

119TH CONGRESS
1ST SESSION

S. 3461

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

IN THE SENATE OF THE UNITED STATES

DECEMBER 11, 2025

Mr. DURBIN (for himself and Mrs. CAPITO) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

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” or the “RISE
6 from Trauma Act”.

TITLE I—COMMUNITY PROGRAMMING

SEC. 101. TRAUMA AND RESILIENCE-RELATED COORDINATING BODIES.

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

“SEC. 520D. LOCAL COORDINATING BODIES TO ADDRESS COMMUNITY TRAUMA, PREVENTION, AND RESILIENCE.

“(a) GRANTS.—

“(1) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary, shall award grants to State, county, local, or Indian tribe or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) or nonprofit private entities for demonstration projects to enable such entities to act as coordinating bodies to prevent or mitigate the impact of trauma and toxic stress in a community, or promote resilience by fostering protective factors.

“(2) AMOUNT.—The Secretary shall award such 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
25 \$600,000,000 for each of fiscal years 2026 through 2033.

1 “(i) DEFINITIONS.—In this section:

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

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

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

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

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

17 (1) in subsection (a), by adding at the end the
 18 following:

19 “(4) ‘To improve outcomes for infants, children,
 20 and youth, and their families as appropriate, who
 21 have experienced or are at risk of experiencing trau-
 22 ma’ means to increase the rate at which individuals
 23 who have experienced or are at risk of experiencing
 24 trauma, including those who are low-income, home-
 25 less, involved with the child welfare system, involved

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

12 (2) in subsection (b)—

13 (A) in the subsection heading, by striking
14 “FISCAL YEAR 2014” and inserting “FISCAL
15 YEARS 2026 THROUGH 2030”;

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

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

22 “(1) DISCONNECTED YOUTH PILOTS.—Federal
23 agencies”; and

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

1 “(2) TRAUMA-INFORMED CARE PILOTS.—Fed-
 2 eral agencies may use Federal discretionary funds
 3 that are made available in this Act or any appropria-
 4 tions Act, including across different or multiple
 5 years, for any of fiscal years 2026 through 2030 to
 6 carry out up to 10 Performance Partnership Pilots.
 7 Such Pilots shall—

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

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

16 (3) in subsection (c)(2)—

17 (A) in subparagraph (A), by striking
 18 “2018” and inserting “2029”; and

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

22 (4) in subsection (e), by striking “2018” and
 23 inserting “2029”.

24 (b) REQUIREMENT.—Not later than 9 months after
 25 the date of enactment of this Act, the Director of the Of-

1 fice of Management and Budget, working with the Attor-
 2 ney General and the Secretary of Labor, Secretary of
 3 Health and Human Services, Secretary of Education, and
 4 Secretary of Housing and Urban Development, and any
 5 other appropriate agency representative, shall, with re-
 6 spect to carrying out this section—

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

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

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

18 **SEC. 103. HOSPITAL-BASED INTERVENTIONS TO REDUCE**
 19 **READMISSIONS.**

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

23 “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE
 24 READMISSIONS.—

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

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

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

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

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

23 “(4) QUALITY MEASURES.—An entity that re-
24 ceive a grant under this section shall submit to the
25 Secretary a report on the data and outcomes devel-

oped under the grant, including any quality measures developed, evaluated, and validated to prevent hospital readmissions for the patients served under the program involved.

“(5) SUSTAINABLE COVERAGE.—The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall evaluate existing authorities, flexibilities, and policies and disseminate appropriate and relevant information to eligible entities on the opportunities for health insurance coverage and reimbursement for the activities described in paragraph (3).”.

SEC. 104. REAUTHORIZING THE NATIONAL CHILD TRAUMATIC STRESS NETWORK.

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

(1) in subsection (a)—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(3) collaboration among all NCTSI grantees for purposes of developing evidence-based resources, training, interventions, practices, and other informa-

1 tion, as an integral part of required grant activi-
 2 ties.”;

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

7 (3) in subsection (j), to read as follows:

8 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 9 is authorized to be appropriated to carry out this section,
 10 \$93,887,000 for each of fiscal years 2026 through 2030.”.

11 **SEC. 105. REAUTHORIZING THE TRAUMA SUPPORT SERV-**
 12 **ICES IN SCHOOLS GRANT PROGRAM.**

13 Section 7134(l) of the SUPPORT for Patients and
 14 Communities Act (Public Law 115–271) is amended by
 15 striking “fiscal years 2019 through 2023” and inserting
 16 “fiscal years 2026 through 2030”.

17 **SEC. 106. REAUTHORIZING CDC SURVEILLANCE AND DATA**
 18 **COLLECTION ACTIVITIES.**

19 Section 7131(e) of the SUPPORT for Patients and
 20 Communities Act (Public Law 115–271) is amended by
 21 striking “\$2,000,000 for each of fiscal years 2019 through
 22 2023” and inserting “\$9,000,000 for each of fiscal years
 23 2026 through 2030”.

