S. RES. 184

At the request of Mr. RISCH, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. Res. 184, a resolution condemning the Easter Sunday terrorist attacks in Sri Lanka, offering sincere condolences to the victims, to their families and friends, and to the people and nation of Sri Lanka, and expressing solidarity and support for Sri Lanka.

S. RES. 189

At the request of Mr. CRUZ, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. Res. 189, a resolution condemning all forms of antisemitism.

S. RES. 235

At the request of Mr. BOOKER, the names of the Senator from New Jersey (Mr. MENENDEZ), the Senator from Montana (Mr. TESTER) and the Senator from Arizona (Ms. MCSALLY) were added as cosponsors of S. Res. 235, a resolution designating June 12, 2019, as ''Women Veterans Appreciation Day''.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself, Mr. COONS, Mr. ROBERTS, Ms. DUCKWORTH, Mr. SULLIVAN, Mr. VAN HOLLEN, Mrs. CAPITO, Mr. MARKEY, Mr. ISAKSON, Mr. MERKLEY, Mr. MORAN, Mr. CARDIN, Mr. CORNYN, Ms. ROSEN, Mr. YOUNG, Ms. STABENOW, Mr. ENZI, Mr. WYDEN, Mr. CRAMER, Mr. MURPHY, Mr. RUBIO, and Mr. REED):

S. 1766. A bill to implement policies to end preventable maternal, newborn, and child deaths globally; to the Committee on Foreign Relations.

Ms. COLLINS. Mr. President, I rise this evening to introduce legislation with my friend and colleague from Delaware, Senator CHRIS COONS, called the Reach Every Mother and Child Act of 2019. I am delighted to say that we have 22 bipartisan cosponsors for our initiative. Our legislation would make it the policy of the United States to lead an effort to end preventable deaths of mothers, newborns, and young children in the developing world by the year 2030.

Due in part to American leadership and generosity, many lives have already been saved. Since 1990, the annual number of deaths of children under the age of 5 has been cut in half. Nevertheless, far too many mothers, newborns, and young children under the age of 5 still succumb to disease and malnutrition that could easily have been prevented.

Every day, approximately 800 women die from preventable causes that are related to pregnancy and childbirth. In addition, more than 15,000 children under the age of 5 die every day from treatable conditions, such as prematurity, pneumonia, and diarrhea, with malnutrition being the underlying cause in nearly half of those deaths.

Our bill aims to reach these mothers and children with simple, proven, cost-effective interventions that we know will help them survive. A concentrated effort could end preventable maternal and child deaths worldwide by the year 2030. However, continued American leadership and support from the international community are critical to success.

To achieve this ambitious goal, our bill would require the implementation of a strategy to scale up the most effective interventions to save as many lives as possible. This idea is central to our bill. We do not have to guess at what interventions will work. The reality is that more than 15,000 children die each day of conditions that we know how to treat right now. These lifesaving interventions include clean birthing practices, vaccines, nutritional supplements, handwashing with soap, and other basic needs that remain elusive for far too many women and children in developing countries. This is what must change.

In addition, our bill would establish a Maternal and Child Survival Coordinator at the USAID, who would focus on implementing the 5-year strategy and verifying that the most effective interventions are being scaled up in target countries.

The bill would improve government efficiency across several agencies that would collaborate with the Coordinator to identify and promote the most effective treatments to end preventable maternal and child deaths globally. To promote transparency and greater accountability, our bill would also require detailed public reporting on progress toward implementing this strategy.

Finally, our legislation would encourage the USAID to help pay for successful programs that are run by nongovernmental entities. The message that we want to send to all of our partners in the private sector, the nonprofit sector, the faith community, and in local and international civil society groups is this: If you can figure out an effective way to increase the likelihood that mothers and their children will survive childbirth in those first 5 vulnerable years of life, we want to acknowledge your contributions.

We realize that the government does not have all of the answers and that if we and our partners in the private sector all work together, whether they be nonprofits, foundations, the faith community, local and international government-sponsored organizations, or civil society groups, we can solve this problem.

Improving the health and well-being of mothers and children around the world have far-reaching social and economic benefits as well. The USAID estimates and identifies examples of the return on our investments in numerous priority countries. For example, in Afghanistan, Haiti, Liberia, Nepal, South Sudan, Rwanda, and Yemen, the USAID estimates that its health investments may yield a 9-to-1 return in economic and societal benefits by the year 2035.

