

118TH CONGRESS
1ST SESSION

H. R. 4541

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

IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2023

Mr. DAVIS of Illinois (for himself and Mr. GALLAGHER) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Energy and Commerce, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Resilience Investment,
5 Support, and Expansion from Trauma Act of 2023” or
6 the “RISE from Trauma Act of 2023”.

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

3 **SEC. 101. TRAUMA AND RESILIENCE-RELATED COORDI-**
4 **NATING BODIES.**

5 Title V of the Public Health Service Act is amended
6 by inserting after section 520C (42 U.S.C. 290bb–34) the
7 following:

8 **“SEC. 520D. LOCAL COORDINATING BODIES TO ADDRESS**
9 **COMMUNITY TRAUMA, PREVENTION, AND RE-**
10 **SILIENCE.**

11 “(a) GRANTS.—

12 “(1) IN GENERAL.—The Secretary, in coordina-
13 tion with the Director of the Centers for Disease
14 Control and Prevention and the Assistant Secretary,
15 shall award grants to State, county, local, or Indian
16 tribe or tribal organizations (as such terms are de-
17 fined in section 4 of the Indian Self-Determination
18 Act and Education Assistance Act) or nonprofit pri-
19 vate entities for demonstration projects to enable
20 such entities to act as coordinating bodies to prevent
21 or mitigate the impact of trauma and toxic stress in
22 a community, or promote resilience by fostering pro-
23 tective factors.

24 “(2) AMOUNT.—The Secretary shall award such
25 grants in amounts of not more than \$6,000,000.

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

3 “(b) ELIGIBLE ENTITIES.—

4 “(1) IN GENERAL.—To be eligible to receive a
5 grant under this section, an entity shall include 1 or
6 more representatives from at least 5 of the cat-
7 egories described in paragraph (2).

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

10 “(A) governmental agencies, such as public
11 health, mental health, human services, or child
12 welfare agencies, that provide training related
13 to covered services or conduct activities to
14 screen, assess, provide services or referrals, pre-
15 vent, or provide treatment to support infants,
16 children, youth, and their families as appro-
17 priate, that have experienced or are at risk of
18 experiencing trauma;

19 “(B) faculty or qualified staff at an insti-
20 tution of higher education (as defined in section
21 101(a) of the Higher Education Act of 1965)
22 or representatives of a local member of the Na-
23 tional Child Traumatic Stress Network, in an
24 area related to screening, assessment, service
25 provision or referral, prevention, or treatment

1 to support infants, children, youth, and their
2 families, as appropriate, that have experienced
3 or are at risk of experiencing trauma;

4 “(C) hospitals, health care clinics, or other
5 health care institutions, such as mental health
6 and substance use disorder treatment facilities;

7 “(D) criminal justice representatives re-
8 lated to adults and juveniles, which may include
9 law enforcement or judicial or court employees;

10 “(E) local educational agencies (as defined
11 in section 8101 of the Elementary and Sec-
12 ondary Education Act of 1965 (20 U.S.C.
13 7801)) or agencies responsible for early child-
14 hood education programs, which may include
15 Head Start and Early Head Start agencies;

16 “(F) workforce development, job training,
17 or business associations;

18 “(G) nonprofit, community-based faith,
19 human services, civic, or social services organi-
20 zations, including participants in a national or
21 community service program (as described in
22 section 122 of the National and Community
23 Service Act of 1990 (42 U.S.C. 12572)), pro-
24 viders of after-school programs, home visiting
25 programs, family resource centers, agencies

1 that serve victims of domestic and family vio-
2 lence or child abuse, or programs to prevent or
3 address the impact of violence and addiction;
4 and

5 “(H) the general public, including individ-
6 uals who have experienced trauma who can ap-
7 propriately represent populations and activities
8 relevant to the community that will be served
9 by the entity.

10 “(3) QUALIFICATIONS.—In order for an entity
11 to be eligible to receive the grant under this section,
12 the representatives included in the entity shall, col-
13 lectively, have training and expertise concerning
14 childhood trauma, resilience, and covered services.

