

**AMENDMENT TO RULES COMMITTEE PRINT 115–**

**76**

**OFFERED BY MR. DANNY K. DAVIS OF ILLINOIS**

At the end of title III, add the following:

1   **SEC. 304. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL**  
2                   **AND MENTAL HEALTH PROFESSIONALS PRO-**  
3                   **VIDING OBLIGATED SERVICE IN SCHOOLS**  
4                   **AND OTHER COMMUNITY-BASED SETTINGS.**

5       Subpart III of part D of title III of the Public Health  
6   Service Act (42 U.S.C. 254*l* et seq.) is amended by adding  
7   at the end the following:

8   **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**  
9                   **SIONALS PROVIDING OBLIGATED SERVICE IN**  
10                  **SCHOOLS AND OTHER COMMUNITY-BASED**  
11                  **SETTINGS.**

12       “(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—  
13   An entity to which a participant in the Scholarship Pro-  
14   gram or the Loan Repayment Program (referred to in this  
15   section as a ‘participant’) is assigned under section 333  
16   may direct such participant to provide service as a behav-  
17   ioral or mental health professional at a school or other  
18   community-based setting located in a health professional  
19   shortage area.

1 “(b) OBLIGATED SERVICE.—

2 “(1) IN GENERAL.—Any service described in  
3 subsection (a) that a participant provides may count  
4 towards such participant’s completion of any obli-  
5 gated service requirements under the Scholarship  
6 Program or the Loan Repayment Program, subject  
7 to any limitation imposed under paragraph (2).

8 “(2) LIMITATION.—The Secretary may impose  
9 a limitation on the number of hours of service de-  
10 scribed in subsection (a) that a participant may  
11 credit towards completing obligated service require-  
12 ments, provided that the limitation allows a member  
13 to credit service described in subsection (a) for not  
14 less than 50 percent of the total hours required to  
15 complete such obligated service requirements.

16 “(c) RULE OF CONSTRUCTION.—The authorization  
17 under subsection (a) shall be notwithstanding any other  
18 provision of this subpart or subpart II.”.

19 **SEC. 305. PROGRAMS FOR HEALTH CARE WORKFORCE.**

20 (a) PROGRAM FOR EDUCATION AND TRAINING IN  
21 PAIN CARE.—Section 759 of the Public Health Service  
22 Act (42 U.S.C. 294i) is amended—

23 (1) in subsection (a), by striking “hospices, and  
24 other public and private entities” and inserting  
25 “hospices, tribal health programs (as defined in sec-

1       tion 4 of the Indian Health Care Improvement Act),  
2       and other public and nonprofit private entities” ;

3           (2) in subsection (b)—

4               (A) in the matter preceding paragraph (1),  
5       by striking “award may be made under sub-  
6       section (a) only if the applicant for the award  
7       agrees that the program carried out with the  
8       award will include” and inserting “entity receiv-  
9       ing an award under this section shall develop a  
10      comprehensive education and training plan that  
11      includes”;

12           (B) in paragraph (1)—

13               (i) by inserting “preventing,” after  
14      “diagnosing,”; and

15               (ii) by inserting “non-addictive med-  
16      ical products and non-pharmacologic treat-  
17      ments and” after “including”;

18           (C) in paragraph (2)—

19               (i) by inserting “Federal, State, and  
20      local” after “applicable”; and

21               (ii) by striking “the degree to which”  
22      and all that follows through “effective pain  
23      care” and inserting “opioids”;

24           (D) in paragraph (3), by inserting “, inte-  
25      grated, evidence-based pain management, and,

1 as appropriate, non-pharmacotherapy” before  
2 the semicolon;

3 (E) in paragraph (4), by striking “; and”  
4 and inserting “;”; and

5 (F) by striking paragraph (5) and insert-  
6 ing the following:

7 “(5) recent findings, developments, and ad-  
8 vancements in pain care research and the provision  
9 of pain care, which may include non-addictive med-  
10 ical products and non-pharmacologic treatments in-  
11 tended to treat pain; and

12 “(6) the dangers of opioid abuse and misuse,  
13 detection of early warning signs of opioid use dis-  
14 orders (which may include best practices related to  
15 screening for opioid use disorders, training on  
16 screening, brief intervention, and referral to treat-  
17 ment), and safe disposal options for prescription  
18 medications (including such options provided by law  
19 enforcement or other innovative deactivation mecha-  
20 nisms).”;

21 (3) in subsection (d), by inserting “prevention,”  
22 after “diagnosis,”; and

23 (4) in subsection (e), by striking “2010 through  
24 2012” and inserting “2019 through 2023”.

