of experiencing trauma  
10 to, and ensure the children, youth,  
11 and appropriate family members re-  
12 ceive, the appropriate trauma-in-  
13 formed screening and support, includ-  
14 ing treatment; or  
15 (II) use partnerships that—  
16 (aa) include local social serv-  
17 ices organizations or clinical  
18 mental health or health care serv-  
19 ice providers with expertise in  
20 furnishing support services (in-  
21 cluding trauma-informed treat-  
22 ment) to prevent or mitigate the  
23 effects of trauma;  
24 (bb) may be partnerships  
25 that co-locate or integrate serv-

1                   ices, such as by providing serv-  
2                   ices at school-based health cen-  
3                   ters; and

4                   (cc) are designed to make  
5                   such quick referrals, and ensure  
6                   the receipt of screening, support,  
7                   and treatment, described in sub-  
8                   clause (I);

9                   (iii) educating children and youth  
10                  to—

11                   (I) understand trauma;

12                   (II) identify the signs, effects, or  
13                   symptoms of trauma; and

14                   (III) build the resilience and cop-  
15                   ing skills to mitigate the effects of ex-  
16                   periencing trauma;

17                   (iv) multi-generational interventions  
18                  to—

19                   (I) support, including through  
20                   skills building, parents (with an ap-  
21                   propriate emphasis on fathers), foster  
22                   parents, adult caregivers, and front-  
23                   line service providers described in  
24                   clause (i)(I) in fostering safe, stable,  
25                   and nurturing environments and rela-

1                    tionships that prevent and mitigate  
2                    the effects of trauma for children and  
3                    youth who have experienced or are at  
4                    risk of experiencing trauma;

5                    (II) assist parents, foster par-  
6                    ents, and adult caregivers in learning  
7                    to access resources related to such  
8                    prevention and mitigation; and

9                    (III) provide tools to prevent and  
10                   address caregiver or secondary trau-  
11                   ma, as appropriate;

12                   (v) community interventions for un-  
13                   derserved areas that have faced trauma  
14                   through acute or long-term exposure to  
15                   substantial discrimination, historical or  
16                   cultural oppression, intergenerational pov-  
17                   erty, civil unrest, a high rate of violence, or  
18                   a high rate of drug overdose mortality;

19                   (vi) assisting parents and guardians  
20                   in understanding eligibility for and obtain-  
21                   ing certain health benefits coverage, in-  
22                   cluding coverage under a State Medicaid  
23                   plan under title XIX of the Social Security  
24                   Act (42 U.S.C. 1396 et seq.) of screening  
25                   and treatment for children and youth, and

1 their families as appropriate, who have ex-  
2 perienceD or are at risk of experiencing  
3 trauma;

4 (vii) utilizing trained nonclinical pro-  
5 viders (such as peers through peer support  
6 models, mentors, clergy, and other commu-  
7 nity figures), to—

8 (I) expeditiously link children  
9 and youth, and their families as ap-  
10 propriate, who have experienced or  
11 are at risk of experiencing trauma, to  
12 the appropriate trauma-informed  
13 screening and support (including clin-  
14 ical treatment) services; and

15 (II) provide ongoing care or case  
16 management services;

17 (viii) collecting and utilizing data  
18 from screenings, referrals, or the provision  
19 of services and supports, conducted in the  
20 covered settings, to evaluate and improve  
21 processes for trauma-informed support and  
22 outcomes;

23 (ix)(I) improving disciplinary practices  
24 in early childhood education and care set-  
25 tings and schools, including use of positive

1 disciplinary strategies that are effective at  
2 reducing the incidence of punitive school  
3 disciplinary actions, including school sus-  
4 pensions and expulsions; and

5 (II) providing the training described  
6 in clause (i) to child care providers and to  
7 school personnel, including school resource  
8 officers, teacher assistants, administrators,  
9 and heads of charter schools; and

10 (x) incorporating trauma-informed  
11 considerations into educational, preservice,  
12 and continuing education opportunities, for  
13 the use of health professional and edu-  
14 cation organizations, national and State  
15 accreditation bodies for health care and  
16 education providers, health and education  
17 professional schools or accredited graduate  
18 schools, and other relevant training and  
19 educational entities; and

20 (E) recommend best practices that—

21 (i) include practices that are cul-  
22 turally sensitive, linguistically appropriate,  
23 age- and gender-relevant, and appropriate  
24 for lesbian, gay, bisexual, transgender, and  
25 queer populations;

1 (ii) can be applied across underserved  
2 geographic areas; and

3 (iii) engage entire organizations in  
4 training and skill building related to the  
5 best practices; and

6 (F) recommend best practices that are de-  
7 signed not to lead to unwarranted custody loss  
8 or criminal penalties for parents or guardians  
9 in connection with children and youth who have  
10 experienced or are at risk of experiencing trau-  
11 ma.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
13 out this section, there are authorized to be appropriated  
14 \$3,000,000 for fiscal year 2018 and \$1,000,000 for each  
15 of fiscal years 2019 through 2022.

16 (f) DEFINITIONS.—In this section:

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

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

1 **SEC. 102. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**  
2 **STRESS INITIATIVE.**

3 Section 582(f) of the Public Health Service Act (42  
4 U.S.C. 290hh–1(f)) is amended—

5 (1) by striking “\$46,887,000” and inserting  
6 “\$66,887,000”; and

7 (2) by adding at the end the following: “Of the  
8 amounts appropriated under this subsection for each  
9 of fiscal years 2018 through 2022, \$7,500,000 shall  
10 be allocated to the operation of the coordinating cen-  
11 ter of the National Child Traumatic Stress Initiative  
12 for purposes of gathering and reporting data, evalu-  
13 ating models, and providing technical assistance.”.

14 **TITLE II—DISSEMINATION AND**  
15 **IMPLEMENTATION OF BEST**  
16 **PRACTICES**

17 **SEC. 201. USE OF GRANT FUNDS FOR TRAINING IN BEST**  
18 **PRACTICES RELATING TO CHILD AND YOUTH**  
19 **TRAUMA AND COMMUNITY SUPPORT.**

20 (a) HEAD START ACT.—

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

23 (A) by redesignating paragraph (7) as  
24 paragraph (8); and

25 (B) by inserting after paragraph (6) the  
26 following:

1           “(7) Any of the funds allocated under this sub-  
2           section for Head Start programs (including Early  
3           Head Start programs), for training and technical as-  
4           sistance activities, or for collaboration grants may be  
5           used to provide training for administrators and  
6           other staff of Head Start agencies in the best prac-  
7           tices developed under section 101 of the Trauma-In-  
8           formed Care for Children and Families Act of  
9           2017.”.

10           (2) CONFORMING AMENDMENTS.—

11           (A) Section 640(a)(2)(C)(i) of the Head  
12           Start Act (42 U.S.C. 9835(a)(2)(C)(i)), in the  
13           matter preceding subclause (I), by inserting  
14           after “training and technical assistance activi-  
15           ties” the following: “(such as training in the  
16           best practices developed under section 101 of  
17           the Trauma-Informed Care for Children and  
18           Families Act of 2017)”.