TITLE II—WORKFORCE DEVELOPMENT

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

Section 7132(i) of the SUPPORT for Patients and Communities Act (Public Law 115–271) is amended by striking “2030” and inserting “2031”.

SEC. 202. TRAINING AND RECRUITMENT OF INDIVIDUALS FROM COMMUNITIES THAT HAVE EXPERIENCED HIGH LEVELS OF TRAUMA, VIOLENCE, OR ADDICTION.

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

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

“In carrying out activities under this part, the Secretary shall ensure that emphasis is provided on the recruitment of individuals from communities that have experienced high levels of trauma, violence, or addiction and that appropriate activities under this part are carried out in partnership with community-based organizations that have expertise in addressing such challenges to enhance service delivery.”.

1 **SEC. 203. FUNDING FOR THE NATIONAL HEALTH SERVICE**
2 **CORPS.**

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

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

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

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

11 “(I) in addition to the amounts provided
12 for under subparagraph (H) for fiscal year
13 2023, \$50,000,000 for each of fiscal years 2026
14 through 2030, to be allocated in each such fis-
15 cal year for awards to eligible individuals whose
16 obligated service locations are in schools or
17 community-based settings as described in sec-
18 tion 338N of the Public Health Service Act.”.

19 **SEC. 204. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**
20 **FORCE.**

21 Part P of title III of the Public Health Service Act
22 (42 U.S.C. 280g) is amended by adding at the end the
23 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 historically Black
 16 colleges and universities (as defined for pur-
 17 poses of section 322 of the Higher Education
 18 Act of 1965 (20 U.S.C. 1061)), and Tribal col-
 19 leges (as defined for purposes of section 316(b)
 20 of the Higher Education Act of 1965 (20
 21 U.S.C. 1059e)); or

22 “(B) be a hospital with affiliation with
 23 such an institution of higher education, or a
 24 State professional medical society or association
 25 of infant mental health demonstrating an affili-

1 ation or partnership with such an institution of
2 higher education; and

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

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

9 “(1) equip aspiring and current mental health
10 professionals, including clinical social workers, pro-
11 fessional counselors, marriage and family therapists,
12 clinical psychologists, child psychiatrists, school psy-
13 chologists, school counselors, school social workers,
14 nurses, home visitors, community health workers,
15 and developmental and behavioral pediatricians with
16 specialization in infant and early childhood clinical
17 mental health, and those pursuing certification or li-
18 censure in such professions; and

19 “(2) emphasize equipping trainees with cul-
20 turally responsive skills in prevention, mental health
21 consultation, screening, assessment, diagnosis, and
22 treatment for infants and children, and their parents
23 as appropriate, who have experienced or are at risk
24 of experiencing trauma, including from intergenera-
25 tional poverty, civil unrest, discrimination, or oppres-

1 sion, exposure to violence or overdose, as well as pre-
2 vention of secondary trauma, through—

3 “(A) the provision of community-based
4 training and supervision in evidence-based as-
5 sessment, diagnosis, and treatment, which may
6 be conducted through partnership with qualified
7 community-based organizations;

8 “(B) the development of graduate edu-
9 cation training tracks;

10 “(C) the provision of scholarships, sti-
11 pends, and trainee supports, including to en-
12 hance recruitment, retention, and career place-
13 ment of students from populations under-rep-
14 resented populations in the mental health work-
15 force; and

16 “(D) the provision of mid-career training
17 to develop the capacity of existing health practi-
18 tioners.

19 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
20 is authorized to be appropriated to carry out this section,
21 \$25,000,000 for each of fiscal years 2026 through 2030.”.

1 **SEC. 205. TRAUMA-INFORMED TEACHING AND SCHOOL**
 2 **LEADERSHIP.**

3 (a) PARTNERSHIP GRANTS.—Section 202 of the
 4 Higher Education Act of 1965 (20 U.S.C. 1022a) is
 5 amended—

6 (1) in subsection (b)(6)—

7 (A) by redesignating subparagraphs (H)
 8 through (K) as subparagraphs (I) through (L),
 9 respectively; and

10 (B) by inserting after subparagraph (G)
 11 the following:

12 “(H) how the partnership will prepare gen-
 13 eral education and special education teachers
 14 and, as applicable, early childhood educators, to
 15 support positive learning outcomes and social
 16 and emotional development for students—

17 “(i) who have experienced trauma (in-
 18 cluding students who are involved in the
 19 foster care or juvenile justice system or
 20 runaway or homeless youth); and

21 “(ii) in alternative education settings
 22 in which high populations of youth with
 23 trauma exposure may learn (including set-
 24 tings for correctional education, juvenile
 25 justice, pregnant, expecting, and parenting
 26 students, or youth who have re-entered