1 (b) MENTAL AND BEHAVIORAL HEALTH EDUCATION  
2 AND TRAINING PROGRAM.—Section 756(a) of the Public  
3 Health Service Act (42 U.S.C. 294e–1(a)) is amended—

4 (1) in paragraph (1), by inserting “, trauma,”  
5 after “focus on child and adolescent mental health”;  
6 and

7 (2) in paragraphs (2) and (3), by inserting  
8 “trauma-informed care and” before “substance use  
9 disorder prevention and treatment services”.

10 **SEC. 306. CDC SURVEILLANCE AND DATA COLLECTION FOR**  
11 **CHILD, YOUTH, AND ADULT TRAUMA.**

12 (a) DATA COLLECTION.—The Director of the Centers  
13 for Disease Control and Prevention (referred to in this  
14 section as the “Director”) may, in cooperation with the  
15 States, collect and report data on adverse childhood expe-  
16 riences through the Behavioral Risk Factor Surveillance  
17 System, the Youth Risk Behavior Surveillance System,  
18 and other relevant public health surveys or questionnaires.

19 (b) TIMING.—The collection of data under subsection  
20 (a) may occur in fiscal year 2019 and every 2 years there-  
21 after.

22 (c) DATA FROM TRIBAL AND RURAL AREAS.—The  
23 Director shall encourage each State that participates in  
24 collecting and reporting data under subsection (a) to col-  
25 lect and report data from tribal and rural areas within

1 such State, in order to generate a statistically reliable rep-  
2 resentation of such areas.

3 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
4 out this section, there are authorized to be appropriated  
5 such sums as may be necessary for the period of fiscal  
6 years 2019 through 2021.

7 **SEC. 307. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
8 **TRAUMA-INFORMED IDENTIFICATION, RE-**  
9 **FERRAL, AND SUPPORT.**

10 (a) ESTABLISHMENT.—There is established a task  
11 force, to be known as the Interagency Task Force on  
12 Trauma-Informed Care (in this section referred to as the  
13 “task force”) that shall identify, evaluate, and make rec-  
14 ommendations regarding best practices with respect to  
15 children and youth, and their families as appropriate, who  
16 have experienced or are at risk of experiencing trauma.

17 (b) MEMBERSHIP.—

18 (1) COMPOSITION.—The task force shall be  
19 composed of the heads of the following Federal de-  
20 partments and agencies, or their designees:

21 (A) The Centers for Medicare & Medicaid  
22 Services.

23 (B) The Substance Abuse and Mental  
24 Health Services Administration.

1 (C) The Agency for Healthcare Research  
2 and Quality.

3 (D) The Centers for Disease Control and  
4 Prevention.

5 (E) The Indian Health Service.

6 (F) The Department of Veterans Affairs.

7 (G) The National Institutes of Health.

8 (H) The Food and Drug Administration.

9 (I) The Health Resources and Services Ad-  
10 ministration.

11 (J) The Department of Defense.

12 (K) The Office of Minority Health.

13 (L) The Administration for Children and  
14 Families.

15 (M) The Office of the Assistant Secretary  
16 for Planning and Evaluation.

17 (N) The Office for Civil Rights at the De-  
18 partment of Health and Human Services.

19 (O) The Office of Juvenile Justice and De-  
20 linquency Prevention of the Department of Jus-  
21 tice.

22 (P) The Office of Community Oriented Po-  
23licing Services of the Department of Justice.

24 (Q) The Office on Violence Against  
25 Women of the Department of Justice.

1 (R) The National Center for Education  
2 Evaluation and Regional Assistance of the De-  
3 partment of Education.

4 (S) The National Center for Special Edu-  
5 cation Research of the Institute of Education  
6 Science.

7 (T) The Office of Elementary and Sec-  
8 ondary Education of the Department of Edu-  
9 cation.

10 (U) The Office for Civil Rights at the De-  
11 partment of Education.

12 (V) The Office of Special Education and  
13 Rehabilitative Services of the Department of  
14 Education.

15 (W) The Bureau of Indian Affairs of the  
16 Department of the Interior.

17 (X) The Veterans Health Administration  
18 of the Department of Veterans Affairs.

19 (Y) The Office of Special Needs Assistance  
20 Programs of the Department of Housing and  
21 Urban Development.