15 “(c) APPLICATION.—To be eligible to receive a grant
16 under this section, an entity shall submit an application
17 to the Secretary at such time, in such manner, and con-
18 taining such information as the Secretary may require.

19 “(d) PRIORITY.—In awarding grants under this sec-
20 tion, the Secretary shall give priority to entities proposing
21 to serve communities or populations that have faced or
22 currently face high rates of community trauma, including
23 from intergenerational poverty, civil unrest, discrimina-
24 tion, or oppression, which may include an evaluation of—

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

5 “(2) an age-adjusted rate of violence-related (or
6 intentional) injury deaths that is above the national
7 average, as determined by the Director of the Cen-
8 ters for Disease Control and Prevention; and

9 “(3) a rate of involvement in the child welfare
10 or juvenile justice systems that is above the national
11 average, as determined by the Secretary.

12 “(e) USE OF FUNDS.—An entity that receives a grant
13 under this section to act as a coordinating body may use
14 the grant funds to—

15 “(1) bring together stakeholders who provide or
16 use services in, or have expertise concerning, covered
17 settings to identify community needs and resources
18 related to covered services, and to build on any
19 needs assessments conducted by organizations or
20 groups represented on the coordinating body;

21 “(2)(A) collect data, on indicators to reflect
22 local priority issues, including across multiple cov-
23 ered settings and disaggregated by age, race, and
24 any other appropriate metrics; and

1 “(B) use the data to identify unique community
2 challenges and barriers, community strengths and
3 assets, gaps in services, and high-need areas, related
4 to covered services;

5 “(3) build awareness, skills, and leadership (in-
6 cluding through trauma-informed and resilience-fo-
7 cused training and public outreach campaigns) on
8 covered services in covered settings;

9 “(4) develop a strategic plan, in partnership
10 with members of the served community or popu-
11 lation, that identifies—

12 “(A) policy goals and coordination oppor-
13 tunities to address community needs and local
14 priority issues (including coordination in apply-
15 ing for or utilizing existing grants, insurance
16 coverage, or other government programs), in-
17 cluding for communities of color and relating to
18 delivering and implementing covered services;
19 and

20 “(B) a comprehensive, integrated approach
21 for the entity and its members to prevent and
22 mitigate the impact of exposure to trauma or
23 toxic stress in the community, and to assist the
24 community in healing from existing and prior

1 exposure to trauma through promotion of resil-
2 ience and fostering protective factors;

3 “(5) implement such strategic plans in the local
4 community, including through the delivery of covered
5 services in covered settings; and

6 “(6) identify funding sources and partner with
7 community stakeholders to sustainably continue ac-
8 tivities after the end of the grant period.

9 “(f) SUPPLEMENT NOT SUPPLANT.—Amounts made
10 available under this section shall be used to supplement
11 and not supplant other Federal, State, and local public
12 funds and private funds expended to provide trauma-re-
13 lated coordination activities.

14 “(g) EVALUATION.—At the end of the period for
15 which grants are awarded under this section, the Sec-
16 retary shall conduct an evaluation of the activities carried
17 out under each grant under this section. In conducting
18 the evaluation, the Secretary shall assess the outcomes of
19 the grant activities carried out by each grant recipient,
20 including outcomes related to health, education, child wel-
21 fare, criminal justice involvement, or other measurable
22 outcomes pertaining to wellbeing and societal impact.

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

1 such sums as may be necessary for each of fiscal years
2 2024 through 2031.

3 “(i) DEFINITIONS.—In this section:

4 “(1) COVERED SERVICES.—The term ‘covered
5 services’ means culturally responsive services, pro-
6 grams, models, or interventions that are evidence-
7 based, evidence-informed, or promising best prac-
8 tices to support infants, children, youth, and their
9 families as appropriate by preventing or mitigating
10 the impact of trauma and toxic stress or promoting
11 resilience by fostering protective factors, which may
12 include the best practices developed under section
13 7132(d) of the SUPPORT for Patients and Commu-
14 nities Act (Public Law 115–271).