19           (B) Sections 641A(h)(1)(B) and 645(d)(3)  
20           of the Head Start Act (42 U.S.C.  
21           9836a(h)(1)(B), 9840(d)(3)) are amended by  
22           striking “640(a)(7)” and inserting “640(a)(8)”.

23           (C) Section 642B(a)(2)(B)(i) of the Head  
24           Start Act (42 U.S.C. 9837b(a)(2)(B)(i)) is  
25           amended by inserting before the semicolon the



1 following: “(such as by providing training for  
2 administrators and other staff of those agencies  
3 in the best practices developed under section  
4 101 of the Trauma-Informed Care for Children  
5 and Families Act of 2017)”.

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

8 (i) in subsection (a)(3)(B)(i), by in-  
9 serting after “systems” the following:  
10 “(such as systems that include training in  
11 the best practices developed under section  
12 101 of the Trauma-Informed Care for  
13 Children and Families Act of 2017)”;

14 (ii) in subsection (b)(2)(C), by insert-  
15 ing before the semicolon the following:  
16 “(such as training in the best practices de-  
17 veloped under section 101 of the Trauma-  
18 Informed Care for Children and Families  
19 Act of 2017)”;

20 (iii) in subsection (d)(1)(G), by insert-  
21 ing after “staff training” the following  
22 “(such as training in the best practices de-  
23 veloped under section 101 of the Trauma-  
24 Informed Care for Children and Families  
25 Act of 2017)”.

1 (b) CHILD CARE AND DEVELOPMENT BLOCK  
2 GRANT.—Section 658G(b)(1) of the Child Care and De-  
3 velopment Block Grant Act of 1990 (42 U.S.C.  
4 9858e(b)(1)) is amended—

5 (1) in subparagraph (G), by striking “; and”  
6 and inserting a semicolon;

7 (2) in subparagraph (H), by striking the period  
8 and inserting “; and”; and

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

10 “(I) providing training in the best prac-  
11 tices developed under section 101 of the Trau-  
12 ma-Informed Care for Children and Families  
13 Act of 2017 for administrators of child care  
14 programs, and child care providers, that receive  
15 assistance under this subchapter.”.

16 (c) SOCIAL SERVICES BLOCK GRANT.—Section  
17 2002(a)(2)(B) of the Social Security Act (42 U.S.C.  
18 1397a(a)(2)(B)) is amended—

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

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

23 (3) by adding at the end the following new  
24 clause:



1           formed Care for Children and Families Act of  
2           2017).”.

3           (f)     CHILD     WELFARE     SERVICES.—Section  
4 422(b)(4)(B) of the Social Security Act (42 U.S.C.  
5 622(b)(4)(B)) is amended by inserting before the semi-  
6 colon “(which may include training in the best practices  
7 developed under section 101 of the Trauma-Informed Care  
8 for Children and Families Act of 2017)”.

9           (g)     FEDERAL PAYMENTS FOR FOSTER CARE AND  
10 ADOPTION ASSISTANCE.—Section 474(a)(3)(A) of the So-  
11 cial Security Act (42 U.S.C. 674(a)(3)(A)) is amended by  
12 inserting “, and including training in the best practices  
13 developed under section 101 of the Trauma-Informed Care  
14 for Children and Families Act of 2017” after “enrolled  
15 in such institutions”.

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

19                 “(3) TRAINING PROVIDERS IN BEST PRACTICES  
20     RELATING TO TRAUMA.—Any of the funds appro-  
21     priated under paragraph (1) may be used to provide  
22     training for providers in the best practices developed  
23     under section 101 of the Trauma-Informed Care for  
24     Children and Families Act of 2017.”.

1 (i) BLOCK GRANTS FOR COMMUNITY MENTAL  
2 HEALTH SERVICES.—Section 1920 of the Public Health  
3 Service Act (42 U.S.C. 300x–9) is amended by adding at  
4 the end the following:

5 “(d) TRAINING PROVIDERS IN BEST PRACTICES RE-  
6 LATING TO TRAUMA.—Except as specified in subsection  
7 (c), any of the funds appropriated under subsection (a)  
8 may be used to provide training for providers in the best  
9 practices developed under section 101 of the Trauma-In-  
10 formed Care for Children and Families Act of 2017.”.

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

15 “(c) ALLOCATIONS FOR TRAINING PROVIDERS IN  
16 BEST PRACTICES RELATING TO TRAUMA.—Any of the  
17 funds appropriated under subsection (a) may be used to  
18 provide training for providers in the best practices devel-  
19 oped under section 101 of the Trauma-Informed Care for  
20 Children and Families Act of 2017.”.

21 (k) USE OF GRANT FUNDS FOR TRAINING PRO-  
22 VIDERS IN BEST PRACTICES RELATING TO TRAUMA.—

23 (1) SCHOOL-BASED HEALTH CENTERS.—Sec-  
24 tion 399Z–1(l) of the Public Health Service Act (42  
25 U.S.C. 280h–5(l)) is amended by adding “Any of

1 the funds appropriated under this subsection may be  
2 used to provide training for providers in the best  
3 practices developed under section 101 of the Trau-  
4 ma-Informed Care for Children and Families Act of  
5 2017.” after the first sentence.

6 (2) COMMUNITY HEALTH CENTERS.—Section  
7 330(r) of the Public Health Service Act (42 U.S.C.  
8 254b(r)) is amended by adding at the end the fol-  
9 lowing:

10 “(5) TRAINING PROVIDERS IN BEST PRACTICES  
11 RELATING TO TRAUMA.—Any of the funds appro-  
12 priated under this subsection may be used to provide  
13 training for providers in the best practices developed  
14 under section 101 of the Trauma-Informed Care for  
15 Children and Families Act of 2017.”.

16 (1) SUPPORTING EFFECTIVE INSTRUCTION; LOCAL  
17 USE OF FUNDS.—Section 2103(b)(3) of the Elementary  
18 and Secondary Education Act of 1965 (20 U.S.C.  
19 6613(b)(3)) is amended—

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

22 (2) by redesignating subparagraph (P) as sub-  
23 paragraph (Q); and

24 (3) by inserting after subparagraph (O) the fol-  
25 lowing:

1           “(P) providing training for school per-  
2           sonnel, including teachers, principals, other  
3           school leaders, specialized instructional support  
4           personnel, and paraprofessionals, in the best  
5           practices developed under section 101 of the  
6           Trauma-Informed Care for Children and Fami-  
7           lies Act of 2017; and”.

8           (m) STUDENT SUPPORT AND ACADEMIC ENRICH-  
9           MENT.—

10           (1) STATE USE OF FUNDS.—Section 4104(b) of  
11           the Elementary and Secondary Education Act of  
12           1965 (20 U.S.C. 7114(b)) is amended—

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

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

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

18                   “(4) providing training for teachers, adminis-  
19                   trators, school counselors, mental health profes-  
20                   sionals, and other appropriate personnel in the best  
21                   practices developed under section 101 of the Trau-  
22                   ma-Informed Care for Children and Families Act of  
23                   2017.”.

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

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

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

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

9           “(J) providing training for teachers, ad-  
10 ministrators, school counselors, mental health  
11 professionals, and other appropriate personnel  
12 in the best practices developed under section  
13 101 of the Trauma-Informed Care for Children  
14 and Families Act of 2017.”.