22 (Z) The Office of Head Start of the Ad-  
23 ministration for Children and Families.

24 (AA) The Children's Bureau of the Admin-  
25 istration for Children and Families.



1 (BB) The Bureau of Indian Education of  
2 the Department of the Interior.

3 (CC) Such other Federal agencies as the  
4 Secretaries determine to be appropriate.

5 (2) DATE OF APPOINTMENTS.—The heads of  
6 Federal departments and agencies shall appoint the  
7 corresponding members of the task force not later  
8 than 6 months after the date of enactment of this  
9 Act.

10 (3) CHAIRPERSON.—The task force shall be  
11 chaired by the Assistant Secretary for Mental  
12 Health and Substance Use.

13 (c) TASK FORCE DUTIES.—The task force shall—

14 (1) solicit input from stakeholders, including  
15 frontline service providers, educators, mental health  
16 professionals, researchers, experts in infant, child,  
17 and youth trauma, child welfare professionals, and  
18 the public, in order to inform the activities under  
19 paragraph (2); and

20 (2) identify, evaluate, make recommendations,  
21 and update such recommendations not less than an-  
22 nually, to the general public, the Secretary of Edu-  
23 cation, the Secretary of Health and Human Services,  
24 the Secretary of Labor, the Secretary of the Inte-

1       rior, the Attorney General, and other relevant cabi-  
2       net Secretaries, and Congress regarding—

3               (A) a set of evidence-based, evidence-in-  
4               formed, and promising best practices with re-  
5               spect to—

6                       (i) the identification of infants, chil-  
7                       dren and youth, and their families as ap-  
8                       propriate, who have experienced or are at  
9                       risk of experiencing trauma; and

10                      (ii) the expeditious referral to and im-  
11                      plementation of trauma-informed practices  
12                      and supports that prevent and mitigate the  
13                      effects of trauma;

14               (B) a national strategy on how the task  
15               force and member agencies will collaborate,  
16               prioritize options for, and implement a coordi-  
17               nated approach which may include data sharing  
18               and the awarding of grants that support in-  
19               fants, children, and youth, and their families as  
20               appropriate, who have experienced or are at  
21               risk of experiencing trauma; and

22               (C) existing Federal authorities at the De-  
23               partment of Education, Department of Health  
24               and Human Services, Department of Justice,  
25               Department of Labor, Department of Interior,

1           and other relevant agencies, and specific Fed-  
2           eral grant programs to disseminate best prac-  
3           tices on, provide training in, or deliver services  
4           through, trauma-informed practices, and dis-  
5           seminate such information—

6                   (i) in writing to relevant program of-  
7                   fices at such agencies to encourage grant  
8                   applicants in writing to use such funds,  
9                   where appropriate, for trauma-informed  
10                  practices; and

11                   (ii) to the general public through the  
12                  internet website of the task force.

13       (d) BEST PRACTICES.—In identifying, evaluating,  
14 and recommending the set of best practices under sub-  
15 section (c), the task force shall—

16           (1) include guidelines for providing professional  
17       development for front-line services providers, includ-  
18       ing school personnel, early childhood education pro-  
19       gram providers, providers from child- or youth-serv-  
20       ing organizations, housing and homeless providers,  
21       primary and behavioral health care providers, child  
22       welfare and social services providers, juvenile and  
23       family court personnel, health care providers, indi-  
24       viduals who are mandatory reporters of child abuse

1 or neglect, trained nonclinical providers (including  
2 peer mentors and clergy), and first responders, in—

3 (A) understanding and identifying early  
4 signs and risk factors of trauma in infants,  
5 children, and youth, and their families as ap-  
6 propriate, including through screening proc-  
7 esses;

8 (B) providing practices to prevent and  
9 mitigate the impact of trauma, including by fos-  
10 tering safe and stable environments and rela-  
11 tionships; and

12 (C) developing and implementing policies,  
13 procedures, or systems that—

14 (i) are designed to quickly refer in-  
15 fants, children, youth, and their families as  
16 appropriate, who have experienced or are  
17 at risk of experiencing trauma to the ap-  
18 propriate trauma-informed screening and  
19 support, including age-appropriate treat-  
20 ment, and to ensure such infants, children,  
21 youth, and family members receive such  
22 support;

23 (ii) utilize and develop partnerships  
24 with early childhood education programs,  
25 local social services organizations, such as

