

115TH CONGRESS  
2D SESSION

# S. 2754

To establish a grant program to address the impact of substance use-related trauma on children and youth in public schools.

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IN THE SENATE OF THE UNITED STATES

APRIL 25, 2018

Mr. MANCHIN (for himself, Mr. KAINE, and Mrs. CAPITO) 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 establish a grant program to address the impact of substance use-related trauma on children and youth in public schools.

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 “Handle With Care Act  
5 of 2018”.

6 **SEC. 2. HANDLE WITH CARE.**

7 (a) PURPOSES.—The purposes of this Act are to—

8 (1) address the non-academic and social and  
9 emotional needs of children and youth experiencing

1 trauma, particularly as a result of the opioid epi-  
2 demic and in communities facing high rates of drug  
3 overdose deaths;

4 (2) improve communities' response to the im-  
5 pact of other substance use-related traumatic events  
6 where the children and youth live;

7 (3) better prepare teachers, school leaders and  
8 principals, administrators, paraeducators, and other  
9 school staff to mitigate the effects of substance use-  
10 related trauma on children and youth;

11 (4) improve community coordination in address-  
12 ing the effects of the opioid epidemic or other drug  
13 epidemic on children and families;

14 (5) increase awareness of the effects of the  
15 opioid epidemic or other drug epidemic on children  
16 and youth;

17 (6) improve the response of law enforcement of-  
18 ficials to traumatic experiences in the home as a re-  
19 sult of the opioid epidemic and in communities fac-  
20 ing high rates of drug overdose deaths served by the  
21 officials, particularly as it relates to children and  
22 youth;

23 (7) create trauma-informed schools that can  
24 help meet the needs of children and youth experi-  
25 encing substance use-related trauma;

1 (8) rigorously evaluate the effect of the Handle  
2 With Care Initiative on children and youth experi-  
3 encing substance use-related and other traumas; and

4 (9) improve communication between school staff  
5 and experts in trauma-informed care to share prom-  
6 ising best practices to mitigate the impact of sec-  
7 ondary traumatic stress.

8 (b) DEFINITIONS.—In this section:

9 (1) IN GENERAL.—The terms “elementary  
10 school”, “secondary school”, “local educational agen-  
11 cy”, and “State educational agency” have the mean-  
12 ings given the terms in section 8101 of the Elemen-  
13 tary and Secondary Education Act of 1965 (20  
14 U.S.C. 7801).

15 (2) HANDLE WITH CARE INITIATIVE.—The  
16 term “Handle With Care Initiative” means an initia-  
17 tive that complies with the following:

18 (A) Assembles State- and local-level task  
19 forces comprised of experts in trauma-informed  
20 care, which shall include, to the extent prac-  
21 ticable, educators, school nurses, school coun-  
22 selors and school psychologists, child trauma  
23 experts, substance use disorder prevention and  
24 treatment experts, public health officials, family  
25 and community agencies, and law enforcement.

1 (B) Includes local educational agencies,  
2 child trauma experts, substance use disorder  
3 prevention and treatment experts, youth service  
4 providers, social services providers, physical and  
5 mental health providers, community members,  
6 law enforcement, and families receiving evi-  
7 dence-based or evidence-informed support and  
8 training to establish trauma-informed schools.

9 (C) Includes programs that provide acute,  
10 on scene interventions, as well as longer-term  
11 coordinated care within school and community  
12 settings to children, youth, and their families  
13 impacted by the opioid epidemic or high over-  
14 dose death rates from other drugs in the region  
15 where the children, youth, and their families  
16 live.

17 (D) Includes a notification by law enforce-  
18 ment when there has been a law enforcement  
19 action when a child or youth is present, which  
20 notification complies with the following:

21 (i) The notification is sent by an  
22 email to the school where the child or  
23 youth is enrolled with only the words  
24 “Handle With Care” and no other infor-  
25 mation on the child or youth’s situation.

1           (ii) The law enforcement official may  
2 not disclose information to the school  
3 about the case or the student.

4           (iii) The notification may be shared  
5 with not more than 2 individuals in the  
6 school designated by the program to re-  
7 ceive the notification. Such individuals may  
8 activate services for the student, but may  
9 not disseminate the notification with any  
10 other individual unless there is an imme-  
11 diate risk of danger or the consent of the  
12 student. Such individuals may not have law  
13 enforcement responsibilities at the school  
14 and, whenever possible, should be health-  
15 care providers.

