

# **RISE (Resilience Investment, Support, and Expansion) from Trauma Act of 2019**

Senators Dick Durbin (D-IL) and Shelley Moore Capito (R-WV)

Section-by-Section Overview

## ***Title I: Community Programming***

### **Sec. 101 – Local Coordination Grant Program**

- Expands upon SAMHSA’s Mental Health Programs of Regional and National Significance by supporting the development of local coordinating and action bodies that help prevent and mitigate the community impacts of trauma by bringing together stakeholders in communities facing high levels of trauma/violence/addiction to identify needs, collect data, build skills and awareness, and develop a strategic community plan. Provides priority grant considerations for communities with high rates of drug overdose and violence. Expands existing authorization by \$50 million over 4 years.

### **Sec. 102 – Performance Partnership Pilot**

- Creates flexibility for local, state, and tribal entities to pool federal grants from multiple agencies and focus the funding on increasing trauma-informed services for a high-risk population that often receives services across multiple programs (e.g. Chicago has received funding to braid Head Start and WIOA funding to target at-risk young mothers). This builds on the existing Performance Partnership Pilot focused on “disconnected youth ages 14-24” to now also support younger children and families that have experienced trauma.

### **Sec. 103 – Enhancing AmeriCorps Recruitment and Programming**

- Under CNCS, creates a priority focus of both expanding recruitment from communities facing high levels of trauma/violence/addiction, and prioritizing partnerships with community-based organizations with expertise in addressing such challenges in those communities to enhance service delivery.

### **Sec. 104 – Hospital-Based Interventions to Reduce Readmissions**

- Too often, after a patient presents at a hospital after overdosing, attempting suicide, or suffering violent injury, their physical wounds are treated and they are simply discharged without any care management plans—which can result in subsequent re-injury or overdose. Establishes a grant program at AHRQ to test and evaluate hospital-based trauma interventions for patients who present with addiction/suicide attempts/violent injuries to provide counseling services and case management—while someone is in the hands of a health professional—to prevent hospital readmission and improve outcomes.

### **Sec. 105 – Expanding Arts Therapy Opportunities**

- Expands existing programs to allow the National Endowment for the Arts to make grants or loans for projects that provide trauma-informed arts opportunities and interventions.

### **Sec. 106 –Mental Health Coverage Parity for Infant, Early Childhood, and Youth Services**

- Despite federal requirements and broad coverage eligibility for mental health services, too few children are able to access mental health benefits due to hurdles imposed by insurance companies. Ensures fair treatment, adequate payments, and equitable access to mental health services by providing grants to states to establish guidelines and enforce compliance with parity requirements by health insurance companies.

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#### **Sec. 107 – Streamlining and Coordinating Trauma Funding**

- Building off provisions in the SUPPORT for Patients and Communities Act to create a federal Interagency Task Force on Trauma-Informed Care, directs the Office of Management and Budget to align measurement, reporting, data sharing, and eligibility requirements across relevant federal grant programs to better address trauma.

#### **Sec. 108 – Measuring Savings from Trauma Interventions**

- Building off provisions in the SUPPORT for Patients and Communities Act to create a federal Interagency Task Force on Trauma-Informed Care, directs the Office of Management and Budget to identify and evaluate trauma-informed interventions and best practices that hold the most promise to reduce long-term costs and estimate the 20-year savings to the federal government for effective implementation of those programs.

### **Title II: Workforce Development & Skills-Building for Professionals**

#### **Sec. 201 – Health Professions Training**

- Amends HRSA’s Health Professions Training for Diversity Programs (including Scholarships for Disadvantaged Students; Area Health Education Centers Program) to place emphasis on recruitment from communities that have experienced high levels of trauma/violence/addiction.

#### **Sec. 202 – Increase Authorization to NHSC due to expanded Eligibility**

- Building off a provision in the SUPPORT for Patients and Communities Act to add school-based health clinics and certain community locations as eligible settings, authorizes a funding increase for HRSA’s National Health Service Corps loan repayment program to enable more behavioral health providers to serve in under-served communities.

#### **Sec. 203 – Building Infant and Early Childhood Clinical Workforce Leadership**

- Modeled off of HRSA’s LEND program, expands programming within the Maternal and Child Health Bureau to establish statewide training institutes and centers of excellence for infant and early childhood clinical mental health professionals.

#### **Sec. 204 – Pre-Service Training for Teachers**

- Improves pre-service training programs to prepare educators to work with students who have experienced trauma by expanding the teacher quality partnership grants under the Higher Education Act to include incentives for curricula focused on building trauma skills related to identification, support, interventions, and discipline.

#### **Sec. 205 – Tools for Front-line Providers**

- Directs CDC/SAMHSA to develop toolkits for front-line service providers (e.g., teachers, mentors, faith leaders, kinship caregivers) on identifying and supporting children who have experienced trauma (similar to CDC Guideline for Opioid Prescribing).

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#### **Sec. 206 – Codifying Children Exposed to Violence Initiative**

- Codifies DOJ’s Children Exposed to Violence (CEV) Initiative, which helps prevent violence and support trauma recovery by promoting the awareness and coping skills to support the 2/3 of children who witness or are victims of violence. This program has resulted in the development of the Changing Minds awareness campaign and technical assistance to states to help improve systems and policies to become trauma-informed.

#### **Sec. 207 – Law Enforcement Coordinating Center**

- Creates a law enforcement coordinating center under DOJ that will assist law enforcement agencies in sharing information on trauma-informed best practices, improving awareness of child trauma, and training officers on how to interact with children and families with mental illness or who have experienced trauma, including witnessing community violence or overdose. Authorizes at \$8M annually for 5 years.

#### **Sec. 208: NIH Study on Trauma**

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