1 organizations serving youth, and clinical  
2 mental health or health care service pro-  
3 viders with expertise in providing support  
4 services (including age-appropriate trauma-  
5 informed and evidence-based treatment)  
6 aimed at preventing or mitigating the ef-  
7 fects of trauma;

8 (iii) educate children and youth to—

9 (I) understand and identify the  
10 signs, effects, or symptoms of trauma;  
11 and

12 (II) build the resilience and cop-  
13 ing skills to mitigate the effects of ex-  
14 perienicing trauma;

15 (iv) promote and support multi-  
16 generational practices that assist parents,  
17 foster parents, and kinship and other care-  
18 givers in accessing resources related to,  
19 and developing environments conducive to,  
20 the prevention and mitigation of trauma;  
21 and

22 (v) collect and utilize data from  
23 screenings, referrals, or the provision of  
24 services and supports to evaluate and im-  
25 prove processes for trauma-informed sup-

1 port and outcomes that are culturally sen-  
2 sitive, linguistically appropriate, and spe-  
3 cific to age ranges and sex, as applicable;  
4 and

5 (2) recommend best practices that are designed  
6 to avoid unwarranted custody loss or criminal pen-  
7 alties for parents or guardians in connection with in-  
8 fants, children, and youth who have experienced or  
9 are at risk of experiencing trauma.

10 (e) OPERATING PLAN.—Not later than 1 year after  
11 the date of enactment of this Act, the task force shall hold  
12 the first meeting. Not later than 2 years after such date  
13 of enactment, the task force shall submit to the Secretary  
14 of Education, Secretary of Health and Human Services,  
15 Secretary of Labor, Secretary of the Interior, the Attorney  
16 General, and Congress an operating plan for carrying out  
17 the activities of the task force described in subsection  
18 (c)(2). Such operating plan shall include—

19 (1) a list of specific activities that the task  
20 force plans to carry out for purposes of carrying out  
21 duties described in subsection (c)(2), which may in-  
22 clude public engagement;

23 (2) a plan for carrying out the activities under  
24 subsection (c)(2);

1           (3) a list of members of the task force and  
2           other individuals who are not members of the task  
3           force that may be consulted to carry out such activi-  
4           ties;

5           (4) an explanation of Federal agency involve-  
6           ment and coordination needed to carry out such ac-  
7           tivities, including any statutory or regulatory bar-  
8           riers to such coordination;

9           (5) a budget for carrying out such activities;  
10          and

11          (6) other information that the task force deter-  
12          mines appropriate.

13          (f) FINAL REPORT.—Not later than 3 years after the  
14          date of the first meeting of the task force, the task force  
15          shall submit to the general public, Secretary of Education,  
16          Secretary of Health and Human Services, Secretary of  
17          Labor, Secretary of the Interior, the Attorney General,  
18          and other relevant cabinet Secretaries, and Congress, a  
19          final report containing all of the findings and rec-  
20          ommendations required under this section.

21          (g) DEFINITION.—In this section, the term “early  
22          childhood education program” has the meaning given such  
23          term in section 103 of the Higher Education Act of 1965  
24          (20 U.S.C. 1003).

1 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there are authorized to be appropriated  
3 such sums as may be necessary for each of fiscal years  
4 2019 through 2022.

5 (i) SUNSET.—The task force shall on the date that  
6 is 60 days after the submission of the final report under  
7 subsection (f), but not later than September 30, 2022.

8 **SEC. 308. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
9 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
10 **DREN AND YOUTH IN EDUCATIONAL SET-**  
11 **TINGS.**

12 (a) GRANTS, CONTRACTS, AND COOPERATIVE  
13 AGREEMENTS AUTHORIZED.—The Secretary, in coordina-  
14 tion with the Assistant Secretary for Mental Health and  
15 Substance Use, is authorized to award grants to, or enter  
16 into contracts or cooperative agreements with, State edu-  
17 cational agencies, local educational agencies, Head Start  
18 agencies (including Early Head Start agencies), State or  
19 local agencies that administer public preschool programs,  
20 Indian tribes or their tribal educational agencies, a school  
21 operated by the Bureau of Indian Education, a Regional  
22 Corporation (as defined in section 3 of the Alaska Native  
23 Claims Settlement Act (43 U.S.C. 1602)), or a Native Ha-  
24 waiian educational organization (as defined in section  
25 6207 of the Elementary and Secondary Education Act of



1 1965 (20 U.S.C. 7517)), for the purpose of increasing stu-  
2 dent access to evidence-based trauma support services and  
3 mental health care by developing innovative initiatives, ac-  
4 tivities, or programs to link local school systems with local  
5 trauma-informed support and mental health systems, in-  
6 cluding those under the Indian Health Service.