16           (iv) The notification may not be used  
17 as part of a legal proceeding without ap-  
18 propriate due process.

19           (v) The notification may not be pre-  
20 served in the student's school record.

21           (vi) The notification shall be deleted  
22 not later than 6 months after the date of  
23 the notification unless the student requests  
24 that it be preserved.

1 (vii) All parties shall take reasonable  
2 steps with regard to cybersecurity to en-  
3 sure the security of the notification.

4 (E) Includes site teams providing resources  
5 such as individual, class, and whole school trau-  
6 ma-informed care so that traumatized children  
7 and youth are supported in the school environ-  
8 ment.

9 (F) Develops and disseminates evidence-  
10 based or evidence-informed training for trauma-  
11 informed care, which may include using nation-  
12 ally recognized practices developed by the Na-  
13 tional Child Traumatic Stress Network, for  
14 school staff (and other youth service providers,  
15 where applicable) on the impact of substance  
16 use-related and other trauma on children and  
17 youth and how best to support such children  
18 and youth.

19 (G) Includes resource sharing and commu-  
20 nication between youth service providers and  
21 school site teams in order to provide referrals to  
22 wrap around services to youth and families.

23 (H) Includes family engagement practices  
24 and referrals to relevant services for the child,  
25 youth, and affected family.

1 (I) Includes strategies that are non-dis-  
 2 criminatory and developmentally appropriate  
 3 that can prevent and resolve students' behav-  
 4 ioral issues associated with the impacts of trau-  
 5 ma related to substance abuse without relying  
 6 on school resource officers, while reducing un-  
 7 necessary suspensions, expulsions, citations, and  
 8 arrests in schools.

9 (3) HIGH-NEED LOCAL EDUCATIONAL AGEN-  
 10 CY.—The term “high-need local educational agency”  
 11 means a local educational agency that serves a high-  
 12 need school (as such term is defined in section  
 13 2211(b) of the Elementary and Secondary Edu-  
 14 cation Act of 1965 (20 U.S.C. 6631(b))).

15 (4) SECRETARY.—The term “Secretary” means  
 16 the Secretary of Health and Human Services.

17 (5) TRAUMA-INFORMED CARE.—The term  
 18 “trauma-informed care” means practices that—

19 (A) promote a strengths-based trauma-in-  
 20 formed framework that involves understanding,  
 21 recognizing, and responding to the effects of  
 22 substance use and other traumas within the  
 23 educational, home, and community environ-  
 24 ment;

1 (B) emphasize the physical, psychological,  
2 and emotional safety for children, youth, fami-  
3 lies, and providers and helping children, youth,  
4 and families establish a sense of control and  
5 stability;

6 (C) involve collaboration among appro-  
7 priate experts, which may include community  
8 mental health and substance use treatment pro-  
9 viders, child trauma experts, youth service pro-  
10 viders, social services providers, physical and  
11 mental health providers, educational personnel,  
12 school-based mental health services providers,  
13 families, and law enforcement;

14 (D) recognize the traumatic impact of  
15 caregiver substance use on children and youth’s  
16 social, emotional, and learning challenges; and

17 (E) integrate a nationally recognized evi-  
18 dence-based or evidence-informed framework or  
19 intervention, such as those developed by mem-  
20 bers of the National Child Traumatic Stress  
21 Network or the Massachusetts Advocates for  
22 Children.

23 (6) TRAUMA-INFORMED SCHOOL.—The term  
24 “trauma-informed school” means a school where  
25 staff has undergone training in trauma-informed

1 care and implements a shared vision and curriculum  
2 to help students who have undergone trauma feel  
3 safe and able to learn.

4 (c) PROGRAM AUTHORIZED.—

5 (1) IN GENERAL.—The Secretary, in coordina-  
6 tion with the Secretary of Education, shall award 5-  
7 year demonstration grants to States in order to ad-  
8 dress the impact of substance use-related trauma on  
9 children and youth in public schools.

10 (2) PRIORITY.—In awarding grants under para-  
11 graph (1), the Secretary shall give priority to States  
12 with high rates of opioid overdose deaths.