1 school after a period of absence due to
 2 dropping out);”;

3 (2) in subsection (d)(1)(A)(i)—

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

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

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

10 “(III) such teachers and, as ap-
 11 plicable, early childhood educators, to
 12 adopt evidence-based approaches
 13 for—

14 “(aa) improving behavior
 15 (such as positive behavior inter-
 16 ventions and supports and restor-
 17 ative justice practices);

18 “(bb) supporting social and
 19 emotional learning;

20 “(cc) mitigating the effects
 21 of trauma;

22 “(dd) improving the learning
 23 environment in the school;

1 “(ee) preventing secondary
2 trauma, compassion fatigue, and
3 burnout; and

4 “(ff) alternatives to punitive
5 discipline practices, including
6 suspensions, expulsions, corporal
7 punishment, referrals to law en-
8 forcement, and other actions that
9 remove students from the learn-
10 ing environment; and”; and

11 (3) in subsection (d), by adding at the end the
12 following:

13 “(7) TRAUMA-INFORMED AND RESILIENCE-FO-
14 CUSED PRACTICE AND WORK IN ALTERNATIVE EDU-
15 CATION SETTINGS.—Developing the teaching skills
16 of prospective and, as applicable, new, early child-
17 hood educators and elementary school and secondary
18 school teachers to adopt evidence-based trauma-in-
19 formed and resilience-focused teaching strategies—

20 “(A) to—

21 “(i) recognize the signs of trauma and
22 its impact on learning;

23 “(ii) maximize student engagement
24 and promote the social and emotional de-
25 velopment of students;

1 “(iii) implement alternative practices
 2 to suspension and expulsion that do not re-
 3 move students from the learning environ-
 4 ment; and

5 “(iv) engage with other school per-
 6 sonnel, including administrators and non-
 7 teaching staff, to foster a shared under-
 8 standing of the items described in clauses
 9 (i), (ii), and (iii); and

10 “(B) including programs training teachers
 11 and, as applicable, early childhood educators to
 12 work with students—

13 “(i) with exposure to traumatic events
 14 (including students involved in the foster
 15 care or juvenile justice system or runaway
 16 and homeless youth); and

17 “(ii) in alternative academic settings
 18 for youth unable to participate in a tradi-
 19 tional public school program in which high
 20 populations of students with trauma expo-
 21 sure may learn (such as students involved
 22 in the foster care or juvenile justice sys-
 23 tem, pregnant, expecting, and parenting
 24 students, runaway and homeless students,
 25 students exposed to family violence or traf-

1 ficking, and other youth who have re-en-
 2 tered school after a period of absence due
 3 to dropping out).”.

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

7 (1) in subparagraph (A), by striking “and”
 8 after the semicolon;

9 (2) in subparagraph (B)(ii), by striking the pe-
 10 riod at the end and inserting “; and”; and

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

12 “(C) to eligible partnerships that have a
 13 high-quality proposal for trauma-informed and
 14 resilience-focused training programs for general
 15 education and special education teachers and,
 16 as applicable, early childhood educators.”.

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

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

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

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

1 “(vii) identify students who have expe-
2 rienced trauma and connect those students
3 with appropriate school-based or commu-
4 nity-based interventions and services.”.

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

6 Not later than 18 months after the date of enactment
7 of this Act, the Secretary of Health and Human Services,
8 in coordination with appropriate stakeholders with subject
9 matter expertise which may include the National Child
10 Traumatic Stress Network or other resource centers fund-
11 ed by the Department of Health and Human Services,
12 shall carry out activities to develop accessible and easily
13 understandable toolkits for use by front-line service pro-
14 viders (including teachers, early childhood educators,
15 school and out-of-school program leaders, paraeducators
16 and school support staff, home visitors, mentors, social
17 workers, counselors, health care providers, child welfare
18 agency staff, individuals in juvenile justice settings, faith
19 leaders, first responders, kinship caregivers, domestic vio-
20 lence agencies, child advocacy centers, homeless services
21 personnel, and youth development and community-based
22 organization personnel) for appropriately identifying, re-
23 sponding to, and supporting infants, children, and youth,
24 and their families, as appropriate, who have experienced
25 or are at risk of experiencing trauma or toxic stress. Such

1 toolkits shall incorporate best practices developed under
 2 section 7132(d) of the SUPPORT for Patients and Com-
 3 munities Act (Public Law 115–271), and include actions
 4 to build a safe, stable, and nurturing environment for the
 5 infants, children, and youth served in those settings, ca-
 6 pacity building, and strategies for addressing the impact
 7 of secondary trauma, compassion fatigue, and burnout
 8 among such front-line service providers and other care-
 9 givers.