15       (n) 21ST CENTURY COMMUNITY LEARNING CEN-  
16 TERS.—

17           (1) STATE USE OF FUNDS.—Section 4202(c)(3)  
18 of the Elementary and Secondary Education Act of  
19 1965 (20 U.S.C. 7172(c)(3)) is amended—

20           (A) by redesignating subparagraphs (H),  
21 (I), and (G), as subparagraphs (G), (H), and  
22 (I), respectively; and

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

24           “(J) Providing training for teachers, ad-  
25 ministrators, school counselors, mental health



1 professionals, and other appropriate personnel  
2 (including appropriate personnel involved with  
3 programs and activities that advance student  
4 academic achievement and support student suc-  
5 cess during nonschool hours) in the best prac-  
6 tices developed under section 101 of the Trau-  
7 ma-Informed Care for Children and Families  
8 Act of 2017.”.

9 (2) LOCAL USE OF FUNDS.—Section 4205(a) of  
10 the Elementary and Secondary Education Act of  
11 1965 (20 U.S.C. 7175(a)) is amended—

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

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

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

17 “(15) training for teachers, administrators,  
18 school counselors, mental health professionals, and  
19 other appropriate personnel in the best practices de-  
20 veloped under section 101 of the Trauma-Informed  
21 Care for Children and Families Act of 2017.”.

22 (o) FULL-SERVICE COMMUNITY SCHOOLS.—Section  
23 4625(e) of the Elementary and Secondary Education Act  
24 of 1965 (20 U.S.C. 7275(e)) is amended—

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

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

5           (3) by inserting after paragraph (2) the fol-  
6           lowing:

7           “(3) provide training for teachers, administra-  
8           tors, school counselors, mental health professionals,  
9           and other appropriate personnel (including appro-  
10          priate personnel involved with the full-service com-  
11          munity school) in the best practices developed under  
12          section 101 of the Trauma-Informed Care for Chil-  
13          dren and Families Act of 2017; and”.

14          (p) NATIONAL ACTIVITIES FOR SCHOOLS.—Section  
15          4631(a)(1)(B) of the Elementary and Secondary Edu-  
16          cation Act of 1965 (20 U.S.C. 7281(a)(1)(B)) is amended  
17          by striking “or conducting a national evaluation.” and in-  
18          serting “, conducting a national evaluation, or providing  
19          training for teachers, administrators, school counselors,  
20          mental health professionals, and other appropriate per-  
21          sonnel in the best practices developed under section 101  
22          of the Trauma-Informed Care for Children and Families  
23          Act of 2017.”.

24          (q) IDEA.—Section 638 of the Individuals with Dis-  
25          abilities Education Act (20 U.S.C. 1438) is amended—

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

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

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

6           “(6) to provide training for appropriate per-  
7 sonnel who provide direct early intervention services  
8 for infants and toddlers with disabilities in the best  
9 practices developed under section 101 of the Trau-  
10 ma-Informed Care for Children and Families Act of  
11 2017.”.

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

16           “(27) BEST PRACTICES.—A State agency may  
17 use a portion of the amounts made available to the  
18 State agency under this section for the purpose of  
19 providing training for local agencies in the best prac-  
20 tices developed under section 101 of the Trauma-In-  
21 formed Care for Children and Families Act of  
22 2017.”.

23       (s) COMMUNITY SERVICES BLOCK GRANT ACT.—

24           (1) STATE ACTIVITIES.—Section 675C(b)(1)(A)  
25 of the Community Services Block Grant Act (42

1 U.S.C. 9907(b)(1)(A)) is amended by inserting after  
2 “providing training” the following: “(which may in-  
3 clude providing training, to the entities that are pro-  
4 viders of services to children and youth, in the best  
5 practices developed under section 101 of the Trau-  
6 ma-Informed Care for Children and Families Act of  
7 2017)”.

8 (2) NATIONAL ACTIVITIES.—Section  
9 678A(a)(1)(A) of the Community Services Block  
10 Grant Act (42 U.S.C. 9913(a)(1)(A)) is amended by  
11 inserting after “training” the following: “(which may  
12 include providing training, to the entities that are  
13 providers of services to children and youth, in the  
14 best practices developed under section 101 of the  
15 Trauma-Informed Care for Children and Families  
16 Act of 2017)”.

17 (t) RUNAWAY AND HOMELESS YOUTH ACT.—Section  
18 342 of the Runaway and Homeless Youth Act (42 U.S.C.  
19 5714–22) is amended by inserting after “technical assist-  
20 ance and training” the following: “(which may include  
21 providing training, to providers of services under this title,  
22 in the best practices developed under section 101 of the  
23 Trauma-Informed Care for Children and Families Act of  
24 2017)”.

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

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

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

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

9 “(M) at the election of the Director, pro-  
10 viding training, to providers responsible for the  
11 care of the unaccompanied alien children, in the  
12 best practices developed under section 101 of  
13 the Trauma-Informed Care for Children and  
14 Families Act of 2017.”.

15 (v) CHILD ABUSE PREVENTION AND TREATMENT.—

16 (1) NATIONAL CLEARINGHOUSE.—Section  
17 103(b) of the Child Abuse Prevention and Treat-  
18 ment Act (42 U.S.C. 5104) is amended—

19 (A) in paragraph (8), by striking “and” at  
20 the end;

21 (B) in paragraph (9), by striking the pe-  
22 riod and inserting “; and”; and

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

24 “(10) disseminate information regarding the  
25 best practices developed under section 101 of the

1 Trauma-Informed Care for Children and Families  
2 Act of 2017 for individuals and officials described in  
3 paragraph (8).”.

4 (2) RESEARCH AND ASSISTANCE ACTIVITIES.—  
5 Section 104(b)(1) of that Act (42 U.S.C.  
6 5105(b)(1)) is amended by adding at the end the  
7 following: “Such assistance may include technical as-  
8 sistance regarding the best practices developed  
9 under section 101 of the Trauma-Informed Care for  
10 Children and Families Act of 2017.”.

11 (3) TRAINING.—Section 105(a)(1) of that Act  
12 (42 U.S.C. 5106(a)(1)) is amended—

13 (A) in subparagraph (L), by striking  
14 “and” at the end;

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

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

18 “(D) for providing training in the best  
19 practices developed under section 101 of the  
20 Trauma-Informed Care for Children and Fami-  
21 lies Act of 2017 to individuals and entities de-  
22 scribed in this paragraph.”.

23 (4) STATE CHILD ABUSE OR NEGLECT PREVEN-  
24 TION AND TREATMENT PROGRAMS.—Section 106(a)  
25 of that Act (42 U.S.C. 5106a(a)) is amended—

1 (A) in paragraph (13), by striking “or” at  
2 the end;

3 (B) in paragraph (14), by striking the pe-  
4 riod and inserting “; or”; and

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

6 “(15) providing training in the best practices  
7 developed under section 101 of the Trauma-In-  
8 formed Care for Children and Families Act of 2017  
9 for employees of agencies or systems described in  
10 paragraph (12), (13), or (14).”.