15 “(2) COVERED SETTING.—The term ‘covered
16 setting’ means the settings in which individuals may
17 come into contact with infants, children, youth, and
18 their families, as appropriate, who have experienced
19 or are at risk of experiencing trauma, including
20 schools, hospitals, settings where health care pro-
21 viders, including primary care and pediatric pro-
22 viders, provide services, early childhood education
23 and care settings, home visiting settings, after-school
24 program facilities, child welfare agency facilities,
25 public health agency facilities, mental health treat-

1 ment facilities, substance use disorder treatment fa-
2 cilities, faith-based institutions, domestic violence
3 agencies, violence intervention organizations, child
4 advocacy centers, homeless services system facilities,
5 refugee services system facilities, juvenile justice sys-
6 tem facilities, law enforcement agency facilities,
7 Healthy Marriage Promotion or Responsible Father-
8 hood service settings, child support service settings,
9 and service settings focused on individuals eligible
10 for Temporary Assistance for Needy Families; and”.

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

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

19 (1) in subsection (a), by adding at the end the
20 following:

21 “(4) ‘To improve outcomes for infants, children,
22 and youth, and their families as appropriate, who
23 have experienced or are at risk of experiencing trau-
24 ma’ means to increase the rate at which individuals
25 who have experienced or are at risk of experiencing

1 trauma, including those who are low-income, home-
2 less, involved with the child welfare system, involved
3 in the juvenile justice system, have been victims of
4 violence (including community, family, or sexual vio-
5 lence), unemployed, or not enrolled in or at risk of
6 dropping out of an educational institution and live in
7 a community that has faced acute or long-term expo-
8 sure to substantial discrimination, historical oppres-
9 sion, intergenerational poverty, civil unrest, a high
10 rate of violence or drug overdose deaths, achieve suc-
11 cess in meeting educational, employment, health, de-
12 velopmental, community reentry, permanency from
13 foster care, or other key goals.”;

14 (2) in subsection (b)—

15 (A) in the subsection heading, by striking
16 “FISCAL YEAR 2014” and inserting “FISCAL
17 YEARS 2024 THROUGH 2028”;

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

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

24 “(1) DISCONNECTED YOUTH PILOTS.—Federal
25 agencies”; and

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

2 “(2) TRAUMA-INFORMED CARE PILOTS.—Fed-
3 eral agencies may use Federal discretionary funds
4 that are made available in this Act or any appropria-
5 tions Act, including across different or multiple
6 years, for any of fiscal years 2024 through 2028 to
7 carry out up to 10 Performance Partnership Pilots.
8 Such Pilots shall—

9 “(A) be designed to improve outcomes for
10 infants, children, and youth, and their families
11 as appropriate, who have experienced or are at
12 risk of experiencing trauma; and

13 “(B) involve Federal programs targeted on
14 infants, children, and youth, and their families
15 as appropriate, who have experienced or are at
16 risk of experiencing trauma.”;

17 (3) in subsection (c)(2)—

18 (A) in subparagraph (A), by striking
19 “2018” and inserting “2027”; and

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

23 (4) in subsection (e), by striking “2018” and
24 inserting “2027”.

1 (b) REQUIREMENT.—Not later than 9 months after
2 the date of enactment of this Act, the Director of the Of-
3 fice of Management and Budget, working with the Attor-
4 ney General, the Secretary of Labor, the Secretary of
5 Health and Human Services, the Secretary of Education,
6 the Secretary of Housing and Urban Development, and
7 any other appropriate agency representative, shall, with
8 respect to carrying out this section—

9 (1) explore authorities to enable the issuance of
10 appropriate start-up funding;

11 (2) issue guidance documents, template waivers
12 and performance measurements, best practices and
13 lessons learned from prior pilot programs, rec-
14 ommendations for how to sustain projects after
15 award periods, and other technical assistance docu-
16 ments as needed; and

17 (3) align application timing periods to provide
18 maximum flexibility, which may include the avail-
19 ability of initial planning periods for awardees.