The USAID also estimates its return on investment in the form of resources mobilized, which is a measure based on additional dollar investments that are made by country governments or local organizations or by cost savings within a health system from increased efficiencies. In Senegal, for example, the USAID estimates $204 million in resources mobilized by 2025, which is a 656-to-1 return on the USAID's investment. In India, it estimates that a $25.5 billion investment by the year 2025 is a striking nearly 3,000-to-1 return on the USAID's investment.

Other bipartisan initiatives, such as the successful President's Emergency Plan for AIDS Relief, or PEPFAR, which was started by President George W. Bush, demonstrate that results-driven interventions can turn the tide for global health challenges. In applying lessons learned from past initiatives, our bill would provide the focus and the tools necessary to accelerate progress toward a goal that we should all be able to embrace, which is to end preventable maternal and child deaths.

I urge my colleagues to join with Senator COONS and me and our 22 cosponsors in supporting this legislation that will literally save the lives of mothers and children around the world by doing what we know works.

By Mr. DURBIN (for himself, Mrs. CAPITO, Ms. DUCKWORTH, and Ms. MURKOWSKI):

S. 1770. A bill to improve the identification and support of children and families who experience trauma; to the Committee on Health, Education, Labor, and Pensions.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1770

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Resilience Investment, Support, and Expansion from Trauma Act'' or the ''RISE from Trauma Act''.

TITLE I—COMMUNITY PROGRAMMING

SEC. 101. TRAUMA-RELATED COORDINATING BODIES.

Title V of the Public Health Service Act is amended by inserting after section 520A (42 U.S.C. 290bb-32) the following:

''SEC. 520B. TRAUMA-RELATED COORDINATING BODIES TO ADDRESS COMMUNITY TRAUMA.

''(a) GRANTS.—

''(1) IN GENERAL.—The Secretary, acting through 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 address community trauma.

''(2) AMOUNT.—The Secretary shall award such grants in amounts of not more than $4,000,000.

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

''(b) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall include 1 or more representatives of each of the categories described in paragraph (2).

''(2) COMPOSITION.—The categories referred to in paragraph (1) are—

''(A) governmental agencies, such as public health, human services, or child welfare agencies, that conduct activities to screen, assess, provide services or referrals, prevent, or provide treatment to support infants, children, youth, and their families as appropriate, that have experienced or are at risk of experiencing trauma;

''(B) faculty or qualified staff at an institution of higher education (as defined in section 101(a) of the Higher Education Act of 1965) or representatives of a member of the National Child Traumatic Stress Network, in an area related to screening, assessment, service provision or referral, prevention, or treatment to support infants, children, youth, and their families, as appropriate, that have experienced or are at risk of experiencing trauma;

''(C) hospitals, health care clinics, or other health care institutions, such as mental health and substance use treatment facilities;

''(D) criminal justice representatives related to adults and juveniles, which may include law enforcement or judicial or court employees;

''(E) local educational agencies or agencies responsible for early childhood education programs, which may include Head Start and Early Head Start agencies;

''(F) community-based faith, human services, or social services organizations, including providers of after-school programs, home visiting programs, agencies that serve victims of domestic and family violence and child sexual abuse, or programs to prevent or address the impact of violence and addiction; and

''(G) the general public, including individuals who have experienced trauma.

''(3) QUALIFICATIONS.—In order for an entity to be eligible to receive the grant under this section, the representatives included in the entity shall, collectively, have professional training and expertise concerning childhood trauma and evidence-based, evidence-informed, and promising best practices to prevent and mitigate the impact of exposure to trauma.

''(c) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including information describing how the coordinating body funded under the grant will continue its activities after the end of the grant period.

''(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to entities proposing to serve communities that have faced high rates of community trauma, including from intergenerational poverty, civil unrest, discrimination, or oppression, which may include an evaluation of—

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

''(2) an age-adjusted rate of violence-related (or intentional) injury deaths that is above the national average, as determined by the Director of the Centers for Disease Control and Prevention.

