

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. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
2 **TRAUMA-INFORMED IDENTIFICATION, RE-**
3 **FERRAL, AND SUPPORT.**

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

11 (b) **MEMBERSHIP.**—

12 (1) **COMPOSITION.**—The task force shall be
13 composed of the heads of the following Federal de-
14 partments and agencies, or their designees:

15 (A) The Centers for Medicare & Medicaid
16 Services.

17 (B) The Substance Abuse and Mental
18 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-
23 licing 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 perience 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.