11 (5) COMMUNITY-BASED GRANTS FOR THE PRE-  
12 VENTION OF CHILD ABUSE AND NEGLECT.—Section  
13 205(b) of that Act (42 U.S.C. 5116e(b)) is amend-  
14 ed—

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

17 (B) in paragraph (6), by striking the pe-  
18 riod and inserting “; and”; and

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

20 “(7) provide training in the best practices devel-  
21 oped under section 101 of the Trauma-Informed  
22 Care for Children and Families Act of 2017 for pro-  
23 viders of programs, activities, or services described  
24 in this subsection.”.

1 (w) GRANTS FOR JUVENILE AND FAMILY COURT  
2 PERSONNEL.—Section 222(1) of the Victims of Child  
3 Abuse Act of 1990 (42 U.S.C. 13022(1)) is amended by  
4 inserting “(which may include providing training, to the  
5 entities that are providers of services to children and  
6 youth, in the best practices developed under section 101  
7 of the Trauma-Informed Care for Children and Families  
8 Act of 2017)” after “technical assistance and training”.

9 (x) GRANTS TO SUPPORT FAMILIES IN THE JUSTICE  
10 SYSTEM.—Section 1301(e) of the Victims of Trafficking  
11 and Violence Protection Act of 2000 (42 U.S.C. 10420(e))  
12 is amended by adding at the end the following:

13 “(3) BEST PRACTICES FOR TRAUMA-INFORMED  
14 CARE FOR CHILDREN AND FAMILIES.—In making  
15 grants under subsection (b), the Attorney General  
16 shall take into account the extent to which the appli-  
17 cant is using the best practices developed under sec-  
18 tion 101 of the Trauma-Informed Care for Children  
19 and Families Act of 2017.”.

20 **SEC. 202. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**  
21 **AND YOUTH TRAUMA COORDINATING CEN-**  
22 **TER.**

23 (a) ESTABLISHMENT OF CENTER.—

24 (1) IN GENERAL.—The Attorney General shall  
25 establish a National Law Enforcement Child and



1 Youth Trauma Coordinating Center (referred to in  
2 this section as the “Center”) to provide assistance to  
3 State, local, and tribal law enforcement agencies in  
4 interacting with children and youth who have been  
5 exposed to violence or other trauma, and their fami-  
6 lies as appropriate.

7 (2) AGE RANGE.—The Center shall determine  
8 the age range of children and youth to be covered  
9 by the activities of the Center.

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

12 (1) disseminating information on the best prac-  
13 tices for law enforcement officers developed under  
14 section 101, which may include best practices based  
15 on evidence-based and evidence-informed models  
16 from programs of the Department of Justice and the  
17 Office of Justice Services of the Bureau of Indian  
18 Affairs, such as—

19 (A) models developed in partnership with  
20 national law enforcement organizations, Indian  
21 tribes, or clinical researchers; and

22 (B) models that include—

23 (i) trauma-informed approaches to  
24 conflict resolution, de-escalation, and crisis  
25 intervention training;

1                   (ii) early interventions that link child  
2                   and youth witnesses and victims, and their  
3                   families as appropriate, to appropriate  
4                   trauma-informed services; and

5                   (iii) supporting officers who experi-  
6                   ence secondary trauma;

7                   (2) providing professional training and technical  
8                   assistance; and

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

10                  (c) GRANT PROGRAM.—

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

15                   (A) enhance the awareness of best prac-  
16                   tices developed under section 101 for trauma-  
17                   informed responses to children and youth who  
18                   have been exposed to violence or other trauma,  
19                   and their families as appropriate; and

20                   (B) provide professional training and tech-  
21                   nical assistance in implementing the best prac-  
22                   tices described in subparagraph (A).

23                   (2) APPLICATION.—Any State, local, or tribal  
24                   law enforcement agency seeking a grant under this  
25                   subsection shall submit an application to the Attor-

1       ney General at such time, in such manner, and con-  
2       taining such information as the Attorney General  
3       may require.

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

6           (A) provide training to law enforcement of-  
7       ficers on the best practices developed under sec-  
8       tion 101, including how to identify early signs  
9       of trauma and violence exposure when inter-  
10      acting with children and youth; and

11          (B) establish, operate, and evaluate a re-  
12      ferral and partnership program with trauma-in-  
13      formed clinical mental health, substance use,  
14      health care, or social service professionals in the  
15      community in which the law enforcement agen-  
16      cy serves.

17      (d) AUTHORIZATION OF APPROPRIATIONS.—There  
18      are authorized to be appropriated to the Attorney Gen-  
19      eral—

20           (1) \$15,000,000 for each of fiscal years 2018  
21      through 2022 to award grants under subsection (c);  
22      and

23           (2) \$2,000,000 for each of fiscal years 2018  
24      through 2022 for other activities of the Center.

1 **SEC. 203. ESTABLISHMENT OF NATIVE AMERICAN TECH-**  
2 **NICAL ASSISTANCE RESOURCE CENTER.**

3 (a) DEFINITIONS.—In this section:

4 (1) INDIAN TRIBE; TRIBAL ORGANIZATION.—  
5 The terms “Indian tribe” and “tribal organization”  
6 have the meanings given the terms in section 4 of  
7 the Indian Self-Determination and Education Assist-  
8 ance Act (25 U.S.C. 5304).

9 (2) INSTITUTION OF HIGHER EDUCATION.—The  
10 term “institution of higher education” has the  
11 meaning given the term in section 101 of the Higher  
12 Education Act of 1965 (20 U.S.C. 1001).

13 (3) SECRETARY.—The term “Secretary” means  
14 the Secretary of Health and Human Services, act-  
15 ing—

16 (A) through the Assistant Secretary for  
17 Mental Health and Substance Use; and

18 (B) after consultation with—

19 (i) the Director of the Bureau of In-  
20 dian Education of the Department of the  
21 Interior; and

22 (ii) the Director of the Indian Health  
23 Service.

24 (b) ESTABLISHMENT OF CENTER.—The Secretary  
25 shall establish and operate a Native American Technical

1 Assistance Resource Center (referred to in this section as  
2 the “Center”) to provide assistance to Indian tribes.

3 (c) DUTIES.—The Center shall provide assistance to  
4 the Indian tribes by—

5 (1) providing trauma-informed technical assist-  
6 ance to tribal organizations in implementing the best  
7 practices developed under section 101; and

8 (2) disseminating the best practices to the trib-  
9 al organizations, to schools that serve students from  
10 the Indian tribes, to health care entities that serve  
11 the Indian tribes, to child welfare systems that serve  
12 children and youth from the Indian tribes, to law en-  
13 forcement agencies that serve the Indian tribes, to  
14 criminal justice and court systems that serve the In-  
15 dian tribes, and other relevant entities.

16 (d) GRANT PROGRAM.—

17 (1) IN GENERAL.—The Secretary may award  
18 grants to nonprofit organizations or institutions of  
19 higher education, to operate the Center.

20 (2) APPLICATION.—An organization or institu-  
21 tion seeking a grant under this subsection shall sub-  
22 mit an application to the Secretary at such time, in  
23 such manner, and containing such information as  
24 the Secretary may require.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
2 authorized to be appropriated to the Secretary, to carry  
3 out this section, \$2,000,000 for each of fiscal years 2018  
4 through 2021.