''(e) USE OF FUNDS.—An entity that receives a grant under this section to act as a coordinating body shall use the grant funds—

''(1) to bring together stakeholders who provide or use services in, or have expertise concerning, covered settings to identify community needs and resources related to services to prevent or address the impact of trauma, and to build on any needs assessments conducted by organizations or groups represented on the coordinating body;

''(2)(A) to collect data, on indicators specified by the Secretary, that covers multiple covered settings; and

''(B) to use the data to identify unique community challenges and barriers, gaps in services, and high-need areas, related to services to prevent or address the impact of trauma;

''(3) to build awareness, skills, and leadership (including through trauma-informed training and public outreach campaigns) related to implementing the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115-271) (referred to in this subsection as the 'developed best practices'); and

''(4) to develop a strategic plan that identifies—

''(A) policy goals and coordination opportunities (including coordination in applying for grants) relating to implementing the developed best practices; and

''(B) a comprehensive, integrated approach for the entity and its members to prevent and mitigate the impact of exposure to trauma in the community, and to assist the community in healing from existing and prior exposure to trauma.

''(f) SUPPLEMENT NOT SUPPLANT.—Amounts made available under this section shall be used to supplement and not supplant other Federal, State, and local public funds and private funds expended to provide trauma-related coordination activities.

''(g) EVALUATION.—At the end of the period for which grants are awarded under this section, the Secretary shall conduct an evaluation of the activities carried out under each grant under this section. In conducting the evaluation, the Secretary shall assess the outcomes of the grant activities carried out by each grant recipient.

''(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $50,000,000 for the period of fiscal years 2020 through 2023.

''(i) DEFINITION.—In this section, the term 'covered setting' means the settings in which individuals may come into contact with infants, children, youth, and their families, as appropriate, who have experienced or are at risk of experiencing trauma, including schools, hospitals, settings where health care providers, including primary care and pediatric providers, provide services, early childhood education and care settings, home visiting settings, after-school program facilities, child welfare agency facilities, public health agency facilities, mental health treatment facilities, substance use treatment facilities, faith-based institutions, domestic violence agencies, child advocacy centers, homeless services system facilities, refugee services system facilities, juvenile justice system facilities, law enforcement agency facilities, Healthy Marriage Promotion or Responsible Fatherhood service settings, child support service settings, and service settings focused on individuals eligible for Temporary Assistance for Needy Families.''.

SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP PILOT FOR CHILDREN WHO HAVE EXPERIENCED OR ARE AT RISK OF EXPERIENCING TRAUMA.

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

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

''(4) 'To improve outcomes for infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma' means to increase the rate at which individuals who have experienced or are at risk of experiencing trauma, including those who are low-income, homeless, involved with the child welfare system, involved in the juvenile justice system, unemployed, or not enrolled in or at risk of dropping out of an educational institution and live in a community that has faced acute or long-term exposure to substantial discrimination, historical oppression, intergenerational poverty, civil unrest, a high rate of violence or drug overdose deaths, achieve success in meeting educational, employment, health, developmental, community reentry, permanency from foster care, or other key goals.'';

(2) in subsection (b)—

(A) in the subsection heading, by striking ''FISCAL YEAR 2014'' and inserting ''FISCAL YEARS 2020 THROUGH 2024'';

(B) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and by moving such subparagraphs, as so redesignated, 2 ems to the right;

(C) by striking ''Federal agencies'' and inserting the following:

''(1) DISCONNECTED YOUTH PILOTS.—Federal agencies''; and

(D) by adding at the end the following:

''(2) TRAUMA-INFORMED CARE PILOTS.—

''(A) IN GENERAL.—Federal agencies may use Federal discretionary funds that are made available in this Act or any appropriations Act for any of fiscal years 2020 through 2024 to carry out up to 10 Performance Partnership Pilots. Such Pilots shall:

''(i) be designed to improve outcomes for infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma; and

''(ii) involve Federal programs targeted on infants, children, and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma.

''(B) PRIORITY.—In making funds available under this paragraph, a Federal agency shall give priority to entities that receive grants under section 520B of the Public Health Service Act.'';

(3) in subsection (c)(2)—

(A) in subparagraph (A), by striking ''2018'' and inserting ''2023''; and

(B) in subparagraph (F), by inserting before the semicolon '', including the age range for such population''; and

(4) in subsection (e), by striking ''2018'' and inserting ''2023''.

SEC. 103. NATIONAL AND COMMUNITY SERVICE.

