



Federal Legislation of Interest – June 29, 2017

Trauma-Informed Care for Children and Families Act of 2017

H.R. 1757

PRIMARY SPONSORS: Danny Davis (D-IL)

Number of co-sponsors: 4 (all Ds)

S. 774

PRIMARY SPONSORS: Heidi Heitkamp (D-ND)

Number of co-sponsors: 7 (all Ds) – 3 original co-sponsors

COMMENTS – The bill is designed to address the psychological, developmental, social, and emotional needs of children, youth, and families who have experienced trauma. This bill goes into a great many existing federal programs to add language that would include the use of trauma-informed best practices and, also, creates several new resource centers and grant programs. The findings specifically name rape and childhood sexual assault as traumas the bill is intended to address. Unfortunately, it's difficult to move a bill that is under the jurisdiction of so many committees. The bill is a democratic bill with no republican co-sponsors. It's extremely unlikely that it will see any movement, or even get a hearing. It's still possible parts of it could be attached to another bill. This is an opportunity to work with the bill drafters to make improvements to the bill, should it be reintroduced in the next congressional session or should parts of it be included in other bills.

HOW YOU CAN GET INVOLVED

If you support the bill, here are some options:

- contact the primary sponsors of the bill and offer your formal support of the bill
- ask the primary sponsors what you can do to be helpful
- send letters of support to current sponsors and co-sponsors of the bill
- get involved with other organizations working to pass the bill
- put information about the bill and its importance on your website

If you have concerns about the bill, here are some options:

- contact organizations who support the bill and ask questions about your concerns
- ask to sit down with appropriate staff of the primary sponsors and have a conversation about your concerns
- prepare a summary, position paper, or alternative version of the bill and provide it to the primary sponsors

BILL SUMMARY/ANALYSIS –

Task Force

The bill creates an Interagency Task Force on Trauma-Informed Care to be chaired by the Assistant Secretary for Mental Health and Substance Abuse. The Task Force would include ACYF and OVW. The Task Force would identify and evaluate a set of evidence-based best practices for early identification of exposure to trauma in children, youth and families, and implementation of trauma-informed care. They are to recommend models for a wide variety of settings (e.g. schools, hospitals, child welfare agencies, etc.). The list specifically includes “domestic violence centers” but not rape crisis centers. The best practices must include screening processes and tools to prevent/address caregiver or secondary trauma. They must identify best practice community interventions for underserved areas that have faced trauma through long-term exposure to discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence, or a high rate of drug overdose deaths. Also, they must identify best practices for nonclinical providers including peer support models and clergy. They must include best practices that are culturally sensitive, linguistically appropriate, age and gender relevant, and appropriate for lesbian, gay, bisexual, transgender, and queer populations. They must include best practices designed not to lead to unwarranted custody loss or criminal penalties for parents of children and youth who have experiences or are at risk of trauma. They must, also, create a plan for interagency cooperation to preventing, identifying, and addresses those who have experienced trauma or are at-risk of experiencing trauma.

- \$3 million is authorized for the first year and \$1 million each year after until 2022 for the task force.

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Child Traumatic Stress Initiative

Under the Public Health Services Act there is a grant program to address the problems of people who experience violence-related stress. The bill increases the annual appropriation from

\$46,887,000 to \$66,887,700 and required that \$7.5 million be used each year for evaluation and technical assistance by the National Child Traumatic Stress Initiative (in SAMHSA).

Head Start

The bill goes into the Head Start Act block grants and discretionary grants and adds that grants may be used to train program administrators and staff on best practices developed by Task Force.

Block Grants to States

The bill adds as a possible use of funds for States – training in best practices developed by the Task Force to the following block grants:

- Child Care Block Grant (States may reserve funds for training)
- Social Services Block Grant (States may reserve a portion of the funds for training)
- Maternal and Child Health Services Block Grant (States can use a portion to train licensed health care providers and public health agencies)

Home Visitation

The Home Visitation program under the Maternal and Child Health Services Block Grant is exempt from most requirements of the block grant. This bill states that the newly created state use of a grant to train on best practices identified by the Task Force still applies.

Child Welfare Services (Social Security Act)

Each state has to submit a state plan in order to get their share of the block grant. The plan must include the child welfare services staff development and training plans. This bill notes that training on best practices identified by the Task Force is a possible portion of the training.

Foster Care and Adoption Assistance (Social Security Act)

States receive a portion of the federal block grant on a quarterly basis. States can receive funding for 75% of their training costs for employees at the agencies. This bill adds that costs for training of the best practices identified by the Task Force count under these costs.

Healthy Start Initiative

The Administrator of the Health Resources and Services Administration, Maternal and Child Health Bureau gets funds allocated from the Public Health Services Act for discretionary grants to consortia of healthcare services for training. This bill adds that the agency can use a portion of the funds appropriated for training on best practices identified by the Task Force.