5 **SEC. 204. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
6 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
7 **DREN AND YOUTH IN EDUCATIONAL SET-**  
8 **TINGS.**

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

12 **“Subpart 3—Grants to Improve Trauma Support**  
13 **Services and Mental Health Care for Children**  
14 **and Youth in Educational Settings**

15 **“SEC. 4131. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
16 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
17 **DREN AND YOUTH IN EDUCATIONAL SET-**  
18 **TINGS.**

19 “(a) GRANTS, CONTRACTS, AND COOPERATIVE  
20 AGREEMENTS AUTHORIZED.—The Secretary is authorized  
21 to award grants to, or enter into contracts or cooperative  
22 agreements with, State educational agencies, local edu-  
23 cational agencies, Indian tribes or their tribal educational  
24 agencies, a school operated by the Bureau of Indian Edu-  
25 cation, or a Regional Corporation (as defined in section

1 3 of the Alaska Native Claims Settlement Act (43 U.S.C.  
2 1602)) for the purpose of increasing student access to  
3 quality trauma support services and mental health care  
4 by developing innovative programs to link local school sys-  
5 tems with local trauma-informed support and mental  
6 health systems, including those under the Indian Health  
7 Service.

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

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

18 “(1) To enhance, improve, or develop collabo-  
19 rative efforts between school-based service systems  
20 and trauma-informed support and mental health  
21 service systems to provide, enhance, or improve pre-  
22 vention, screening, referral, and treatment services  
23 to students.

24 “(2) To enhance the availability of trauma sup-  
25 port services and school-based counseling programs,

1 and provide appropriate referrals and interventions  
2 for students potentially in need of mental health  
3 services.

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

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

9 “(5) To provide training to teachers, teacher  
10 assistants, specialized instructional support per-  
11 sonnel, and mental health professionals to—

12 “(A) develop safe, stable, and nurturing  
13 learning environments that prevent and miti-  
14 gate the effects of trauma, including through  
15 social and emotional learning; or

16 “(B) improve school capacity to identify,  
17 refer, and provide services, as appropriate, to  
18 students in need of trauma support or behav-  
19 ioral health services.

20 “(6) To provide technical assistance and con-  
21 sultation to school systems and mental health agen-  
22 cies as well as to families participating in the pro-  
23 gram carried out under this section.

24 “(7) To provide linguistically appropriate and  
25 culturally competent services.



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

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

11          “(10) To provide trainings and implement pro-  
12          cedures pursuant to the relevant best practices de-  
13          veloped under section 101 of the Trauma-Informed  
14          Care for Children and Families Act of 2017.

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

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

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

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

6           “(4) An assurance that—

7                   “(A) persons providing services under the  
8                   grant, contract, or cooperative agreement are  
9                   adequately trained to provide such services;

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

12                   “(C) teachers, administrators, specialized  
13                   instructional support personnel, parents or  
14                   guardians, representatives of local Indian tribes,  
15                   and other school personnel are aware of the  
16                   program; and

17                   “(D) parents or guardians of students par-  
18                   ticipating in services under this section will be  
19                   engaged and involved in the design and imple-  
20                   mentation of the services.

21           “(5) An assurance that the applicant will sup-  
22           port and integrate existing school-based services  
23           with the program in order to provide appropriate  
24           mental health services for students.

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

5           “(e) INTERAGENCY AGREEMENTS.—

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

14          “(2) CONTENTS.—The interagency agreement  
15          shall ensure the provision of the services described  
16          in subsection (c), specifying with respect to each  
17          agency, authority, or entity—

18                 “(A) the financial responsibility for the  
19                 services;

20                 “(B) the conditions and terms of responsi-  
21                 bility for the services, including quality, ac-  
22                 countability, and coordination of the services;  
23                 and

24                 “(C) the conditions and terms of reim-  
25                 bursement among the agencies, authorities, or

1 entities that are parties to the interagency  
2 agreement, including procedures for dispute  
3 resolution.

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

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

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

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

20 “(2) to prevent State and tribal law enforce-  
21 ment and judicial authorities from exercising their  
22 responsibilities with regard to the application of  
23 Federal, tribal, and State law to crimes committed  
24 by a student.

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

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

11       “(k) AUTHORIZATION OF APPROPRIATIONS.—There  
12 is authorized to be appropriated to carry out this section  
13 \$6,000,000 for the period of fiscal years 2018 through  
14 2023.”.

15       **TITLE                   III—UNDERSTANDING**  
16       **THE SCOPE OF TRAUMA EX-**  
17       **POSURE**

18       **SEC. 301. CDC SURVEILLANCE AND DATA COLLECTION FOR**  
19                                   **CHILD, YOUTH, AND ADULT TRAUMA.**

20       (a) DATA COLLECTION.—The Director of the Centers  
21 for Disease Control and Prevention (referred to in this  
22 section as the “Director”) shall authorize and encourage  
23 States to collect and report data on adverse childhood ex-  
24 periences through the Behavioral Risk Factor Surveillance  
25 System and the Youth Risk Behavior Surveillance System.

1 In collecting and reporting such data, States shall use the  
2 appropriate modules developed under section 302(2)(B),  
3 in addition to other appropriate modules.

4 (b) TIMING.—The collection of data authorized under  
5 subsection (a) may occur in fiscal year 2019 and every  
6 2 years thereafter.

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

12 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
13 out this section, there are authorized to be appropriated  
14 \$64,000,000 for the period of fiscal years 2019 through  
15 2021.

16 **SEC. 302. CDC ANALYSIS OF CHILD, YOUTH, AND ADULT**  
17 **TRAUMA.**

18 The Secretary of Health and Human Services, acting  
19 through the Director of the Centers for Disease Control  
20 and Prevention, shall—

21 (1) conduct an analysis of—

22 (A) the prevalence of child, youth, and  
23 adult trauma experienced in the United States,  
24 including assessments of the types of the most  
25 prominent adverse childhood experiences, and

1           disparities by race and ethnicity, by geographic  
2           distribution, and by socioeconomic status;

3           (B) the public health impact of adverse  
4           childhood experiences, including the correlation  
5           of such experiences with trends in life expect-  
6           ancy and whether the scope of such experiences  
7           constitutes a public health epidemic;

8           (C) modules that measure and assess ad-  
9           verse childhood experiences, for development  
10          and ultimate inclusion in the Youth Risk Be-  
11          havior Surveillance System; and

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

19          (2) not later than 1 year after the date of en-  
20          actment of this Act, submit to Congress a report on  
21          the analysis under paragraph (1) that includes rec-  
22          ommendations on—

23                 (A) what communities can do to mitigate  
24                 the impact of adverse childhood experiences and  
25                 how Indian tribes, social service providers, law

1 enforcement, health care practitioners, public  
2 health agencies, educational institutions, and  
3 other community stakeholders may collaborate  
4 to improve efforts to identify, connect to appro-  
5 priate services, and provide treatment and sup-  
6 port for children and youth, and their families  
7 as appropriate, who have experienced or are at  
8 risk of experiencing trauma;

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

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

20 **SEC. 303. GOVERNMENT ACCOUNTABILITY STUDY ON BAR-**  
21 **RIERS TO AND OPPORTUNITIES FOR TRAU-**  
22 **MA-INFORMED IDENTIFICATION AND TREAT-**  
23 **MENT.**