(a) SERVICE-LEARNING.—Section 113(a)(2) of the National and Community Service Act of 1990 (42 U.S.C. 12525(a)(2)) is amended—

(1) in subparagraph (C), by striking ''and'' at the end;

(2) in subparagraph (D), by striking the period and inserting '', and''; and

(3) by adding at the end the following:

''(E) information describing how the applicant will give priority, in reviewing applications under subsection (b), to entities that propose service-learning programs in communities with high levels of trauma (as defined in section 520B of the Public Health Service Act).''.

(b) AMERICORPS RECRUITMENT.—Section 130(b)(5) of the National and Community Service Act of 1990 (42 U.S.C. 12582(b)(5)) is amended by inserting after ''and women,'' the following: ''and to give priority (to the maximum extent practicable) to recruitment of participants from communities with high levels of trauma (as defined in section 520B of the Public Health Service Act),''.

(c) AMERICORPS STATE PROGRAMS.—Section 130(c) of the National and Community Service Act of 1990 (42 U.S.C. 12582(c)) is amended by adding at the end the following:

''(4) In the case of a State or territory described in section 129(e), an assurance that the State or territory, in distributing grant funds made available under that section, will give priority to entities proposing national service programs that are related to the provision of trauma-informed services in communities with high levels of trauma (as defined in section 520B of the Public Health Service Act).''.

(d) AMERICORPS COMPETITIVE PROGRAMS.—Section 133(d)(2) of the National and Community Service Act of 1990 (42 U.S.C. 12585(d)(2)) is amended—

(1) in subparagraph (B), by striking ''and'' at the end;

(2) in subparagraph (C), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(D) national service programs that are related to the provision of trauma-informed services in communities with high levels of trauma (as defined in section 520B of the Public Health Service Act).''.

SEC. 104. HOSPITAL-BASED INTERVENTIONS TO REDUCE READMISSIONS.

Section 911 of the Public Health Service Act (42 U.S.C. 299b) is amended by adding at the end the following:

''(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE READMISSIONS.—

''(1) GRANTS.—The Secretary, acting through the Director of the Agency, shall award grants to eligible entities to evaluate hospital-based interventions to reduce subsequent readmissions of patients that present at a hospital after overdosing, attempting suicide, or suffering violent injury or abuse.

''(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this subsection and entity shall—

''(A) be a hospital or health system (including health systems operated by Indian tribes or tribal organizations as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act); and

''(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, which shall include demonstrated experience furnishing successful hospital-based trauma interventions to improve outcomes for patients presenting after overdosing, attempting suicide, or suffering violent injury or abuse.

''(3) USE OF FUNDS.—An entity shall use amounts received under a grant under this subsection to test and evaluate hospital-based trauma-informed interventions for patients who present at hospitals with drug overdoses, suicide attempts, and violent injuries (such as domestic violence or intentional penetrating wounds, including gunshots and stabbings) to provide comprehensive education, screening, counseling, discharge planning, skills building, and long-term case management services to prevent hospital readmission, injury, and improve health and safety outcomes. Such interventions may be furnished in coordination or partnership with qualified community-based organizations and may include or incorporate the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271).

''(4) QUALITY MEASURES.—An entity that receive a grant under this section shall submit to the Secretary a report on the data and outcomes developed under the grant, including any quality measures developed to prevent hospital readmissions for the patients served under the program involved.''.

SEC. 105. SUPPORTING AT-RISK AND TRAUMA-EXPOSED STUDENTS WITH ARTS OPPORTUNITIES.

Section 5(c) of the National Foundation on the Arts and Humanities Act of 1965 (20 U.S.C. 954(c)) is amended—

(1) in paragraph (9), by striking ''and'' at the end;

(2) in paragraph (10), by striking the period and inserting ''; and''; and

(3) by inserting after paragraph (10), the following:

''(11) projects, programs, and workshops that provide therapy and creative expression opportunities through the arts for children, and their families as appropriate, who have experienced or are at risk of experiencing trauma.''.

SEC. 106. ENSURING PARITY FOR INFANT, EARLY CHILDHOOD, AND YOUTH MENTAL HEALTH.

Part K of title V of the Public Health Service Act (42 U.S.C. 290ll et seq.) is amended—

(1) by redesignating section 550 (42 U.S.C. 290ee-10), relating to sobriety treatment and recovery teams, as section 598; and

(2) by adding at the end the following:

''SEC. 599. INFANT AND EARLY CHILDHOOD MENTAL HEALTH PARITY.