7 (b) DURATION.—With respect to a grant, contract,  
8 or cooperative agreement awarded or entered into under  
9 this section, the period during which payments under such  
10 grant, contract or agreement are made to the recipient  
11 may not exceed 4 years.

12 (c) USE OF FUNDS.—An entity that receives a grant,  
13 contract, or cooperative agreement under this section shall  
14 use amounts made available through such grant, contract,  
15 or cooperative agreement for evidence-based activities,  
16 which shall include any of the following:

17 (1) Collaborative efforts between school-based  
18 service systems and trauma-informed support and  
19 mental health service systems to provide, develop, or  
20 improve prevention, screening, referral, and treat-  
21 ment and support services to students, such as by  
22 providing universal trauma screenings to identify  
23 students in need of specialized support.

1           (2) To implement schoolwide multi-tiered posi-  
2           tive behavioral interventions and supports, or other  
3           trauma-informed models of support.

4           (3) To provide professional development to  
5           teachers, teacher assistants, school leaders, special-  
6           ized instructional support personnel, and mental  
7           health professionals that—

8                   (A) fosters safe and stable learning envi-  
9                   ronments that prevent and mitigate the effects  
10                  of trauma, including through social and emo-  
11                  tional learning;

12                  (B) improves school capacity to identify,  
13                  refer, and provide services to students in need  
14                  of trauma support or behavioral health services;  
15                  or

16                  (C) reflects the best practices developed by  
17                  the Interagency Task Force on Trauma-In-  
18                  formed Care established under section 513.

19           (4) Engaging families and communities in ef-  
20           forts to increase awareness of child and youth trau-  
21           ma, which may include sharing best practices with  
22           law enforcement regarding trauma-informed care  
23           and working with mental health professionals to pro-  
24           vide interventions, as well as longer term coordi-  
25           nated care within the community for children and

1 youth who have experienced trauma and their fami-  
2 lies.

3 (5) To provide technical assistance to school  
4 systems and mental health agencies.

5 (6) To evaluate the effectiveness of the program  
6 carried out under this section in increasing student  
7 access to evidence-based trauma support services  
8 and mental health care.

9 (d) APPLICATIONS.—To be eligible to receive a grant,  
10 contract, or cooperative agreement under this section, an  
11 entity described in subsection (a) shall submit an applica-  
12 tion to the Secretary at such time, in such manner, and  
13 containing such information as the Secretary may reason-  
14 ably require, which shall include the following:

15 (1) A description of the innovative initiatives,  
16 activities, or programs to be funded under the grant,  
17 contract, or cooperative agreement, including how  
18 such program will increase access to evidence-based  
19 trauma support services and mental health care for  
20 students, and, as applicable, the families of such stu-  
21 dents.

22 (2) A description of how the program will pro-  
23 vide linguistically appropriate and culturally com-  
24 petent services.

1           (3) A description of how the program will sup-  
2           port students and the school in improving the school  
3           climate in order to support an environment condu-  
4           cive to learning.

5           (4) An assurance that—

6                 (A) persons providing services under the  
7                 grant, contract, or cooperative agreement are  
8                 adequately trained to provide such services; and

9                 (B) teachers, school leaders, administra-  
10                tors, specialized instructional support personnel,  
11                representatives of local Indian tribes or tribal  
12                organizations as appropriate, other school per-  
13                sonnel, and parents or guardians of students  
14                participating in services under this section will  
15                be engaged and involved in the design and im-  
16                plementation of the services.

17           (5) A description of how the applicant will sup-  
18           port and integrate existing school-based services  
19           with the program in order to provide mental health  
20           services for students, as appropriate.

21           (e) INTERAGENCY AGREEMENTS.—

22                 (1) DESIGNATION OF LEAD AGENCY.—A recipi-  
23                 ent of a grant, contract, or cooperative agreement  
24                 under this section shall designate a lead agency to  
25                 direct the establishment of an interagency agreement

1 among local educational agencies, agencies respon-  
2 sible for early childhood education programs, juve-  
3 nile justice authorities, mental health agencies, child  
4 welfare agencies, and other relevant entities in the  
5 State or Indian tribe, in collaboration with local en-  
6 tities.