24 (a) STUDY.—



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

7           (2) CONTENTS.—In conducting the study, the  
8 Comptroller General shall examine—

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

17           (B)(i) the extent to which State Medicaid  
18 plans use early and periodic screening, diag-  
19 nostic, and treatment services (as defined in  
20 section 1905(r) of the Social Security Act (42  
21 U.S.C. 1396d(r)) that are provided in accord-  
22 ance with the requirements of section  
23 1902(a)(43) of such Act (42 U.S.C.  
24 1396a(a)(43))) to provide trauma-informed  
25 services to children and youth, and their fami-

1 lies as appropriate, who have experienced or are  
2 at risk of experiencing trauma;

3 (ii) barriers to increased utilization of such  
4 screening, diagnostic, and treatment services;  
5 and

6 (iii) the impact of State Medicaid plan de-  
7 sign and State regulatory decisions on the pro-  
8 vision of such services;

9 (C) the feasibility of, State experiences  
10 with, and considerations regarding, systematic  
11 collection and sharing of data that—

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

18 (ii) relies on common data measures,  
19 fosters communication and coordination  
20 across covered settings (as so defined), and  
21 promotes shared accountability for the  
22 data; and

23 (iii) relates to the screening, referral,  
24 and support of children and youth, and  
25 their families as appropriate, who have ex-

1           perienced or are at risk of experiencing  
2           trauma;

3           (D) privacy and consent issues affecting  
4           identification and treatment of children and  
5           youth who have experienced or are at risk of ex-  
6           periencing trauma, including considerations re-  
7           garding information collected and reported by  
8           providers and regarding parental consent;

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

17          (ii) considerations, strategies, alignment  
18          opportunities, and applicability for trauma-in-  
19          formed models for conducting such location,  
20          identification, and screening;

21          (F)(i) clinical child and adolescent mental  
22          health and child- and youth-serving social serv-  
23          ice workforce capacity, including analyzing that  
24          capacity by setting, geographic distribution, and  
25          population served; and

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

3 (G) the cost-effectiveness and success of  
4 providing services through school-based health  
5 centers as a method of—

6 (i) addressing the needs of students  
7 who have experienced or are at risk of ex-  
8 perencing trauma; and

9 (ii) improving their academic achieve-  
10 ment.

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

13 (1) the Committee on Appropriations, the Com-  
14 mittee on Health, Education, Labor, and Pensions,  
15 the Committee on Finance, the Committee on Indian  
16 Affairs, and the Committee on the Judiciary of the  
17 Senate; and

18 (2) the Committee on Appropriations, the Com-  
19 mittee on Energy and Commerce, the Committee on  
20 Education and the Workforce, the Committee on  
21 Ways and Means, the Committee on Natural Re-  
22 sources, and the Committee on the Judiciary of the  
23 House of Representatives.

24 (c) DEFINITIONS.—In this section:

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

5           (2) INFANT OR TODDLER WITH A DIS-  
6           ABILITY.—The term “infant or toddler with a dis-  
7           ability” has the meaning given the term in section  
8           632 of the Individuals with Disabilities Education  
9           Act (20 U.S.C. 1432).

10 **SEC. 304. NIH REPORT ON TRAUMA.**

11           The Director of the National Institutes of Health, not  
12           later than 1 year after the date of enactment of this Act,  
13           shall submit to Congress a report on the activities of the  
14           National Institutes of Health with respect to trauma (in-  
15           cluding trauma that stems from child abuse, exposure to  
16           violence, and toxic stress) and the implications of trauma  
17           for children, youth, and adults. Such report shall in-  
18           clude—

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

22           (2) the capacity, expertise, and review mecha-  
23           nisms of the National Institutes of Health with re-  
24           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.

1 **TITLE IV—EVALUATION OF NEW**  
2 **INTERVENTIONS AND IM-**  
3 **PROVING SERVICE DELIVERY**

4 **SEC. 401. CLARIFICATION OF DEFINITION OF MEDICAID**  
5 **EPSDT SERVICES; DEMONSTRATION**  
6 **PROJECT TO TEST TRAUMA-INFORMED DE-**  
7 **LIVERY OF EPSDT SERVICES.**

8 (a) CLARIFICATION OF DEFINITION OF EPSDT  
9 SERVICES.—Section 1905(r) of the Social Security Act  
10 (42 U.S.C. 1396d(r)) is amended—

11 (1) in paragraph (1)—

12 (A) in subparagraph (A)(ii), by inserting  
13 “(including in the immediate aftermath of expo-  
14 sure to a traumatic event)” after “medically  
15 necessary”; and

16 (B) in subparagraph (B)(i), by inserting  
17 “and any past exposure to traumatic events”  
18 after “health development”; and

19 (2) in paragraph (5), by inserting “including  
20 any defects, illnesses, and conditions (including  
21 symptoms of a possible mental health disorder that  
22 are not sufficiently acute for a diagnosis of a clinical  
23 mental health disorder) stemming from exposure to  
24 traumatic events,” after “screening services,”.

1 (b) TRAUMA-INFORMED DELIVERY OF EPSDT  
2 SERVICES DEMONSTRATION PROJECT.—

3 (1) IN GENERAL.—The Secretary shall make  
4 grants to States to conduct demonstration projects  
5 under title XIX of the Social Security Act (42  
6 U.S.C. 1396 et seq.) to test innovative, trauma-in-  
7 formed approaches for delivering early and periodic  
8 screening, diagnostic, and treatment services (as de-  
9 fined in section 1905(r) of the Social Security Act  
10 (42 U.S.C. 1396d(r))) to eligible children.

11 (2) SCOPE AND DURATION.—

12 (A) SCOPE.—The Secretary shall select 10  
13 States to participate in the demonstration  
14 project.

15 (B) SELECTION.—

16 (i) DIVERSITY.—In selecting States to  
17 participate in the demonstration project,  
18 the Secretary shall—

19 (I) ensure that geographically di-  
20 verse areas, including rural and un-  
21 derserved areas, are included; and

22 (II) include at least 2 States in  
23 which Indian tribes or tribal organiza-  
24 tions (as defined in section 4 of the



1 Indian Health Care Improvement Act  
2 (25 U.S.C. 1603)) are located.

3 (ii) PRIORITY.—In selecting States to  
4 participate in the demonstration project,  
5 the Secretary shall give priority to States  
6 that—

7 (I) use a value-based payment  
8 methodology for paying providers for  
9 services provided under the State  
10 Medicaid program, including services  
11 related to healthy child development;

12 (II) use an alternative payment  
13 model under the State Medicaid pro-  
14 gram that enables cross-sector col-  
15 laboration, provision of trauma-in-  
16 formed services, and supports for  
17 healthy child development; or

18 (III) integrate information tech-  
19 nology between child- and youth-serv-  
20 ing sectors to improve coordination  
21 and outcomes.