''(a) IN GENERAL.—The Secretary, in coordination with the Secretary of Labor and the Secretary of Education, shall award grants to, or enter into cooperative agreements with, States to ensure that health insurance issuers in the State comply with section 2726, as such section applies to infant and early childhood mental and behavioral health.

''(b) USE OF GRANT.—A State shall use amounts received under a grant or cooperative agreement under this section to—

''(1) establish clear guidelines for parity compliance for infant and early childhood mental health that are evidence-based;

''(2) align parity compliance with best practices for meeting an infant's Individualized Family Service Plan under part C of the Individuals with Disabilities Education Act or a preschool aged child's Individualized Education Plan under part B of such Act, as well as providing Coordinated Early Intervening Services under part B of such Act to preschool age children;

''(3) engage with health insurance issuers to ensure that they comply with the guidelines promulgated and other provisions of section 2726, as such section applies to infant and early childhood mental health;

''(4) ensure health insurance issuer compliance through audits, market conduct examinations, secret shopper programs, or other means;

''(5) share learnings with other States who receive grants under this section; and

''(6) submit a report to the Secretary, the Secretary of Labor, and the Secretary of Education, on findings, actions, recommendations, and any such other information as such Secretaries shall require.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $10,000,000 for each of fiscal years 2020 through 2024.''.

SEC. 107. STREAMLINING AND COORDINATING TRAUMA GRANT FUNDING.

Not later than 2 years after the date of enactment of this Act, the Director of the Office of Management and Budget, in coordination with the Task Force created under section 7132 of the SUPPORT for Patients and Communities Act (Public Law 115–271), shall review the Federal grant programs and funding streams with relevance or potential to furnish the best practices developed under section 7132(d) of such Act for preventing and mitigating the impact of trauma, and issue guidance to agencies on the following:

(1) Aligning measurement, reporting, and timelines for Federal funds used to address community trauma.

(2) Leveraging different Federal funding streams to enable effective data sharing, integration, and privacy to support coordination for addressing community trauma.

(3) Consistency in eligibility requirements and enrollment pathways for Federal funding to facilitate strategies for addressing community trauma.

(4) Support for community-level planning activities that advance the overall policy goals of each Federal funding stream.

(5) Modeling the long-term budgetary benefits of preventing or mitigating community trauma.

(6) The inclusion of trauma impact statements within relevant grants focused on serving children and families.

SEC. 108. MEASURING SAVINGS FROM TRAUMA-INFORMED INTERVENTIONS.

(a) IDENTIFICATION OF EFFECTIVE INTERVENTIONS.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Planning and Evaluation, and in coordination with the Attorney General, the Secretary of Education, and the Secretary of Labor, shall conduct a review and analysis of the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271) (referred to in this section as the ''developed best practices'') that can be furnished through a Federal grant or health insurance program to prevent and mitigate the impact of trauma among infants, children, and youth, and their families, as appropriate, and identify those practices which hold the most promise to reduce long-term costs and spending associated with children, including health care and child welfare costs.

(b) CONDUCT OF REVIEW.—In conducting the review and analysis under subsection (a), the Assistant Secretary may—

(1) solicit public input on the review design, findings, and conclusions; and

(2) examine methods for evaluating whether the developed best practices were effectively implemented and the predicted outcomes and savings are likely to be achieved, which may include competency and testing approaches, and performance or outcome measures.

(c) UPDATES.—The set of best practices identified under subsection (a) as holding promise to reduce costs shall be updated at regular intervals.

(d) EVALUATING LONG-TERM SAVINGS ASSOCIATED WITH THE INTERVENTIONS.—The Director of the Office of Management and Budget shall analyze, determine, and publicly report the cost-savings across the Federal budget over 20 years, including an appropriate discount rate, associated with the effective implementation of the interventions identified in subsection (a), when applied in a representative population of children participating in all such appropriate Federal grant or health insurance programs in a given year, and update these determinations at least every 5 years.

TITLE II—WORKFORCE DEVELOPMENT

SEC. 201. DIVERSITY TRAINING FOR 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, VIOLENCE, 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.''.

SEC. 202. FUNDING FOR THE NATIONAL HEALTH SERVICE CORPS.

Section 10503(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amended—

(1) in subparagraph (E), by striking ''and'' at the end;

(2) in subparagraph (F), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(G) $360,000,000 for each of fiscal years 2020 through 2024.''.

SEC. 203. INFANT AND EARLY CHILDHOOD CLINICAL WORKFORCE.

