113TH CONGRESS
1ST SESSION

S. 380

To amend the Public Health Service Act to reauthorize and update the National Child Traumatic Stress Initiative for grants to address the problems of individuals who experience trauma and violence related stress.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 26, 2013

Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To amend the Public Health Service Act to reauthorize and update the National Child Traumatic Stress Initiative for grants to address the problems of individuals who experience trauma and violence related stress.

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 ''Children's Recovery from Trauma Act''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) According to a 2002 Government Accountability Office report (GAO–02–813), large numbers of children experience trauma-related mental health problems, while at the same time facing barriers to receiving appropriate mental health care.

(2) According to the National Institute of Mental Health, only 36 percent of youth with any mental disorder received services, and only half of these youth who were severely impaired by their mental disorder received any professional mental health treatment. Of those with anxiety disorders (including post traumatic stress disorder), only 18 percent received services. Half of all lifetime cases of mental illness begin by age 14, and that despite effective treatments that have been developed, there are long delays, sometimes decades, between first onset of symptoms and when treatment is obtained.

(3) Findings from the Adverse Childhood Experiences Study have shown that adverse childhood experiences predispose children towards negative trajectories from infancy to adulthood.

(4) The Great Smoky Mountains Study, a representative longitudinal study of children, found that by age 16, more than 67 percent of the children had been exposed to one or more traumatic events, such

as child maltreatment, domestic violence, or sexual assault (Copeland et al, 2007).

(5) According to the National Institute of Mental Health, the lifetime prevalence of post-traumatic stress disorder for 13 to 18 year olds is 4 to 6 percent (NIMH, 2010). In 2007, the National Institute of Mental Health reported that adults who were abused or neglected as children have increased risk of major depression, often beginning in childhood with long-lasting effects.

(6) According to the Department of Defense, more than 700,000 children have experienced one or more parental deployments. Children's reactions to a parent's deployment vary by a child's developmental stage, age, and presence of any preexisting psychological or behavioral problems. The mental health of the parent is often a key factor affecting the child's distress level. Parents reporting clinically significant stress are more likely to have children identified as high risk for psychological and behavioral problems.

(7) The National Intimate Partner and Sexual Violence Survey revealed that nearly 1 in 5 women reported having been the victim of a rape at some time during their lives. Forty-two percent experienced their first rape before the age of 18.

(8) The National Child Traumatic Stress Network collected data on 14,088 children and adolescents served by 56 Network service centers across the country from 2004 to 2010, examining the prevalence of exposure to a wide range of trauma types, access to services, and child outcomes outcome. Nearly 80 percent of children referred for screening and evaluation reported experiencing at least one type of traumatic event. Of the 11,104 children and adolescents who reported trauma exposure, 77 percent had experienced more than one type of trauma and 31 percent had experienced five or more types.

(9) The children served by the National Child Traumatic Stress Network are involved with many different kinds of child-serving systems. Of those receiving service, 65 percent had received social services and 35 percent had received school-based services. After treatment, significant improvements were made in trauma symptoms, mental health diagnoses, and behavioral problems.

SEC. 3. GRANTS TO ADDRESS THE PROBLEMS OF INDIVIDUALS WHO EXPERIENCE TRAUMA AND VIOLENCE RELATED STRESS.

Section 582 of the Public Health Service Act (42 U.S.C. 290hh–1) is amended to read as follows:

"SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF INDIVIDUALS WHO EXPERIENCE TRAUMA AND VIOLENCE RELATED STRESS.

''(a) IN GENERAL.—The Secretary shall award grants, contracts or cooperative agreements to public and nonprofit private entities, as well as to Indian tribes and tribal organizations, for the purpose of developing and maintaining programs that provide for—

''(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the 'NCTSI') that focus on the mental, behavioral, and biological aspects of psychological trauma response; and

''(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.

''(b) PRIORITIES.—In awarding grants, contracts or cooperative agreements under subsection (a)(2) (related to the development of knowledge on evidence-based practices for treating mental, behavioral, and biological disorders associated with psychological trauma), the Secretary shall give priority to universities, hospitals, mental health agencies, and other community-based child-serving programs

that have established clinical and research experience in the field of trauma-related mental disorders.

''(c) CHILD OUTCOME DATA.—The NCTSI coordinating center shall collect, analyze, and report NCTSI-wide child outcome and process data for the purpose of establishing the effectiveness, implementation, and clinical utility of early identification and delivery of evidence-based treatment and services delivered to children and families served by the NCTSI grantees.

''(d) TRAINING.—The NCTSI coordinating center shall oversee the continuum of interprofessional training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees and providers in all child-serving systems.

''(e) DISSEMINATION.—The NCTSI coordinating center shall collaborate with the Secretary in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to all child-serving systems and policymakers.

''(f) REVIEW.—The Secretary shall establish consensus-driven, in-person or teleconference review of NCTSI applications by child trauma experts and review criteria related to expertise and experience related to child trauma and evidence-based practices.

''(g) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts or cooperative agreements under subsection (a) are distributed equitably among the regions of the United States and among urban and rural areas. Notwithstanding the previous sentence, expertise and experience in the field of trauma-related disorders shall be prioritized in the awarding of such grants are required under subsection (b).

''(h) EVALUATION.—The Secretary, as part of the application process, shall require that each applicant for a grant, contract or cooperative agreement under subsection (a) submit a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcome evaluation, and the submission of an evaluation at the end of the project period.

''(i) DURATION OF AWARDS.—With respect to a grant, contract or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 6 years. Such grants, contracts or agreements may be renewed. Expertise and experience in the field of trauma-related disorders shall be a priority for new and continuing awards.

''(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section,

$100,000,000 for fiscal year 2014, and such sums as may be necessary for each of fiscal years 2015 through 2024.''.

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