20 **SEC. 103. HOSPITAL-BASED INTERVENTIONS TO REDUCE**
21 **READMISSIONS.**

22 Section 393 of the Public Health Service Act (42
23 U.S.C. 280b–1a) is amended by adding at the end the fol-
24 lowing:

1 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE
2 READMISSIONS.—

3 “(1) GRANTS.—The Secretary shall award
4 grants to eligible entities to deliver and evaluate hos-
5 pital-based interventions to improve outcomes and
6 reduce subsequent reinjury or readmissions of pa-
7 tients that present at a hospital after overdosing, at-
8 tempting suicide, or suffering violent injury or
9 abuse.

10 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
11 ceive a grant under this subsection and entity
12 shall—

13 “(A) be a hospital or health system (in-
14 cluding health systems operated by Indian
15 tribes or tribal organizations as such terms are
16 defined in section 4 of the Indian Self-Deter-
17 mination Act and Education Assistance Act);
18 and

19 “(B) submit to the Secretary an applica-
20 tion at such time, in such manner, and con-
21 taining such information as the Secretary may
22 require, which shall include demonstrated expe-
23 rience furnishing successful hospital-based trau-
24 ma interventions to improve outcomes and pre-
25 vent reinjury or readmission for patients pre-

1 senting after overdosing, attempting suicide, or
2 suffering violent injury or abuse.

3 “(3) USE OF FUNDS.—An entity shall use
4 amounts received under a grant under this sub-
5 section to deliver, test, and evaluate hospital-based
6 trauma-informed interventions for patients who
7 present at hospitals with drug overdoses, suicide at-
8 tempts, or violent injuries (such as domestic violence
9 or intentional penetrating wounds, including gun-
10 shots and stabbings), or other presenting symptoms
11 associated with exposure to trauma, violence, sub-
12 stance misuse, or suicidal ideation, to provide com-
13 prehensive education, screening, counseling, dis-
14 charge planning, skills building, and long-term case
15 management services to such individuals, and their
16 guardians or caregivers as appropriate, to prevent
17 hospital readmission, injury, and improve health,
18 wellness, and safety outcomes. Such interventions
19 may be furnished in coordination or partnership
20 with qualified community-based organizations and
21 may include or incorporate the best practices devel-
22 oped under section 7132(d) of the SUPPORT for
23 Patients and Communities Act (Public Law 115–
24 271).

1 “(4) QUALITY MEASURES.—An entity that re-
2 ceive a grant under this section shall submit to the
3 Secretary a report on the data and outcomes devel-
4 oped under the grant, including any quality meas-
5 ures developed, evaluated, and validated to prevent
6 hospital readmissions for the patients served under
7 the program involved.

8 “(5) SUSTAINABLE COVERAGE.—The Secretary,
9 acting through the Administrator of the Centers for
10 Medicare & Medicaid Services, shall evaluate existing
11 authorities, flexibilities, and policies and disseminate
12 appropriate and relevant information to eligible enti-
13 ties on the opportunities for health insurance cov-
14 erage and reimbursement for the activities described
15 in paragraph (3).”.

16 **SEC. 104. REAUTHORIZING THE NATIONAL CHILD TRAU-**
17 **MATIC STRESS NETWORK.**

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

20 (1) in subsection (a)—

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) collaboration among all NCTSI grantees
2 for purposes of developing evidence-based resources,
3 training, interventions, practices, and other informa-
4 tion, as an integral part of required grant activi-
5 ties.”;

6 (2) in subsection (d), by adding at the end the
7 following: “In carrying out this subsection, the Sec-
8 retary shall permit all grantees to deliver both train-
9 ing and services, as appropriate.”; and

10 (3) in subsection (j), by striking “\$63,887,000
11 for each of fiscal years 2019 through 2023” and in-
12 serting “\$93,887,000 for each of fiscal years 2024
13 through 2028”.