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

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

6                   (A) The State Medicaid program allows for  
7                   the provision of early and periodic screening, di-  
8                   agnostic, and treatment services—

9                           (i) in a diverse set of settings, includ-  
10                           ing schools, hospitals, primary care set-  
11                           tings, Federally-qualified health centers (as  
12                           defined in section 1905(l)(2)(B) of the So-  
13                           cial Security Act (42 U.S.C.  
14                           1396d(l)(2)(B))), and tribally-operated  
15                           health facilities, without undue restrictions  
16                           on the settings in which providers are per-  
17                           mitted to furnish such services; and

18                           (ii) by the full scope of providers that  
19                           are licensed or otherwise authorized under  
20                           State law to provide the services, including  
21                           trained peers through eligible peer support  
22                           services, community health workers, or  
23                           subclinical case managers.

24                   (B) Where necessary to improve or pro-  
25                   mote the health of an eligible child, the State

1 Medicaid program provides for payment for  
2 services provided to the parent of the child.

3 (C) The State Medicaid program has pro-  
4 cedures in place to coordinate across settings,  
5 which may include coordinating with law en-  
6 forcement, juvenile justice agencies, schools (in-  
7 cluding preschools and after-school programs),  
8 hospitals, primary care providers, tribally-oper-  
9 ated health facilities, mental health and sub-  
10 stance use treatment facilities, and child welfare  
11 providers, to ensure that eligible children who  
12 experience trauma receive the appropriate serv-  
13 ices.

14 (D) Where appropriate, the State Medicaid  
15 program coordinates with facilities of the In-  
16 dian Health Service (including a hospital, nurs-  
17 ing facility, or any other type of facility which  
18 provides services of a type otherwise covered  
19 under the program) and other tribally-operated  
20 health facilities to ensure eligible children have  
21 access to adequate qualified providers that are  
22 licensed or otherwise authorized under State  
23 law to furnish the services.

24 (4) FUNDING.—Out of any funds in the Treas-  
25 ury not otherwise appropriated, there is appro-

1        priated \$75,000,000 for the period of fiscal years  
2        2017 through 2021 to carry out this subsection.

3           (5) DEFINITIONS.—In this subsection:

4                (A) DEMONSTRATION PROJECT.—The term  
5                “demonstration project” means the demonstra-  
6                tion project established under this subsection.

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

12              (C) SECRETARY.—The term “Secretary”  
13              means the Secretary of Health and Human  
14              Services.

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

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

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

22           (1) in paragraph (2)(A), by inserting “(includ-  
23           ing a community health center operated in an ele-  
24           mentary or secondary school)” after “community  
25           health center”; and

1 (2) in paragraph (3)—

2 (A) by striking “, and residents” and in-  
3 serting “, residents”; and

4 (B) by inserting “, and a population group  
5 that the Secretary determines has experienced  
6 trauma (such as through acute or long-term ex-  
7 posure to substantial discrimination, historical  
8 or cultural oppression, intergenerational pov-  
9 erty, civil unrest, a high rate of violence, or a  
10 high rate of drug overdose mortality)” before  
11 “may be”.

12 **SEC. 403. TRAINING AND CERTIFICATION GUIDELINES FOR**  
13 **COMMUNITY FIGURES.**

14 The Secretary of Health and Human Services, acting  
15 through the Administrator of the Agency for Healthcare  
16 Research and Quality, shall conduct a study on, and estab-  
17 lish guidelines for States to consider with respect to, the  
18 training and certification of community figures, including  
19 community mentors, peers with lived experiences, and  
20 faith-based leaders, to build awareness of trauma and pro-  
21 mote linkages to community services, provide case man-  
22 agement services, and conduct appropriate trauma-in-  
23 formed screening for individuals who have experienced or  
24 are at risk of experiencing trauma. Such training and cer-  
25 tification guidelines shall include recommendations for ex-

1 perience, education, and supervision requirements for, and  
2 partnerships between, such trained and certified commu-  
3 nity figures and other health care providers such that the  
4 trained and certified community figures may be reim-  
5 bursed through the State Medicaid plan under title XIX  
6 of the Social Security Act (42 U.S.C. 1396 et seq.) for  
7 furnishing services to individuals enrolled in such plan.

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

9 (a) **MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
10 **AND TRAINING PROGRAM.**—Section 756 of the Public  
11 Health Service Act (42 U.S.C. 294e–1) is amended—

12 (1) in subsection (a)—

13 (A) in paragraph (1), by inserting “, trau-  
14 ma,” after “focus on child and adolescent men-  
15 tal health”; and

16 (B) in paragraphs (2) and (3), by inserting  
17 “trauma-informed care and” before “substance  
18 use disorder prevention and treatment serv-  
19 ices”; and

20 (2) in subsection (d)—

21 (A) in paragraph (1), by striking “and” at  
22 the end;

23 (B) in paragraph (2), by striking the pe-  
24 riod and inserting “; and”; and

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

1           “(3) programs with academic study and com-  
2           munity practice related to trauma, its impact on  
3           mental and behavioral health outcomes, and appro-  
4           priate interventions, which may include best prac-  
5           tices developed under section 101 of the Trauma-In-  
6           formed Care for Children and Families Act of  
7           2017.”.

8           (b) TRAINING DEMONSTRATION PROGRAM.—Section  
9           760 of such Act (42 U.S.C. 294k) is amended—

10           (1) in subsection (a)—

11                   (A) in paragraphs (1) and (2), by inserting  
12                   “trauma-informed” after “integrate”; and

13                   (B) in paragraph (3)(A), by inserting “,  
14                   and recognize and address the impacts of experi-  
15                   encing trauma on children, youth, and fami-  
16                   lies” before the semicolon;

17           (2) in subsection (b)—

18                   (A) in paragraph (1)(A)—

19                           (i) in clause (i)(II), by inserting  
20                           “trauma-informed” after “integrated”; and

21                           (ii) in clause (ii)(III), by inserting  
22                           “trauma-informed” before “treatment”;

23                   and

24                   (B) in paragraph (2)(A), by inserting  
25                   “trauma-informed” after “integrate”;

1           (3) in subsection (c)(1)(B), by inserting “trau-  
2           ma-informed” after “integrate”; and

3           (4) in subsection (d)—

4                 (A) in paragraph (1)—

5                     (i) in subparagraph (C), by striking  
6                     “or” at the end; and

7                     (ii) in subparagraph (D), by striking  
8                     the period and inserting “; or”; and

9                     (iii) by adding at the end the fol-  
10                    lowing:

11                    “(E) provide training with academic study  
12                    and community practice related to trauma, its  
13                    impact on mental health outcomes, and appro-  
14                    priate interventions, which may include best  
15                    practices developed under section 101 of the  
16                    Trauma-Informed Care for Children and Fami-  
17                    lies Act of 2017.”; and

18                 (B) in paragraph (2)—

19                     (i) in subparagraph (D), by striking  
20                     “or” at the end; and

21                     (ii) in subparagraph (E), by striking  
22                     the period and inserting “; or”; and

23                     (iii) by adding at the end the fol-  
24                    lowing:



1           “(F) provide training with academic study  
2           and community practice related to trauma, its  
3           impact on mental health outcomes, and appro-  
4           priate interventions, which may include best  
5           practices developed under section 101 of the  
6           Trauma-Informed Care for Children and Fami-  
7           lies Act of 2017.”.