Block Grants for Community Mental Health Services (Public Health Services Act)

HHS can reserve funds to provide technical assistance to States. This bill adds training in best practices identified by the Task Force as a possible use of the funds.

Block Grants for the Prevention and Treatment of Substance Abuse (PHSA)

HHS can reserve 5% of the block grant for training, technical assistance, and evaluation. This bill adds that HHS can use it for training in best practices identified by the Task Force. States that receive funds from the 5% to do technical assistance can use it for that purpose, as well.

School-Based Health Centers (Public Health Services Act)

HHS provides discretionary grants for services through school-based health centers. This bill allows HHS to use a portion of the total authorization to provide training for providers in the best practices identified by the Task Force.

Community Health Centers (Public Health Services Act)

HHS provides discretionary grants and loans for community health centers. This bill allows HHS to use a portion of the total authorization to provide training for providers in the best practices identified by the Task Force.

Local Education Agencies

Under this bill, LEAs that received subgrants under the state ESEA block grant can use the money for training of teachers, principals, specialized instructional support personnel, and paraprofessionals in the best practices identified by the Task Force. They can, also, use funds from the Student Support and Academic Enrichment grants.

Student Support and Academic Enrichment state formula grants (ESEA)

The bill allows states to use their portion of the student support and academic enrichment grants to train teachers, administrators, school counselors, mental health professionals and others in the best practices identified by the Task Force.

21st Century Community Learning Centers (ESEA)

States receive formula grants for community learning centers. The state can reserve 5% of their state share for capacity-building, evaluation, training, technical assistance, policy development. This bill adds that this portion of the state funding can be used for training school personnel on best practices identified by the Task Force. Similarly, the CLCs receiving a grant can use the funding to train school personnel in best practices identified by the Task Force.

Full-Service Community Schools (ESEA)

Discretionary grants are awarded to large consortia of schools, LEAs, local service providers, and others to coordinate and integrate academic, health, mental health, and wide range of other services to improve student performance and support the family. Under this bill, training of all appropriate personnel in best practices identified by the Task Force is a required element of these projects.

National Activities for School Safety

DOE must use a portion of the ESEA appropriation for the Project School Emergency Response to Violence program (Project SERV). This bill adds that a portion of the funds can be used to provide training and technical assistance to States and LEAs in the Task Force best practices.

IDEA

The bill amends the Individuals with Disabilities Act State block grants for Infants and Toddlers with Disabilities. The purpose of these grants is to assist each State to maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families. This bill adds that States may use the money to provide training to personnel who provide early intervention services on Task Force best practices.

SNAP (Child Nutrition Act)

The bill allows states to use a portion of their state block grant to train local agencies in the best practices identified by the Task Force.

Community Services Block Grant Act

HHS must reserve 1.5% of the total appropriation each year. Half of that money is to be used for training, technical assistance, and evaluation. This bill states that the training and TA can include training on the Task Force best practices.

States must use at least 90% of their share in subgrants to service providers. But, if states use less than the full 100%, they can use the remainder for a number of purposes including training and technical assistance. This bill adds training providers on Task Force best practices as a possible use of the funds.

CAPTA

Under the bill, the National Clearinghouse (now called the Child Welfare Information Gateway), is required to distribute information on best practices developed by the Task Force.

Working in consultation with other agencies, HHS is required to conduct research and assistance activities. This bill indicates that research under this section may focus on Task Force best practices.

HHS can make grants to governmental or nongovernmental agencies for training of professional and paraprofessional personnel in the fields of health care, medicine, law enforcement, judiciary, social work and child protection, education, child care, and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardians ad litem, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect, including the links between domestic violence and child abuse and neglect. They can, also, set up resource centers and help child welfare centers coordinate with community service providers. This bill adds that grants can be awarded to provide training on best practices identified by the Task Force.

CAPTA, also, distributes state formula grants for direct services to provide child abuse or neglect prevention and treatment programming. One of the purposes that the State money can be used for under this bill is training in Task Force best practices.

Grants to community-based programs/service providers must be used for a number of activities. This bill adds providing training on Task Force best practices as a required activity.

Runaway and Homeless Youth Act

HHS gives out grants to service providers of runaway and homeless youth. They, also, give out grants to statewide or regional programs to provide training and technical assistance to service-provider grantees. This bill adds that training on Task Force best practices can be part of that.

Unaccompanied Immigrant Children (Homeland Security Act)

Homeland Security transfers the care of unaccompanied alien children to the Office of Refugee Resettlement in HHS. This bill requires that “at the election of the Director” the Office must provide training to service providers on best practices identified by the Task Force.