13 (d) STATE APPLICATION.—A State that desires to re-  
14 ceive a grant under this section shall submit an application  
15 to the Secretary, through the State educational agency (in  
16 coordination with the State agency administering block  
17 grants awarded by the Substance Abuse and Mental  
18 Health Services Administration), at such time and in such  
19 manner as the Secretary may require. Such application  
20 shall include the following:

21 (1) A needs assessment, including relevant data  
22 and a description of how rates of substance use in  
23 the State has affected children, families, and com-  
24 munities, particularly in communities facing high  
25 rates of drug overdose deaths.

1           (2) A description of how the State will award  
2 subgrants to high-need local educational agencies, in  
3 partnership with local law enforcement and children  
4 and youth service providers, in order to carry out  
5 the Handle With Care Initiative or another evidence-  
6 based, trauma-informed care initiative.

7           (3) An assurance that the State will comply  
8 with section 444 of the General Education Provi-  
9 sions Act (20 U.S.C. 1232g) (commonly referred to  
10 as the “Family Educational Rights and Privacy Act  
11 of 1974”) and all relevant privacy laws.

12           (4) A plan to create a Handle with Care Task  
13 Force that will meet quarterly, including, to the ex-  
14 tent practicable, representatives from law enforce-  
15 ment, education officials, child traumatic stress ex-  
16 perts, mental health and substance use services pro-  
17 fessionals, school-based mental health services pro-  
18 viders, youth service providers, parent organizations,  
19 juvenile and family court professionals, foster care  
20 professionals, domestic violence prevention profes-  
21 sionals, sexual assault advocates, and advocates for  
22 children with disabilities.

23           (5) A plan to collect the data described in sub-  
24 section (g) and an assurance that the State will par-  
25 ticipate in the evaluation described in subsection (j).

1           (6) An assurance that the State will comply  
2 with all applicable civil rights laws.

3           (e) STATE USES OF FUNDS.—A State that receives  
4 a grant under this section—

5           (1) shall reserve 5 percent of the grant funds  
6 in order to—

7           (A) develop and coordinate the Handle  
8 with Care Task Force described in subsection  
9 (d)(4);

10           (B) administer subgrants awarded under  
11 paragraph (2); and

12           (C) engage in other State leadership activi-  
13 ties such as training, program evaluation, and  
14 replication; and

15           (2) shall award subgrants to high-need local  
16 educational agencies to enable the agencies to carry  
17 out Handle With Care Initiatives or other evidence-  
18 based, trauma-informed care initiatives.

19           (f) LOCAL EDUCATIONAL AGENCY APPLICATION.—A  
20 high-need local educational agency that desires to receive  
21 a subgrant under this section shall submit to the State  
22 an application at such time and containing such informa-  
23 tion as the State may require. Such application shall in-  
24 clude information on how the high-need local educational  
25 agency will—

1           (1) develop a memorandum of understanding  
2 with partners, which shall include law enforcement,  
3 mental health and substance use treatment pro-  
4 viders, and child protective services, and may include  
5 juvenile and family court professionals, child trau-  
6 matic stress experts, youth services providers, social  
7 services providers, health providers, child protective  
8 services, and family organizations in carrying out a  
9 Handle With Care Initiative;

10           (2) identify strategies that are non-discrimina-  
11 tory, fair, and developmentally appropriate that can  
12 prevent and resolve students' behavioral issues asso-  
13 ciated with the impacts of trauma related to sub-  
14 stance use without relying on school resource offi-  
15 cers, while reducing unnecessary suspensions, expul-  
16 sions, citations, and arrests in schools;

17           (3) identify site teams, which may include rep-  
18 resentatives from law enforcement, juvenile and fam-  
19 ily courts, education officials, child traumatic stress  
20 experts, community mental health and substance use  
21 services professionals, school-based mental health  
22 services providers, youth service providers, child pro-  
23 tective services, and family organizations to receive  
24 training in trauma-informed care;

1           (4) identify pilot school sites that have been im-  
2           pacted by substance misuse to carry out the Handle  
3           With Care Initiative or another trauma-informed  
4           care initiative;

5           (5) evaluate the effectiveness of the Handle  
6           With Care Initiative or another trauma-informed  
7           care initiative by collecting the data described in  
8           subsection (g); and

9           (6) expand and sustain the effort beyond the  
10          use of grant funds.