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

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

14 **“PART PP—CHILDREN EXPOSED TO VIOLENCE**
 15 **AND ADDICTION INITIATIVE**

16 **“SEC. 3061. GRANTS TO SUPPORT CHILDREN EXPOSED TO**
 17 **VIOLENCE AND SUBSTANCE USE.**

18 “(a) IN GENERAL.—The Attorney General may make
 19 grants to States, units of local government, Indian tribes
 20 and tribal organizations (as such terms are defined in sec-
 21 tion 4 of the Indian Self-Determination Act and Edu-
 22 cation Assistance Act), and nonprofit organizations to re-
 23 duce violence and substance use by preventing children’s
 24 trauma from exposure to violence or substance use and
 25 supporting infants, children, and youth, and their families,

1 who have been harmed by violence, trauma, or substance
2 use to heal.

3 “(b) USE OF FUNDS.—

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

8 “(A) building public awareness and edu-
9 cation about the importance of addressing
10 childhood trauma as a means to reduce violence
11 and substance use and improve educational,
12 economic, developmental, and societal outcomes
13 for infants, children, and youth;

14 “(B) providing training, tools, and re-
15 sources to develop the skills and capacity of
16 parents (including foster parents), adult guard-
17 ians, and professionals who interact directly
18 with infants, children, and youth, in an orga-
19 nized or professional setting, to reduce the im-
20 pact of trauma, grief, and exposure to violence
21 on children, including through the best prac-
22 tices developed under section 7132(d) of the
23 SUPPORT for Patients and Communities Act
24 (Public Law 115–271); and

1 “(C) supporting community collaborations
 2 and providing technical assistance to commu-
 3 nities, organizations, and public agencies on
 4 how they can coordinate to prevent and miti-
 5 gate the impact of trauma from exposure to vio-
 6 lence and substance use on children in their
 7 homes, schools, and communities.

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

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 13 are authorized to be appropriated to carry out this section
 14 \$11,000,000 for each of fiscal years 2026 through 2030.”.

15 **SEC. 208. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**
 16 **AND YOUTH TRAUMA COORDINATING CEN-**
 17 **TER.**

18 (a) ESTABLISHMENT OF CENTER.—

19 (1) IN GENERAL.—The Attorney General, in co-
 20 ordination with the Civil Rights Division, shall es-
 21 tablish a National Law Enforcement Child and
 22 Youth Trauma Coordinating Center (referred to in
 23 this section as the “Center”) to provide assistance to
 24 adult- and juvenile-serving State, local, and tribal
 25 law enforcement agencies (including those operated

1 by Indian tribes and tribal organizations as such
 2 terms are defined in section 4 of the Indian Self-De-
 3 termination Act and Education Assistance Act) in
 4 interacting with infants, children, and youth who
 5 have been exposed to violence or other trauma, and
 6 their families as appropriate.

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

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

13 (1) disseminating information on the best prac-
 14 tices for law enforcement officers, which may include
 15 best practices based on evidence-based and evidence-
 16 informed models from programs of the Department
 17 of Justice and the Office of Justice Services of the
 18 Bureau of Indian Affairs or the best practices devel-
 19 oped under section 7132(d) of the SUPPORT for
 20 Patients and Communities Act (Public Law 115–
 21 271), such as—

22 (A) models developed in partnership with
 23 national law enforcement organizations, Indian
 24 tribes, or clinical researchers; and

25 (B) models that include—

1 (i) trauma-informed approaches to
 2 conflict resolution, information gathering,
 3 forensic interviewing, de-escalation, and
 4 crisis intervention training;

5 (ii) early interventions that link child
 6 and youth witnesses and victims, and their
 7 families as appropriate, to age-appropriate
 8 trauma-informed services; and

9 (iii) preventing and supporting offi-
 10 cers who experience secondary trauma;

11 (2) providing professional training and technical
 12 assistance; and

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

14 (c) GRANT PROGRAM.—

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

19 (A) enhance the awareness of best prac-
 20 tices for trauma-informed responses to infants,
 21 children, and youth who have been exposed to
 22 violence or other trauma, and their families as
 23 appropriate; and

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

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

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

12 (A) provide training to law enforcement of-
13 ficers on best practices, including how to iden-
14 tify and appropriately respond to early signs of
15 trauma and violence exposure when interacting
16 with infants, children, and youth, and their
17 families, as appropriate; and

18 (B) establish, operate, and evaluate a re-
19 ferral and partnership program with trauma-in-
20 formed clinical mental health, substance use,
21 health care, or social service professionals in the
22 community in which the law enforcement agen-
23 cy serves.

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

4 (1) \$6,000,000 for each of fiscal years 2026
5 through 2030 to award grants under subsection (c);
6 and

7 (2) \$2,000,000 for each of fiscal years 2026
8 through 2030 for other activities of the Center.

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