Justice System

Under the Victims of Child Abuse Act, OJJDP makes grants for providing technical assistance and training to judicial personnel and attorneys, particularly personnel and practitioners in juvenile and family courts on child abuse and neglect. This bill adds that training on Task Force best practices can be part of that training.

Under the Victims of Trafficking and Violence Protection Act, DOJ makes grants to governmental and nongovernmental agencies and organizations to help civil and criminal courts respond to domestic violence, dating violence, sexual assault, child sexual assault, and stalking. The grants can be used for everything from court infrastructure to civil legal assistance to supervised visitation. Under this bill, the AG shall take into account the extent to which the applicant/service provider will be using the best practices identified by the Task Force.

New Law Enforcement Coordinating Center

The bill creates a National Law Enforcement Child and Youth Trauma Coordinating Center to provide assistance to state, Tribal, and local law enforcement agencies in interacting with children and youth who have been exposed to violence or trauma, and their families. The Center will disseminate information on best practices and evidence-based models that include trauma-informed approaches, early intervention, and supporting officers with secondary trauma. The Center will provide training and technical assistance.

- \$2 million per year until 2022 is authorized for the general activities of the Center.

The Center will, also, administer a new grant program. Grants would go to law enforcement agencies or multi-disciplinary consortia to raise awareness on best practices identified by the Task Force and to provide professional training and technical assistance in implementing the best practices. The grants can be used:

- to train law enforcement personnel on best practices
 - to establish, operate, and evaluate a referral and partnership program with trauma-informed clinical mental health, substance use, healthcare, or social service professionals in the community.
- \$15 million per year until 2022 is authorized for the grant program.

Native American Resource Center

This bill would establish a Native American Technical Assistance Resource Center to provide trauma-informed technical assistance to tribal organizations implementing the Task Force best practices. The Center would, also, distribute information on best practices to tribal organizations, schools, child welfare systems, law enforcement, courts, and health care entities that serve the Indian tribes. The Center will be set up as a cooperative agreement with a nonprofit or institute of higher education.

- \$2 million per year until 2021 is authorized for the Center.

New Grants to Improve Trauma Support Services in Schools

The bill adds a new grant program under the Student Support and Academic Enrichment subsection of the ESEA. DOE will enter into contracts or cooperative agreements with state and local educational agencies “for the purpose of increasing student access to quality trauma support services and mental healthcare by developing innovative programs to link local school systems with local trauma-informed support and mental health systems.” The grants can be used for collaborative support services, trauma screenings, teacher training, positive behavioral interventions and support, technical assistance, and evaluation. The grants can, also, be used to train on and implement the Task Force best practices. DOE is required to meaningfully consult with Indian tribes.

- \$6 million per year is authorized through 2023.

CDC Data Collection for child, youth, and adult trauma

The CDC must authorize and encourage States to collect and report data on adverse childhood experiences through the BRFSS and YRBSS. Under this bill, CDC must create new modules for the surveys on assessing adverse childhood experiences and evaluating the utilization and efficacy of trauma-informed interventions. The CDC must, also, gather and analyze data on the most prominent types of adverse childhood experiences and disparities by race and ethnicity, geographic distribution and socioeconomic status. They must analyze the public health impact of adverse childhood experiences, including life expectancy and whether the scope of these experiences constitutes a public health epidemic. Within 1 year, the CDC must submit a report to Congress describing:

- What communities can do to mitigate the impact of adverse childhood experiences
- How law enforcement, service providers, public health agencies, schools, and others can collaborate to improve efforts to identify, connect to appropriate services, and provide treatment and support to kids and their families who have experienced or are at risk of experiencing trauma
- The new modules for inclusion the surveillance systems
- How CDC can utilize data collected through surveillance systems to target specific populations with high incidences of adverse childhood experiences
 - \$64 million is authorized every year through 2021 for the cooperative agreements with state and local education agencies.

GAO study

The bill calls for a GAO study of barriers to, and opportunities for, increasing early identification and treatment of children, youth, and their families, who have experienced or are at risk of experiencing trauma. The GAO is to report on:

- Ways in which identification and treatment can be facilitated
- Extent to which State Medicaid plans use early and periodic screening, diagnostic, and treatment trauma-informed services
- Barriers to increased screening, diagnostic, and treatment services
- Impact of State Medicaid plans and State regulatory decisions on provision of services
- Feasibility and considerations in systematic collection and sharing of data from health care providers, educational agencies, social service providers, law enforcement and others that relates to screening, referral and support of children, youth, and their families, who have experienced or are at risk of experiencing trauma
- Issues of privacy, consent, and parental consent in identification and treatment
- The process of screening infants and toddlers with disabilities
- Child and adolescent mental health and social services workforce capacity, barriers contributing to shortages
- Cost-effectiveness and success of school based health centers as a method of addressing needs of students who have experienced trauma

There is no funding authorized for this report to Congress and there is no timeline indicated.