7 (2) CONTENTS.—The interagency agreement  
8 shall ensure the provision of the services described  
9 in subsection (c), specifying with respect to each  
10 agency, authority, or entity—

11 (A) the financial responsibility for the serv-  
12 ices;

13 (B) the conditions and terms of responsi-  
14 bility for the services, including quality, ac-  
15 countability, and coordination of the services;  
16 and

17 (C) the conditions and terms of reimburse-  
18 ment among the agencies, authorities, or enti-  
19 ties that are parties to the interagency agree-  
20 ment, including procedures for dispute resolu-  
21 tion.

22 (f) EVALUATION.—The Secretary shall reserve not to  
23 exceed 3 percent of the funds made available under sub-  
24 section (l) for each fiscal year to—

1           (1) conduct a rigorous, independent evaluation  
2           of the activities funded under this section; and

3           (2) disseminate and promote the utilization of  
4           evidence-based practices regarding trauma support  
5           services and mental health care.

6           (g) DISTRIBUTION OF AWARDS.—The Secretary shall  
7           ensure that grants, contracts, and cooperative agreements  
8           awarded or entered into under this section are equitably  
9           distributed among the geographical regions of the United  
10          States and among tribal, urban, suburban, and rural pop-  
11          ulations.

12          (h) RULE OF CONSTRUCTION.—Nothing in this sec-  
13          tion shall be construed—

14               (1) to prohibit an entity involved with a pro-  
15               gram carried out under this section from reporting  
16               a crime that is committed by a student to appro-  
17               priate authorities; or

18               (2) to prevent Federal, State, and tribal law en-  
19               forcement and judicial authorities from exercising  
20               their responsibilities with regard to the application  
21               of Federal, tribal, and State law to crimes com-  
22               mitted by a student.

23          (i) SUPPLEMENT, NOT SUPPLANT.—Any services  
24          provided through programs carried out under this section  
25          shall supplement, and not supplant, existing mental health

1 services, including any special education and related serv-  
2 ices provided under the Individuals with Disabilities Edu-  
3 cation Act (20 U.S.C. 1400 et seq.).

4 (j) CONSULTATION WITH INDIAN TRIBES.—In car-  
5 rying out subsection (a), the Secretary shall, in a timely  
6 manner, meaningfully consult, engage, and cooperate with  
7 Indian tribes and their representatives to ensure notice of  
8 eligibility.

9 (k) DEFINITIONS.—In this section:

10 (1) ELEMENTARY OR SECONDARY SCHOOL.—

11 The term “elementary or secondary school” means a  
12 public elementary and secondary school as such term  
13 is defined in section 8101 of the Elementary and  
14 Secondary Education Act of 1965 (20 U.S.C. 7801).

15 (2) EVIDENCE-BASED.—The term “evidence-  
16 based” has the meaning given such term in section  
17 8101(21)(A)(i) of the Elementary and Secondary  
18 Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

19 (3) NATIVE HAWAIIAN EDUCATIONAL ORGANI-  
20 ZATION.—The term “Native Hawaiian educational  
21 organization” has the meaning given such term in  
22 section 6207 of the Elementary and Secondary Edu-  
23 cation Act of 1965 (20 U.S.C. 7517).

24 (4) SCHOOL LEADER.—The term “school lead-  
25 er” has the meaning given such term in section

1       8101 of the Elementary and Secondary Education  
2       Act of 1965 (20 U.S.C. 7801).

3           (5) SECRETARY.—The term “Secretary” means  
4       the Secretary of Education.

5           (6) SPECIALIZED INSTRUCTIONAL SUPPORT  
6       PERSONNEL.—The term “specialized instructional  
7       support personnel” has the meaning given such term  
8       in 8101 of the Elementary and Secondary Education  
9       Act of 1965 (20 U.S.C. 7801).

10       (1) AUTHORIZATION OF APPROPRIATIONS.—There is  
11       authorized to be appropriated to carry out this section,  
12       such sums as may be necessary for each of fiscal years  
13       2019 through 2023.

14       **SEC. 309. NATIONAL CHILD TRAUMATIC STRESS INITIA-**  
15                               **TIVE.**

16       Section 582(j) of the Public Health Service Act (42  
17       U.S.C. 290hh–1(j)) (relating to grants to address the  
18       problems of persons who experience violence related  
19       stress) is amended by striking “\$46,887,000 for each of  
20       fiscal years 2018 through 2022” and inserting  
21       “\$53,887,000 for each of fiscal years 2019 through  
22       2023”.