14 **SEC. 105. REAUTHORIZING THE TRAUMA SUPPORT SERV-**
15 **ICES IN SCHOOLS GRANT PROGRAM.**

16 Section 7134(l) of the SUPPORT for Patients and
17 Communities Act (Public Law 115–271) is amended by
18 striking “fiscal years 2019 through 2023” and inserting
19 “fiscal years 2024 through 2028”.

20 **SEC. 106. REAUTHORIZING CDC SURVEILLANCE AND DATA**
21 **COLLECTION ACTIVITIES.**

22 Section 7131(e) of the SUPPORT for Patients and
23 Communities Act (Public Law 115–271) is amended by
24 striking “\$2,000,000 for each of fiscal years 2019 through

1 2023” and inserting “\$9,000,000 for each of fiscal years
2 2024 through 2028”.

3 **TITLE II—WORKFORCE**
4 **DEVELOPMENT**

5 **SEC. 201. REAUTHORIZING THE INTERAGENCY TASK FORCE**
6 **ON TRAUMA-INFORMED CARE.**

7 Section 7132(i) of the SUPPORT for Patients and
8 Communities Act (Public Law 115–271) is amended by
9 striking “2023” and inserting “2028”.

10 **SEC. 202. TRAINING AND RECRUITMENT OF INDIVIDUALS**
11 **FROM COMMUNITIES THAT HAVE EXPERI-**
12 **ENCED HIGH LEVELS OF TRAUMA, VIOLENCE,**
13 **OR ADDICTION.**

14 Part B of title VII of the Public Health Service Act
15 (42 U.S.C. 293 et seq.) is amended by adding at the end
16 the following:

17 **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**
18 **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**
19 **OLENCE, OR ADDICTION.**

20 “In carrying out activities under this part, the Sec-
21 retary shall ensure that emphasis is provided on the re-
22 cruitment of individuals from communities that have expe-
23 rienced high levels of trauma, violence, or addiction and
24 that appropriate activities under this part are carried out
25 in partnership with community-based organizations that

1 have expertise in addressing such challenges to enhance
2 service delivery.”.

3 **SEC. 203. FUNDING FOR THE NATIONAL HEALTH SERVICE**
4 **CORPS.**

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

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

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

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

13 “(I) in addition to the amounts provided
14 for under subparagraph (H) for fiscal year
15 2023, \$50,000,000 for each of fiscal years 2024
16 through 2028, to be allocated in each such fis-
17 cal year for awards to eligible individuals whose
18 obligated service locations are in schools or
19 community-based settings as described in sec-
20 tion 338N of the Public Health Service Act.”.

21 **SEC. 204. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**
22 **FORCE.**

23 Part P of title III of the Public Health Service Act
24 (42 U.S.C. 280g) is amended by adding at the end the
25 following:

1 **“SEC. 399V-8. INFANT AND EARLY CHILDHOOD CLINICAL**
2 **WORKFORCE.**

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

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

12 “(1) be—

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

16 “(i) a part B institution (as defined in
17 section 322 of such Act);

18 “(ii) a Tribal College or University
19 (as defined in section 316(b) of such Act);

20 “(iii) a Hispanic-serving institution
21 (as defined in section 502(a) of such Act);

22 “(iv) a Predominantly Black Institu-
23 tion (as defined in section 318(b) of such
24 Act);

1 “(v) a Native American-serving, non-
2 tribal institution (as defined in section
3 319(b) of such Act);

4 “(vi) an Alaskan Native-serving insti-
5 tution and a Native Hawaiian-serving in-
6 stitution (as such terms are defined in sec-
7 tion 317(b) of such Act); and

8 “(vii) an Asian American and Native
9 American Pacific Islander-serving institu-
10 tion (as defined in section 320(b) of such
11 Act); or

12 “(B) a hospital with affiliation with such
13 an institution of higher education, or a State
14 professional medical society or association of in-
15 fant mental health demonstrating an affiliation
16 or partnership with such an institution of high-
17 er education; and

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

21 “(c) USE OF GRANT.—An entity shall use amounts
22 received under a grant under this section to establish
23 training institutes to—