NIH Report on Trauma in Children, Youth, and Adults

Under the bill, NIH must submit a report on the activities of NIH “with respect to trauma (including trauma that stems from child abuse, exposure to violence, and toxic stress) and the implications of trauma for children, youth, and adults.” The report must include a comprehensive research agenda, relevance of trauma to other diseases and outcomes, strategies to link data from multiple sources, the efficacy of existing interventions, and gaps in understanding trauma and areas of greatest need for research. The report must be submitted to Congress within one year. No funding for the work is authorized.

Medicaid Demonstration Project

Under this bill, a new demonstration grant program is created under Title XIX of the Social Security Act (grants to states for medical assistance programs). The purpose of the new grants is to “test innovative, trauma-informed approaches for delivering early and periodic screening, diagnostic, and treatment services to eligible children”. It adds to the definition of required screening, diagnostic, and treatment services coverage of conditions that result from trauma.

10 states will get 4-year grants for the demonstration projects. Priority will be given to states that use a Medicaid payment model that enables provision of trauma-informed services.

- \$75 million per year is authorized through 2021 for the demonstration grants.

Healthcare Professional Shortage

Under the bill, HHS must conduct a study and establish guidelines for States with respect to training and certification of community members to build awareness, promote linkages to community services, and provide case management and screening. It specifically gives examples of community mentors, peers with lived experiences, and faith leaders. The certified providers would be reimbursed under Medicaid.

The bill, also, amends the existing Mental Health Education and Training grants. The grants are given to institutions of higher education to recruit, train and provide clinical experience to students going into the field of mental health and social work. The bill adds language that gives priority to applicants with academic study and practice related to trauma.

The bill, also, amends a training demonstration program that goes to consortia involving at least one teaching health training and a residency or fellowship program to train students on mental health through a medical residency program. The bill clarifies that the services must be trauma-informed. It, also, gives priority to programs that provide training on trauma, mental health outcomes, and appropriate interventions.

New grants for Trauma-Related Coordinating Bodies

The bill amends the Public Health Services Act section on Children and Violence by creating new demonstration projects. Up to 20 grants will be given to State, local, or tribal entities to act as trauma-related coordinating bodies. Eligible entities include public health or child welfare agencies, institutions of high education, hospitals and other health care institutions, law enforcement, elementary and secondary schools, community based organizations, social service organizations, and the general public. Grantees must use the funds to:

- Bring together stakeholders who provide or use services to identify community needs and resources, and to pool resources
- Collect and use data to identify unique community challenges, gaps in services, and high need areas with respect to prevention and treatment of trauma
- Build awareness, skills, and leadership related to implementing Task Force best practices
- Develop a strategic plan around policy goals and coordination opportunities

Priority will be given to entities that propose serving “communities that have faced trauma due to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence, or a high rate of drug overdose mortality.”

- \$80 million is authorized to carry out the program

P3 projects -- Performance Partnership Pilots for Disconnected Youth

The 2014 Omnibus Appropriations bill included a section allowing/encouraging federal agencies to transfer part of their discretionary appropriations to OMB to create pilot programs where multiple federal agencies contract with state, local, or tribal governments to achieve significant improvements for disconnected youth in educational, employment, and other key outcomes in exchange for this new flexibility. Subsequent Omnibus Appropriations bills have, also, included it. According to the grant solicitation, “P3 tests the hypothesis that additional flexibility for States, local governments, and tribes, in the form of blending funds and waivers of certain programmatic requirements, can help overcome some of the significant hurdles that States, local governments, and tribes face in providing intensive, comprehensive, and sustained service pathways and improving outcomes for disconnected youth.” This bill would add an additional 10 pilot projects under this collaborative agency system to improve outcomes for children, youth, and their families who have experienced or are at risk of experiencing trauma.

Training Teachers (while still in college/university)

In the Higher Ed Act, there are Teacher Quality Enhancement partnership grants for use in teacher preparation or residency programs. The partnerships have to include a high-need LEA, a high need school or childhood education program, a college or university, the department of education and the department of arts and sciences within the college/university. A number of other kinds or partners may also be part of the grant. This bill would add a requirement that the would-be teachers are educated on evidence-based ways of working with students affected by trauma for both standard and special education environments.

Referred to House Committee on Education and the Workforce (3/28/17)

Referred to House Committee on Energy and Commerce (3/28/17)

Referred to House Committee on Ways and Means (3/28/17)

Referred to House Committee on Judiciary (3/28/17)

Referred to House Subcommittee on Crime, Terrorism, Homeland Security, and Investigations (4/12/17)

Referred to Senate HELP Committee (3/29/17)