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

9           Part G of title V of the Public Health Service Act  
10          (42 U.S.C. 290hh et seq.) is amended by adding at the  
11          end the following:

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

13          “(a) GRANTS.—

14                 “(1) IN GENERAL.—The Secretary, acting  
15                 through the Administrator, shall make not more  
16                 than 20 grants for demonstration projects to State,  
17                 local, or tribal eligible entities to act as trauma-re-  
18                 lated coordinating bodies.

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

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

23          “(b) ELIGIBLE ENTITIES.—

24                 “(1) IN GENERAL.—To be eligible to receive a  
25                 grant under this section, an entity shall include 1 or

1 more representatives of each of the categories de-  
2 scribed in paragraph (2).

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

5 “(A) agencies, such as public health or  
6 child welfare agencies, that provide services to  
7 prevent the impact of trauma among, identify,  
8 refer for services, or support (including pro-  
9 viding treatment for) children and youth, and  
10 their families as appropriate, that have experi-  
11 enced or are at risk of experiencing trauma;

12 “(B) faculty at an institution of higher  
13 education, or researchers or experts, in an area  
14 related to prevention of the impact of, identi-  
15 fication of, referral for services for, or support  
16 (including treatment) for child and youth trau-  
17 ma;

18 “(C) hospitals or other health care institu-  
19 tions, such as mental health and substance use  
20 treatment facilities;

21 “(D) law enforcement;

22 “(E) elementary or secondary schools, or  
23 early childhood education or care programs;

24 “(F) community-based faith, human serv-  
25 ices, or social services organizations, including

1 providers of after-school programs, home vis-  
2 iting programs, or programs to prevent or ad-  
3 dress the impact of violence; and

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

6 “(3) QUALIFICATIONS.—In order for an entity  
7 to be eligible to receive the grant, the representatives  
8 included in the entity shall, collectively, have profes-  
9 sional training and expertise concerning a broad  
10 range of adverse childhood experiences.

11 “(c) APPLICATION.—To be eligible to receive a grant  
12 under this section, an entity shall submit an application  
13 to the Secretary at such time, in such manner, and con-  
14 taining such information as the Secretary may require, in-  
15 cluding information describing how the coordinating body  
16 will continue its activities after the end of the grant pe-  
17 riod.

18 “(d) PRIORITY.—In making grants under this sec-  
19 tion, the Secretary shall give priority to entities proposing  
20 to serve communities that have faced trauma due to sub-  
21 stantial discrimination, historical or cultural oppression,  
22 intergenerational poverty, civil unrest, a high rate of vio-  
23 lence, or a high rate of drug overdose mortality.

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

4           “(1) to bring together stakeholders who provide  
5 or use services in, or have expertise concerning, cov-  
6 ered settings to identify community needs and re-  
7 sources related to services to prevent or address the  
8 impact of trauma, and to build on any needs assess-  
9 ments conducted by organizations or groups rep-  
10 resented on the coordinating body;

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

14           “(B) to use the data to identify unique commu-  
15 nity challenges, gaps in services, and high-need  
16 areas, related to services to prevent or address the  
17 impact of trauma;

18           “(3) to build awareness, skills, and leadership  
19 (including through trauma-informed training and  
20 public outreach campaigns) related to implementing  
21 the best practices developed under section 101 of the  
22 Trauma-Informed Care for Children and Families  
23 Act of 2017 (referred to in this subsection as the  
24 ‘developed best practices’);

1           “(4) to pool resources of the members of the or-  
2           ganizations and groups represented on the coordi-  
3           nating body, related to implementing the developed  
4           best practices; and

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

7                   “(A) barriers to and gaps in the provision  
8                   of services to prevent or address the impact of  
9                   trauma; and

10                   “(B) policy goals and coordination oppor-  
11                   tunities (including coordination in applying for  
12                   grants) relating to implementing the developed  
13                   best practices.

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

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

1       “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section  
3 \$80,000,000 for the period of fiscal years 2018 through  
4 2021.

5       “(i) DEFINITION.—In this section, the term ‘covered  
6 setting’ has the meaning given the term in section 101(f)  
7 of the Trauma-Informed Care for Children and Families  
8 Act of 2017.”.

9       **SEC. 406. 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 children and  
20 youth, and their families as appropriate, who have  
21 experienced or are at risk of experiencing trauma’  
22 means to increase the rate at which individuals who  
23 have experienced or are at risk of experiencing trau-  
24 ma, including those who are low-income, homeless,  
25 in foster care, involved in the juvenile justice system,

1 unemployed, or not enrolled in or at risk of dropping  
2 out of an educational institution and live in a com-  
3 munity that has faced acute or long-term exposure  
4 to substantial discrimination, historical oppression,  
5 intergenerational poverty, civil unrest, or a high rate  
6 of violence, achieve success in meeting educational,  
7 employment, health, developmental, community re-  
8 entry, or other key goals.”;

9 (2) in subsection (b)—

10 (A) in the subsection heading, by striking  
11 “FISCAL YEAR 2014” and inserting “FISCAL  
12 YEARS 2018 THROUGH 2022”;

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

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

19 “(1) DISCONNECTED YOUTH PILOTS.—Federal  
20 agencies”; and

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

22 “(2) TRAUMA-INFORMED CARE PILOTS.—Fed-  
23 eral agencies may use Federal discretionary funds  
24 that are made available in this Act or any Act ap-  
25 propriating funds for any of fiscal years 2018

1 through 2012 to carry out up to 10 Performance  
2 Partnership Pilots. Such Pilots shall:

3 “(A) be designed to improve outcomes for  
4 children and youth, and their families as appro-  
5 priate, who have experienced or are at risk of  
6 experiencing trauma; and

7 “(B) involve Federal programs targeted on  
8 children and youth, and their families as appro-  
9 priate, who have experienced or are at risk of  
10 experiencing trauma.”;

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

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

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

16 (a) PARTNERSHIP GRANTS.—Section 202 of the  
17 Higher Education Act of 1965 (20 U.S.C. 1022a) is  
18 amended—

19 (1) in subsection (b)(6)—

20 (A) by redesignating subparagraphs (H)  
21 through (K) as subparagraphs (I) through (L),  
22 respectively; and

23 (B) by inserting after subparagraph (G)  
24 the following:





1                   fects of trauma, improving the learn-  
2                   ing environment in the school, and for  
3                   reducing the need for suspensions, ex-  
4                   pulsions, corporal punishment, refer-  
5                   rals to law enforcement, and other ac-  
6                   tions that remove students from in-  
7                   struction; and”;

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

10                   “(7) TRAUMA-INFORMED PRACTICE AND WORK  
11                   IN ALTERNATIVE EDUCATION SETTINGS.—Devel-  
12                   oping the teaching skills of prospective and, as appli-  
13                   cable, new elementary school and secondary school  
14                   teachers to adopt evidence-based trauma-informed  
15                   teaching strategies—

16                   “(A) to—

17                   “(i) recognize the signs of trauma and  
18                   its impact on learning;

19                   “(ii) maximize student engagement;

20                   and

21                   “(iii) minimize suspension and expul-  
22                   sion; and

23                   “(B) including programs training teachers  
24                   to work with students with exposure to trau-  
25                   matic events (including students involved in the

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

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

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

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

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

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