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

''SEC. 399V-7. INFANT AND EARLY CHILDHOOD CLINICAL WORKFORCE.

''(a) IN GENERAL.—The Secretary, acting through the Associate Administrator of the Maternal and Child Health Bureau, shall establish an Infant and Early Childhood Clinical Mental Health Leadership Program to award grants to eligible entities to establish training institutes and centers of excellence for infant and early childhood clinical mental health.

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

''(1) be—

''(A) an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965; or

''(B) be a hospital with affiliation with such an institution of higher education, or a State professional medical society or association of infant mental health demonstrating an affiliation or partnership with such an institution of higher education; and

''(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(c) USE OF GRANT.—An entity shall use amounts received under a grant under this section to establish statewide training institutes or centers of excellence for licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, clinical psychologists, child psychiatrists, school psychologists, nurses, and developmental and behavioral pediatricians on infant and early childhood clinical mental health, with an emphasis on screening, assessment, service provision or referral, prevention, and treatment for infants and children who have experienced or are at risk of experiencing trauma, as well as prevention of secondary trauma, through—

''(1) the provision of community-based training and supervision in evidence-based assessment, diagnosis, and treatment, which may be conducted through partnership with qualified community-based organizations;

''(2) the development of graduate education training tracks;

''(3) the provision of scholarships and stipends, including to enhance recruitment from under-represented populations in the mental health workforce; and

''(4) the provision of mid-career training to develop the capacity of existing health practitioners.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $25,000,000 for each of fiscal years 2020 through 2024.''.

SEC. 204. TRAUMA-INFORMED TEACHING AND SCHOOL LEADERSHIP.

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

(1) in subsection (b)(6)—

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

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

''(H) how the partnership will prepare general education and special education teachers, including early childhood educators, to support positive learning outcomes and social and emotional development for students who have experienced trauma (including students who are involved in the foster care or juvenile justice systems or runaway or homeless youth) and in alternative education settings in which high populations of youth with trauma exposure may learn (including settings for correctional education, juvenile justice, pregnant and parenting students, or youth who have re-entered school after a period of absence due to dropping out);'';

(2) in subsection (d)(1)(A)(i)—

(A) in subclause (II), by striking ''and'' after the semicolon;

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

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

''(III) such teachers, including early childhood educators, to adopt evidence-based approaches for improving behavior (such as positive behavior interventions and supports and restorative justice), supporting social and emotional learning, mitigating the effects of trauma, improving the learning environment in the school, preventing secondary trauma, compassion fatigue, and burnout, and for alternatives to suspensions, expulsions, corporal punishment, referrals to law enforcement, and other actions that remove students from the learning environment; and''; and

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

''(7) TRAUMA-INFORMED PRACTICE AND WORK IN ALTERNATIVE EDUCATION SETTINGS.—Developing the teaching skills of prospective and, as applicable, new, early childhood, elementary school, and secondary school teachers to adopt evidence-based trauma-informed teaching strategies—

''(A) to—

''(i) recognize the signs of trauma and its impact on learning;

''(ii) maximize student engagement and promote the social and emotional development of students; and

''(iii) implement alternative practices to suspension and expulsion that do not remove students from the learning environment; and

''(B) including programs training teachers, including early childhood educators, to work with students with exposure to traumatic events (including students involved in the foster care or juvenile justice systems or runaway and homeless youth) and in alternative academic settings for youth unable to participate in a traditional public school program in which high populations of students with trauma exposure may learn (such as students involved in the foster care or juvenile justice systems, pregnant and parenting students, runaway and homeless students, and other youth who have re-entered school after a period of absence due to dropping out).''.

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

(1) in subparagraph (A), by striking ''and'' after the semicolon;

(2) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(C) to eligible partnerships that have a high-quality proposal for trauma training programs for general education and special education teachers, including early childhood educators.''.

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

(1) in clause (v), by striking ''and'' at the end;

(2) in clause (vi), by striking the period and inserting ''; and''; and

(3) by adding at the end the following:

''(vii) identify students who have experienced trauma and connect those students with appropriate school-based or community-based interventions and services.''.

SEC. 205. TOOLS FOR FRONT-LINE PROVIDERS.

Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services, in coordination with appropriate stakeholders with subject matter expertise which may include the National Child Traumatic Stress Network, shall carry out activities to develop accessible and easily understandable toolkits for use by front-line service providers (including teachers, early childhood educators, school leaders, mentors, social workers, counselors, faith leaders, first responders, kinship caregivers) for appropriately identifying, responding to, and supporting infants, children, and youth, and their families, as appropriate, who have experienced or are at risk of experiencing trauma. Front-line service providers may also include programs focused on adults whose children or who themselves have experienced trauma, including programs related to Healthy Marriage and Responsible Fatherhood, child support, and Temporary Assistance to Needy Families. Such toolkits shall incorporate best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271), and include actions to build a safe, stable, and nurturing environment for the infants, children, and youth served in those settings, capacity building, and strategies for addressing the impact of secondary trauma, compassion fatigue, and burnout among such front-line service providers.

SEC. 206. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.

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

''PART OO—CHILDREN EXPOSED TO VIOLENCE AND ADDICTION INITIATIVE

''SEC. 3051. GRANTS TO IDENTIFY AND SUPPORT CHILDREN EXPOSED TO VIOLENCE AND SUBSTANCE USE.

''(a) IN GENERAL.—The Attorney General may make grants to States, units of local government, Indian tribes and tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act), and nonprofit organizations to reduce violence and substance use by preventing exposure to trauma, violence, or substance use and identifying and supporting infants, children, and youth, and their families, as appropriate, exposed to trauma, violence, or substance use.

''(b) USE OF FUNDS.—A grant under subsection (a) may be used to implement trauma-informed policies and practices that support infants, children, youth, and their families, as appropriate, by—

''(1) building public awareness and education, and improving policies and practices;

''(2) providing training, tools and resources to develop the skills and capacity of parents (including foster parents), adult guardians, and professionals who interact directly with infants, children, and youth, and their families, as appropriate, in an organized or professional setting, including through the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271); and

''(3) providing technical assistance to communities, organizations, and public agencies on how to prevent and mitigate the impact of exposure to trauma, violence, and substance use.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $11,000,000 for each of fiscal years 2020 through 2024.''.

SEC. 207. ESTABLISHMENT OF LAW ENFORCEMENT CHILD AND YOUTH TRAUMA COORDINATING CENTER.

(a) ESTABLISHMENT OF CENTER.—

(1) IN GENERAL.—The Attorney General shall establish a National Law Enforcement Child and Youth Trauma Coordinating Center (referred to in this section as the ''Center'') to provide assistance to adult- and juvenile-serving State, local, and tribal law enforcement agencies (including those operated by Indian tribes and tribal organizations as such terms are defined in section 4 of the Indian Self-Determination Act and Education Assistance Act) in interacting with infants, children, and youth who have been exposed to violence or other trauma, and their families as appropriate.

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

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

(1) disseminating information on the best practices for law enforcement officers, which may include best practices based on evidence-based and evidence-informed models from programs of the Department of Justice and the Office of Justice Services of the Bureau of Indian Affairs or the best practices developed under section 7132(d) of the SUPPORT for Patients and Communities Act (Public Law 115–271), such as—

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

(B) models that include—

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

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

(iii) preventing and supporting officers who experience secondary trauma;

(2) providing professional training and technical assistance; and

(3) awarding grants under subsection (c).

(c) GRANT PROGRAM.—

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

(A) enhance the awareness of best practices for trauma-informed responses to infants, children, and youth who have been exposed to violence or other trauma, and their families as appropriate; and

(B) provide professional training and technical assistance in implementing the best practices described in subparagraph (A).

(2) APPLICATION.—Any State, local, or tribal law enforcement agency seeking a grant under this subsection shall submit an application to the Attorney General at such time, in such manner, and containing such information as the Attorney General may require.

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

(A) provide training to law enforcement officers on best practices, including how to identify and appropriately respond to early signs of trauma and violence exposure when interacting with infants, children, and youth, and their families, as appropriate; and

(B) establish, operate, and evaluate a referral and partnership program with trauma-informed clinical mental health, substance use, health care, or social service professionals in the community in which the law enforcement agency serves.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Attorney General—

(1) $6,000,000 for each of fiscal years 2020 through 2024 to award grants under subsection (c); and

(2) $2,000,000 for each of fiscal years 2020 through 2024 for other activities of the Center.

SEC. 208. NATIONAL INSTITUTES OF HEALTH REPORT ON TRAUMA.