11          (g) LOCAL USE OF FUNDS.—A high-need local edu-  
12          cational agency that receives a subgrant under this section  
13          shall use the subgrant funds to carry out a Handle With  
14          Care Initiative or another evidence-based, trauma-in-  
15          formed care initiative, including by—

16               (1) assembling a local educational agency-level  
17               task force representing, to the extent practicable,  
18               education officials, families, child traumatic stress  
19               experts, substance use disorder treatment profes-  
20               sionals, school-based mental health services pro-  
21               viders, youth service providers, social services pro-  
22               viders, physical and mental health providers, and  
23               community agencies, including law enforcement;

24               (2) working with the State to ensure that law  
25               enforcement agencies and juvenile and family court

1 personnel receive training on best practices in work-  
2 ing with children exposed to violence and substance  
3 use disorders;

4 (3) providing evidence-based training on trau-  
5 ma-informed care to school staff, and other youth  
6 service providers, where applicable, to create trau-  
7 ma-informed schools; and

8 (4) creating trauma-informed schools through  
9 other strategies.

10 (h) LOCAL REPORTING.—

11 (1) IN GENERAL.—A high-need local edu-  
12 cational agency that receives a subgrant under this  
13 section shall collect and report data on the Handle  
14 With Care Initiative or another trauma-informed  
15 care initiative (including number of notifications,  
16 children affected, school-based arrests or law en-  
17 forcement interactions), and the impact of the initia-  
18 tive on the following outcomes:

19 (A) Chronic absenteeism.

20 (B) Truancy.

21 (C) Suspensions, expulsions, and in-school  
22 discipline referrals.

23 (D) Academic achievement.

24 (E) Non-academic measures.

25 (F) Health outcomes.

1           (2) DISAGGREGATION.—The data collected and  
2           reported under paragraph (1) shall be disaggregated  
3           by subcategories, including race and gender, unless  
4           doing so would reveal personally identifiable infor-  
5           mation about a student.

6           (i) REPORTS.—A State that receives a grant under  
7           this section shall submit to the Secretary and the Sec-  
8           retary of Education a report detailing the effects of the  
9           Handle With Care Initiatives or other trauma-informed  
10          care initiatives supported by the State on the outcomes  
11          described in subsection (h). Such reports shall be sub-  
12          mitted—

13                 (1) at the end of the third year of the 5-year  
14                 grant period; and

15                 (2) at the end of such grant period.

16          (j) EVALUATION.—The Secretary shall conduct an  
17          evaluation of each grant awarded under this section and  
18          report the findings of each such evaluation to Congress.  
19          Such an evaluation shall—

20                 (1) examine the results of the Handle With  
21                 Care Initiatives and other trauma-informed care ini-  
22                 tiatives supported by the States on the outcomes de-  
23                 scribed in subsection (h); and

1           (2) be completed not later than 6 months after  
2 the date the Secretary receives the report under sub-  
3 section (i) from a State.

4           (k) CIVIL RIGHT.—

5           (1) NONDISCRIMINATION.—No person in the  
6 United States shall, on the basis of actual or per-  
7 ceived race, color, religion, national origin, sex, gen-  
8 der identity (as defined in paragraph 249(c)(4) of  
9 title 18, United States Code), sexual orientation, or  
10 disability, be excluded from participation in, be de-  
11 nied the benefits of, or be subjected to discrimina-  
12 tion under any program or activity funded in whole  
13 or in part with funds made available under this Act.

14           (2) EXCEPTION.—If sex segregation or sex-spe-  
15 cific programming is necessary to the essential oper-  
16 ation of a program, nothing in this subsection shall  
17 prevent any such program or activity from consider-  
18 ation of an individual's sex. In such circumstances,  
19 grantees may meet the requirements of this sub-  
20 section by providing comparable services to individ-  
21 uals who cannot be provided with the sex-segregated  
22 or sex-specific programming.

23           (3) CONSTRUCTION.—Nothing contained in this  
24 subsection shall be construed, interpreted, or applied  
25 to supplant, displace, preempt, or otherwise diminish

1 the responsibilities and liabilities under other State  
2 or Federal civil rights law, whether statutory or  
3 common.

4 (l) RULE OF CONSTRUCTION.—Nothing in this sec-  
5 tion shall be construed to provide for inappropriate con-  
6 tact between students and law enforcement, court per-  
7 sonnel, child protective services or any other non-local edu-  
8 cational agency that may result in unnecessary or dis-  
9 proportionate contact with the juvenile justice system.

10 (m) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated to carry out this section  
12 \$10,000,000 for the period of fiscal years 2018 through  
13 2024.

○