

114TH CONGRESS  
2D SESSION

# S. 3519

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

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IN THE SENATE OF THE UNITED STATES

DECEMBER 7, 2016

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

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## A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Trauma-Informed  
5 Care for Children and Families Act of 2016”.

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

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

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

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

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

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

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

22           (b) TASK FORCE COMPOSITION.—

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

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

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

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

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

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

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

17 (F) the National Institute on Drug Abuse;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (X) such other Federal agencies as—

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

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

12 (2) APPOINTMENT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 (d) BEST PRACTICES.—

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

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

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

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

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

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

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

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

24 (II) implementing appropriate re-  
25 sponses;

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

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

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

12 (iv) multigenerational interventions  
13 to—

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

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

1 to such prevention and mitigation;  
2 and

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

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

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

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

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

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

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

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

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

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

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

6 (E) recommend best practices that—

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

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

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

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

22 (f) DEFINITIONS.—In this section:

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

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

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

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

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

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

23           (a) HEAD START ACT.—

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

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

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

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

14 (2) CONFORMING AMENDMENTS.—

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

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

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

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

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

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

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

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

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

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

13 “(a) IN GENERAL.—There”; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (t) COMMUNITY SERVICES BLOCK GRANT ACT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (a) ESTABLISHMENT OF CENTER.—

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

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

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

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

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

4 (B) models that include—

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

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

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

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

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

17 (c) GRANT PROGRAM.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11           “(4) An assurance that—

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

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

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

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

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

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

9           “(e) INTERAGENCY AGREEMENTS.—

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

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

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

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

1           countability, and coordination of the services;  
2           and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (1) conduct an analysis of—

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

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

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

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

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

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

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

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

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

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

5 (a) STUDY.—

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

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

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

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

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

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

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

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

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

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

1 promotes shared accountability for the  
2 data; and

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (c) DEFINITIONS.—In this section:

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

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

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

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

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

24 (1) in paragraph (1)—

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

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

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

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

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

24 (2) SCOPE AND DURATION.—

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

4 (B) SELECTION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15           (5) DEFINITIONS.—In this subsection:

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

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

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

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

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

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

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

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

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

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

19 (2) in paragraph (3)—

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

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

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

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

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

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

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

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

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

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

16 “(1) be—

17 “(A) a health professions school; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 “(a) GRANTS.—

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

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

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

15 “(b) ELIGIBLE ENTITIES.—

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

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

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

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

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

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

10 “(D) law enforcement;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (2) in subsection (b)—

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

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

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

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

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

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

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

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

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

11           (1) in subsection (b)(6)—

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

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

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

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

4 (2) in subsection (d)(1)(A)(i)—

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

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

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

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

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

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

7                   “(A) to—

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

10                           “(ii) maximize student engagement;

11                           and

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

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

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

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

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

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

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

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

○