24 “(1) equip aspiring and current mental health
25 professionals, including clinical social workers, pro-

1 professional counselors, marriage and family therapists,
2 clinical psychologists, child psychiatrists, school psy-
3 chologists, school counselors, school social workers,
4 nurses, home visitors, community health workers,
5 and developmental and behavioral pediatricians with
6 specialization in infant and early childhood clinical
7 mental health, and those pursuing certification or li-
8 censure in such professions; and

9 “(2) emphasize equipping trainees with cul-
10 turally responsive skills in prevention, mental health
11 consultation, screening, assessment, diagnosis, and
12 treatment for infants and children, and their parents
13 as appropriate, who have experienced or are at risk
14 of experiencing trauma, including from intergenera-
15 tional poverty, civil unrest, discrimination, or oppres-
16 sion, exposure to violence or overdose, as well as pre-
17 vention of secondary trauma, through—

18 “(A) the provision of community-based
19 training and supervision in evidence-based as-
20 sessment, diagnosis, and treatment, which may
21 be conducted through partnership with qualified
22 community-based organizations;

23 “(B) the development of graduate edu-
24 cation training tracks;

1 support positive learning outcomes and social
2 and emotional development for students—

3 “(i) who have experienced trauma (in-
4 cluding students who are involved in the
5 foster care or juvenile justice system or
6 runaway and homeless youth); and

7 “(ii) in alternative education settings
8 in which high populations of youth with
9 trauma exposure may learn (including set-
10 tings for correctional education, juvenile
11 justice, pregnant, expecting, and parenting
12 students, or youth who have re-entered
13 school after a period of absence due to
14 dropping out);”;

15 (2) in subsection (d)(1)(A)(i)—

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

18 (B) by redesignating subclause (III) as
19 subclause (IV); and

20 (C) by inserting after subclause (II) the
21 following:

22 “(III) such teachers and, as ap-
23 plicable, early childhood educators, to
24 adopt evidence-based approaches
25 for—

1 “(aa) improving behavior
2 (such as positive behavior inter-
3 ventions and supports and restor-
4 ative justice practices);

5 “(bb) supporting social and
6 emotional learning;

7 “(cc) mitigating the effects
8 of trauma;

9 “(dd) improving the learning
10 environment in the school;

11 “(ee) preventing secondary
12 trauma, compassion fatigue, and
13 burnout; and

14 “(ff) alternatives to punitive
15 discipline practices, including
16 suspensions, expulsions, corporal
17 punishment, referrals to law en-
18 forcement, and other actions that
19 remove students from the learn-
20 ing environment; and”;

21 (3) by adding at the end of subsection (d) the
22 following new paragraph:

23 “(7) TRAUMA-INFORMED AND RESILIENCE-FO-
24 CUSED PRACTICE AND WORK IN ALTERNATIVE EDU-
25 CATION SETTINGS.—Developing the teaching skills

1 of prospective and, as applicable, new, early child-
2 hood educators and elementary school and secondary
3 school teachers to adopt evidence-based trauma-in-
4 formed and resilience-focused teaching strategies—

5 “(A) to—

6 “(i) recognize the signs of trauma and
7 its impact on learning;

8 “(ii) maximize student engagement
9 and promote the social and emotional de-
10 velopment of students;

11 “(iii) implement alternative practices
12 to suspension and expulsion that do not re-
13 move students from the learning environ-
14 ment; and

15 “(iv) engage with other school per-
16 sonnel, including administrators and non-
17 teaching staff, to foster a shared under-
18 standing of the items described in clauses
19 (i), (ii), and (iii); and

20 “(B) including programs training teachers
21 and, as applicable, early childhood educators to
22 work with students—

23 “(i) with exposure to traumatic events
24 (including students involved in the foster

1 care or juvenile justice system or runaway
2 and homeless youth); and

3 “(ii) in alternative academic settings
4 for youth unable to participate in a tradi-
5 tional public school program in which high
6 populations of students with trauma expo-
7 sure may learn (such as students involved
8 in the foster care or juvenile justice sys-
9 tem, pregnant, expecting, and parenting
10 students, runaway and homeless students,
11 students exposed to family violence or traf-
12 ficking, and other youth who have re-en-
13 tered school after a period of absence due
14 to dropping out).”.