Not later than 1 year after the date of the enactment of this Act, the Director of the National Institutes of Health shall submit to Congress a report on the activities of the National Institutes of Health with respect to trauma (including trauma that stems from child abuse, exposure to violence, addiction and substance use, and toxic stress) and the implications of trauma for infants, children, and youth, and their families, as appropriate. Such report shall include—

(1) the comprehensive research agenda of the National Institutes of Health with respect to trauma;

(2) the capacity, expertise, and review mechanisms of the National Institutes of Health with respect to the evaluation and examination of research proposals related to child trauma, including coordination across institutes and centers and inclusion of trauma impact statements within relevant grants focused on serving children and families;

(3) the relevance of trauma to other diseases, outcomes, and domains;

(4) strategies to link and analyze data from multiple independent sources, including child welfare, health care (including mental health care), law enforcement, and education systems, to enhance research efforts and improve health outcomes;

(5) the efficacy of existing interventions, including clinical treatment methods, child- and family-focused prevention models, and community-based approaches, in mitigating the effects of experiencing trauma and improving health and societal outcomes; and

(6) identification of gaps in understanding in the field of trauma and areas of greatest need for further research related to trauma.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 240—RELATIVE TO THE DEATH OF DR. LLOYD JOHN OGILVIE, FORMER CHAPLAIN OF THE UNITED STATES SENATE

Mr. MCCONNELL submitted the following resolution; which was considered and agreed to:

S. RES. 240

Whereas Dr. Lloyd John Ogilvie, a native of Kenosha, Wisconsin, earned degrees from Lake Forest College and Garrett Theological Seminary and pursued postgraduate studies at New College of the University of Edinburgh in Scotland;

Whereas Dr. Lloyd John Ogilvie served as a Presbyterian minister throughout his life in Illinois, Pennsylvania, and California;

Whereas Dr. Lloyd John Ogilvie authored many books and hosted nationally syndicated radio and television ministry;

Whereas Dr. Lloyd John Ogilvie became the 61st Senate Chaplain on March 11, 1995, and faithfully served the Senate for eight years as Senate Chaplain: Now, therefore, be it

Resolved, That the Senate has heard with profound sorrow and deep regret the announcement of the death of Dr. Lloyd John Ogilvie, former Chaplain of the Senate.

Resolved, That the Secretary of the Senate communicate these resolutions to the House of Representatives and transmit an enrolled copy thereof to the family of the deceased.

Resolved, That when the Senate adjourns today, it stand adjourned as a further mark of respect to the memory of Dr. Lloyd John Ogilvie.

SENATE RESOLUTION 241—DESIGNATING MAY 2019 AS ''OLDER AMERICANS MONTH''

Ms. COLLINS (for herself, Mr. CASEY, Mr. BURR, Mrs. GILLIBRAND, Mr. RUBIO, Mr. BLUMENTHAL, Mr. SCOTT of South Carolina, Ms. WARREN, Mr. BRAUN, Mr. JONES, Mr. HAWLEY, Ms. ROSEN, Ms. MCSALLY, Ms. SINEMA, and Mr. SCOTT of Florida) submitted the following resolution; which was considered and agreed to:

S. RES. 241

Whereas President John F. Kennedy first designated May as ''Senior Citizens Month'' in 1963;

Whereas, in 1963, only approximately 17,000,000 individuals living in the United States were age 65 or older, approximately ⅓ of those individuals lived in poverty, and few programs existed to meet the needs of older individuals in the United States;

Whereas, in 2018, there were more than 52,431,193 individuals age 65 or older in the United States, and those individuals accounted for 16 percent of the total population of the United States;

Whereas approximately 10,000 individuals in the United States turn age 65 each day;

Whereas, in 2019, more than 9,056,000 veterans of the Armed Forces are age 65 or older;

Whereas older individuals in the United States rely on Federal programs, such as programs under the Social Security Act (42 U.S.C. 301 et seq.) (including the Medicare program under title XVIII of that Act (42 U.S.C. 1395 et seq.) and the Medicaid program under title XIX of that Act (42 U.S.C. 1396 et seq.)), for financial security and high-quality affordable health care;

Whereas the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.) provides—

(1) supportive services to help individuals in the United States who are age 60 or older maintain maximum independence in the homes and communities of those individuals; and

(2) funding for programs, including nutrition services, transportation, and care management, to assist more than 11,000,000 older individuals in the United States each year;

Whereas, compared to older individuals in the United States in past generations, older