Section-by-Section of Trauma-Informed Care for Children and Families Act

<u>Title I: Development of Best Practices</u>

Sec. 101: Establishment of Federal Task Force

- This section establishes a Task Force led by SAMHSA and comprised of HHS, DOJ, and ED agencies, the Veterans Health Agency, and the Bureau of Indian Affairs to recommend a set of best practices for identifying, referring, treating, and fostering supportive environments for children and families that have experienced trauma. Many of these best practices will include models that already exist or have been developed by member agencies. The best practices will provide numerous guidelines, including for:
 - o Training educators, health care practitioners, service providers, and first responders in identifying signs of trauma and appropriate responses;
 - o Creating procedures, partnerships, and co-location of services to link children and families that have experienced trauma to screening, support, and treatment;
 - o Providing interventions for communities that have faced discrimination, historical trauma, intergenerational poverty, civil unrest, or high levels of violence;
 - o Culturally sensitive, linguistically appropriate, age- and gender-relevant models;
 - o Appropriately involving sub-clinical providers, including peers, mentors, faith-based leaders and other community figures;
 - O Utilizing multi-generation interventions to assist adult caregivers and educators in building nurturing environments that prevent and mitigate the effects of trauma;
 - o Promoting enhanced understandings of Medicaid coverage for trauma services;
 - o Addressing secondary trauma experienced by adults who serve youth; and,
 - o Improving curricula and disciplinary practices in educational settings.
- The Task Force will coordinate agency research, review promising models, engage stakeholders, identify gaps, and share expertise on best practices that address settings that may come into contact with those who have experienced trauma, such as:
 - O Schools, preschool and early care providers, after-school programs, home visiting programs, hospitals and health care providers, child welfare agencies, public health agencies, mental health and substance abuse treatment facilities, juvenile justice systems, and law enforcement agencies.

Sec. 102: Test New Models

• This section authorizes a funding increase of \$20M for SAMHSA's National Child Traumatic Stress Initiative to evaluate new strategies that improve trauma-informed care.

Title II: Dissemination and Implementation of Best Practices

Sec. 201: Use of Grant Funds for Training in Best Practices

• This section makes training in the task force-recommended best practices an eligible use of federal grant funds for major programs that support many of the settings that come into contact with children and families that have experienced trauma, including:

- Early childhood: Head Start; Maternal, Infant, and Early Childhood Home Visiting program; Maternal and Child Health Block Grant; Child Care and Development Block Grant; Healthy Start; IDEA Part C
- o *Primary Care Settings*: Mental Health Services Block Grant; Substance Abuse Prevention and Treatment Block Grant; Community Health Center Fund
- o *Schools*: ESSA Title II and Title IV; 21st Century Community Learning Centers; Full-Service Community Schools, School-Based Health Centers; Project SERV
- o *Community Services*: Social Services Block Grant; Community Services Block Grant; TANF; WIC
- Child Welfare: Runaway and Homeless Youth; Child Abuse Prevention and Treatment Grant; Community-Based Child Abuse Prevention; Child Welfare Services; Refugee and Unaccompanied Children; Family Violence Prevention and Services Program; IV-E Foster Care

Sec. 202: Law Enforcement Coordinating Center

• This section authorizes the creation of a law enforcement coordinating center that will assist law enforcement agencies in sharing information, improving awareness of child trauma, and training officers on how to interact with children and families that have experienced trauma, including witnessing violence.

Sec. 203: Grants for Integration of Schools and Mental Health Systems

• This section establishes a school integration program that provides five-year grants to states, school districts, and Indian tribes to increase student access to trauma support services and mental health care by linking school systems with clinical providers.

Title III: Understanding the Scope of Trauma

Sec. 301: CDC Data Collection

• This section directs the CDC to improve data collection on exposure to Adverse Childhood Experiences through the Behavioral Risk Factor Surveillance System and Youth Risk Behavioral Surveillance System by providing funding for all states to carry out these surveys.

Sec. 301: CDC Study on Trauma

This section directs the CDC to study the prevalence of trauma in the United States. This
includes assessing the frequency, types, and disparities of adverse experiences;
developing new metrics to measure youth prevalence; evaluating the efficacy of trauma
interventions; and providing recommendations to improve data collection and
collaboration.

Sec. 303: GAO Study on Barriers and Opportunities for Identification and Treatment

• This section directs the GAO to study and report on barriers to and opportunities for improving the identification and support of children and families who have experienced trauma. This includes an analysis of improving K-12 curricula, teacher preparation and professional development, the extent to which state Medicaid plans utilize EPSDT benefit to provide trauma-informed services, multi-sector data collection and sharing

initiatives, privacy and consent issues, clinical workforce capacity, sustainable treatment payment models, and the cost-effectiveness of certain interventions and models.

Title IV: Improving Service Delivery

Sec. 401: Medicaid Demonstration Project

• This section increases the provision of prevention, screening, and intervention services by clarifying Medicaid coverage eligibility for trauma-informed care. It also pilots a Medicaid demonstration that incentivizes states to cover a comprehensive and expanded set of services, services furnished by additional types of providers, services provided in additional settings, and for individuals who have experienced adverse event(s) but do not yet have diagnosable mental health symptoms.

Sec. 402: Workforce Capacity

 This section increases clinician capacity for trauma-informed services by providing loan repayment for clinicians who serve in high-need communities through the National Health Services Corps program. Specifically, this section broadens the definition of a Health Professional Shortage area to include communities that have experienced high rates of trauma and additional settings, such as schools.

Sec. 403: Licensing Sub-clinical Providers

• This section directs AHRQ to study and provide guidelines to states for the licensure of sub-clinical providers, such as mentors, peers, faith-based leaders, and other community leaders, to provide trauma care and support, including building awareness, promoting linkages to community services, and case management.

Sec. 404: Continuing Training for Health Care Workforce

• This section supports ongoing education and training of health care professionals in trauma-informed care delivery by authorizing a grant program for schools, professional associations, and other training entities.

Sec. 405: Local Coordination Grant Program

• This section authorizes a new grant program to support the development of state, local, and tribal coordinating bodies that bring together stakeholders to identify needs, collect data, build skills and awareness, leverage resources, and develop a strategic plan.

Sec. 406: Performance Partnership Pilot

• This section builds on the existing Performance Partnership Pilot to support children and families that have experienced trauma by breaking down silos and creating flexibility for local, state, and tribal entities to pool federal grants from across agencies.

Sec. 407: Pre-Service Training for Teachers

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