15 (b) GRANTS FOR THE DEVELOPMENT OF LEADER-
16 SHIP PROGRAMS.—Section 202(f)(1)(B) of the Higher
17 Education Act of 1965 (20 U.S.C. 1022a(f)(1)(B)) is
18 amended—

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

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

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

24 “(vii) identify students who have expe-
25 rienced trauma and connect those students

1 with appropriate school-based or commu-
2 nity-based interventions and services.”.

3 (c) 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”
7 after the semicolon;

8 (2) in subparagraph (B)(ii), by striking the pe-
9 riod 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-informed and
13 resilience-focused training programs for general
14 education and special education teachers and,
15 as applicable, early childhood educators.”.

16 **SEC. 206. TOOLS FOR FRONT-LINE PROVIDERS.**

17 Not later than 18 months after the date of enactment
18 of this Act, the Secretary of Health and Human Services,
19 in coordination with appropriate stakeholders with subject
20 matter expertise which may include the National Child
21 Traumatic Stress Network or other resource centers fund-
22 ed by the Department of Health and Human Services,
23 shall carry out activities to develop accessible and easily
24 understandable toolkits for use by front-line service pro-
25 viders (including teachers, early childhood educators,

1 school and out-of-school program leaders, paraeducators
2 and school support staff, home visitors, mentors, social
3 workers, counselors, health care providers, child welfare
4 agency staff, individuals in juvenile justice settings, faith
5 leaders, first responders, kinship caregivers, domestic vio-
6 lence agencies, child advocacy centers, homeless services
7 personnel, and youth development and community-based
8 organization personnel) for appropriately identifying, re-
9 sponding to, and supporting infants, children, and youth,
10 and their families, as appropriate, who have experienced
11 or are at risk of experiencing trauma or toxic stress. Such
12 toolkits shall incorporate best practices developed under
13 section 7132(d) of the SUPPORT for Patients and Com-
14 munities Act (Public Law 115–271), and include actions
15 to build a safe, stable, and nurturing environment for the
16 infants, children, and youth served in those settings, ca-
17 pacity building, and strategies for addressing the impact
18 of secondary trauma, compassion fatigue, and burnout
19 among such front-line service providers and other care-
20 givers.

21 **SEC. 207. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.**

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

1 **“PART PP—CHILDREN EXPOSED TO VIOLENCE**
2 **AND ADDICTION INITIATIVE**
3 **“SEC. 3061. GRANTS TO SUPPORT CHILDREN EXPOSED TO**
4 **VIOLENCE AND SUBSTANCE USE.**

5 “(a) IN GENERAL.—The Attorney General may make
6 grants to States, units of local government, Indian tribes
7 and tribal organizations (as such terms are defined in sec-
8 tion 4 of the Indian Self-Determination Act and Edu-
9 cation Assistance Act), and nonprofit organizations to re-
10 duce violence and substance use by preventing children’s
11 trauma from exposure to violence or substance use and
12 supporting infants, children, and youth, and their families,
13 who have been harmed by violence, trauma, or substance
14 use to heal.

15 “(b) USE OF FUNDS.—

16 “(1) IN GENERAL.—A grant under subsection
17 (a) may be used to implement trauma-informed poli-
18 cies and practices that support infants, children,
19 youth, and their families, as appropriate, by—

20 “(A) building public awareness and edu-
21 cation about the importance of addressing
22 childhood trauma as a means to reduce violence
23 and substance use and improve educational,
24 economic, developmental, and societal outcomes
25 for infants, children, and youth;

1 “(B) providing training, tools, and re-
2 sources to develop the skills and capacity of
3 parents (including foster parents), adult guard-
4 ians, and professionals who interact directly
5 with infants, children, and youth, in an orga-
6 nized or professional setting, to reduce the im-
7 pact of trauma, grief, and exposure to violence
8 on children, including through the best prac-
9 tices developed under section 7132(d) of the
10 SUPPORT for Patients and Communities Act
11 (Public Law 115–271); and

12 “(C) supporting community collaborations
13 and providing technical assistance to commu-
14 nities, organizations, and public agencies on
15 how they can coordinate to prevent and miti-
16 gate the impact of trauma from exposure to vio-
17 lence and substance use on children in their
18 homes, schools, and communities.

19 “(2) PRIORITY.—Priority in awarding grants
20 under this section shall be given to communities that
21 seek to address multiple types of violence and serve
22 children who have experienced poly-victimization.

23 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section
25 \$11,000,000 for each of fiscal years 2024 through 2028.”.

1 **SEC. 208. 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, in co-
6 ordination with the Civil Rights Division, shall es-
7 tablish a National Law Enforcement Child and
8 Youth Trauma Coordinating Center (referred to in
9 this section as the “Center”) to provide assistance to
10 adult- and juvenile-serving State, local, and tribal
11 law enforcement agencies (including those operated
12 by Indian tribes and tribal organizations as such
13 terms are defined in section 4 of the Indian Self-De-
14 termination Act and Education Assistance Act) in
15 interacting with infants, children, and youth who
16 have been exposed to violence or other trauma, and
17 their families as appropriate.

18 (2) AGE RANGE.—The Center shall determine
19 the age range of infants, children, and youth to be
20 covered by the activities of the Center.

21 (b) DUTIES.—The Center shall provide assistance to
22 adult- and juvenile-serving State, local, and tribal law en-
23 forcement agencies by—

24 (1) disseminating information on the best prac-
25 tices for law enforcement officers, which may include
26 best practices based on evidence-based and evidence-

1 informed models from programs of the Department
2 of Justice and the Office of Justice Services of the
3 Bureau of Indian Affairs or the best practices devel-
4 oped under section 7132(d) of the SUPPORT for
5 Patients and Communities Act (Public Law 115–
6 271), such as—

7 (A) models developed in partnership with
8 national law enforcement organizations, Indian
9 tribes, or clinical researchers; and

10 (B) models that include—

11 (i) trauma-informed approaches to
12 conflict resolution, information gathering,
13 forensic interviewing, de-escalation, and
14 crisis intervention training;

15 (ii) early interventions that link child
16 and youth witnesses and victims, and their
17 families as appropriate, to age-appropriate
18 trauma-informed services; and

19 (iii) preventing and supporting offi-
20 cers who experience secondary trauma;

21 (2) providing professional training and technical
22 assistance; and

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

24 (c) GRANT PROGRAM.—

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

5 (A) enhance the awareness of best prac-
6 tices for trauma-informed responses to infants,
7 children, and youth who have been exposed to
8 violence or other trauma, and their families as
9 appropriate; and

10 (B) provide professional training and tech-
11 nical assistance in implementing the best prac-
12 tices described in subparagraph (A).

13 (2) APPLICATION.—Any State, local, or tribal
14 law enforcement agency seeking a grant under this
15 subsection shall submit an application to the Attor-
16 ney General at such time, in such manner, and con-
17 taining such information as the Attorney General
18 may require.

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

21 (A) provide training to law enforcement of-
22 ficers on best practices, including how to iden-
23 tify and appropriately respond to early signs of
24 trauma and violence exposure when interacting

1 with infants, children, and youth, and their
2 families, as appropriate; and

3 (B) establish, operate, and evaluate a re-
4 ferral and partnership program with trauma-in-
5 formed clinical mental health, substance use,
6 health care, or social service professionals in the
7 community in which the law enforcement agen-
8 cy serves.

9 (d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to the Attorney Gen-
11 eral—

12 (1) \$6,000,000 for each of fiscal years 2024
13 through 2028 to award grants under subsection (c);
14 and

15 (2) \$2,000,000 for each of fiscal years 2024
16 through 2028 for other activities of the Center.

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