

119TH CONGRESS  
1ST SESSION

# S. 3461

To improve the identification and support of children and families who  
experience trauma.

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IN THE SENATE OF THE UNITED STATES

DECEMBER 11, 2025

Mr. DURBIN (for himself and Mrs. CAPITO) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

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## A BILL

To improve the identification and support of children and  
families who experience trauma.

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 “Resilience Investment,  
5 Support, and Expansion from Trauma Act” or the “RISE  
6 from Trauma Act”.

1                   **TITLE I—COMMUNITY**  
2                   **PROGRAMMING**

3 **SEC. 101. TRAUMA AND RESILIENCE-RELATED COORDI-**  
4                   **NATING BODIES.**

5           Title V of the Public Health Service Act is amended  
6 by inserting after section 520C (42 U.S.C. 290bb–34) the  
7 following:

8 **“SEC. 520D. LOCAL COORDINATING BODIES TO ADDRESS**  
9                   **COMMUNITY TRAUMA, PREVENTION, AND RE-**  
10                  **SILIENCE.**

11           “(a) GRANTS.—

12                   “(1) IN GENERAL.—The Secretary, in coordina-  
13 tion with the Director of the Centers for Disease  
14 Control and Prevention and the Assistant Secretary,  
15 shall award grants to State, county, local, or Indian  
16 tribe or tribal organizations (as such terms are de-  
17 fined in section 4 of the Indian Self-Determination  
18 Act and Education Assistance Act) or nonprofit pri-  
19 vate entities for demonstration projects to enable  
20 such entities to act as coordinating bodies to prevent  
21 or mitigate the impact of trauma and toxic stress in  
22 a community, or promote resilience by fostering pro-  
23 tective factors.

24                   “(2) AMOUNT.—The Secretary shall award such  
25 grants in amounts of not more than \$6,000,000.

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

3           “(b) ELIGIBLE ENTITIES.—

4           “(1) IN GENERAL.—To be eligible to receive a  
5 grant under this section, an entity shall include 1 or  
6 more representatives from at least 5 of the cat-  
7 egories described in paragraph (2).

8           “(2) COMPOSITION.—The categories referred to  
9 in paragraph (1) are—

10           “(A) governmental agencies, such as public  
11 health, mental health, human services, or child  
12 welfare agencies, that provide training related  
13 to covered services or conduct activities to  
14 screen, assess, provide services or referrals, pre-  
15 vent, or provide treatment to support infants,  
16 children, youth, and their families as appro-  
17 priate, that have experienced or are at risk of  
18 experiencing trauma;

19           “(B) faculty or qualified staff at an insti-  
20 tution of higher education (as defined in section  
21 101(a) of the Higher Education Act of 1965)  
22 or representatives of a local member of the Na-  
23 tional Child Traumatic Stress Network, in an  
24 area related to screening, assessment, service  
25 provision or referral, prevention, or treatment

1 to support infants, children, youth, and their  
2 families, as appropriate, that have experienced  
3 or are at risk of experiencing trauma;

4 “(C) hospitals, health care clinics, or other  
5 health care institutions, such as mental health  
6 and substance use disorder treatment facilities;

7 “(D) criminal justice representatives re-  
8 lated to adults and juveniles, which may include  
9 law enforcement or judicial or court employees;

10 “(E) local educational agencies (as defined  
11 in section 8101 of the Elementary and Sec-  
12 ondary Education Act of 1965 (20 U.S.C.  
13 7801)) or agencies responsible for early child-  
14 hood education programs, which may include  
15 Head Start and Early Head Start agencies;

16 “(F) workforce development, job training,  
17 or business associations;

18 “(G) nonprofit, community-based faith,  
19 human services, civic, or social services organi-  
20 zations, including participants in a national or  
21 community service program (as described in  
22 section 122 of the National and Community  
23 Service Act of 1990 (42 U.S.C. 12572)), pro-  
24 viders of after-school programs, home visiting  
25 programs, family resource centers, agencies

1           that serve victims of domestic and family vio-  
2           lence or child abuse, or programs to prevent or  
3           address the impact of violence and addiction;  
4           and

5                   “(H) the general public, including individ-  
6           uals who have experienced trauma who can ap-  
7           propriately represent populations and activities  
8           relevant to the community that will be served  
9           by the entity.

10           “(3) QUALIFICATIONS.—In order for an entity  
11           to be eligible to receive the grant under this section,  
12           the representatives included in the entity shall, col-  
13           lectively, have training and expertise concerning  
14           childhood trauma, resilience, and covered services.

15           “(c) APPLICATION.—To be eligible to receive a grant  
16           under this section, an entity shall submit an application  
17           to the Secretary at such time, in such manner, and con-  
18           taining such information as the Secretary may require.

19           “(d) PRIORITY.—In awarding grants under this sec-  
20           tion, the Secretary shall give priority to entities proposing  
21           to serve communities or populations that have faced or  
22           currently face high rates of community trauma, including  
23           from intergenerational poverty, civil unrest, discrimina-  
24           tion, or oppression, which may include an evaluation of—

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

5           “(2) an age-adjusted rate of violence-related (or  
6 intentional) injury deaths that is above the national  
7 average, as determined by the Director of the Cen-  
8 ters for Disease Control and Prevention; and

9           “(3) a rate of involvement in the child welfare  
10 or juvenile justice systems that is above the national  
11 average, as determined by the Secretary.

12          “(e) USE OF FUNDS.—An entity that receives a grant  
13 under this section to act as a coordinating body may use  
14 the grant funds to—

15           “(1) bring together stakeholders who provide or  
16 use services in, or have expertise concerning, covered  
17 settings to identify community needs and resources  
18 related to covered services, and to build on any  
19 needs assessments conducted by organizations or  
20 groups represented on the coordinating body;

21           “(2)(A) collect data, on indicators to reflect  
22 local priority issues, including across multiple cov-  
23 ered settings and disaggregated by age, race, and  
24 any other appropriate metrics; and

1           “(B) use the data to identify unique community  
2 challenges and barriers, community strengths and  
3 assets, gaps in services, and high-need areas, related  
4 to covered services;

5           “(3) build awareness, skills, and leadership (in-  
6 cluding through trauma-informed and resilience-fo-  
7 cused training and public outreach campaigns) on  
8 covered services in covered settings;

9           “(4) develop a strategic plan, in partnership  
10 with members of the served community or popu-  
11 lation, that identifies—

12           “(A) policy goals and coordination oppor-  
13 tunities to address community needs and local  
14 priority issues (including coordination in apply-  
15 ing for or utilizing existing grants, insurance  
16 coverage, or other government programs), in-  
17 cluding for communities of color and relating to  
18 delivering and implementing covered services;  
19 and

20           “(B) a comprehensive, integrated approach  
21 for the entity and its members to prevent and  
22 mitigate the impact of exposure to trauma or  
23 toxic stress in the community, and to assist the  
24 community in healing from existing and prior

1 exposure to trauma through promotion of resili-  
2 ence and fostering protective factors;

3 “(5) implement such strategic plans in the local  
4 community, including through the delivery of covered  
5 services in covered settings; and

6 “(6) identify funding sources and partner with  
7 community stakeholders to sustainably continue ac-  
8 tivities after the end of the grant period.

9 “(f) SUPPLEMENT NOT SUPPLANT.—Amounts made  
10 available under this section shall be used to supplement  
11 and not supplant other Federal, State, and local public  
12 funds and private funds expended to provide trauma-re-  
13 lated coordination activities.

14 “(g) EVALUATION.—At the end of the period for  
15 which grants are awarded under this section, the Sec-  
16 retary shall conduct an evaluation of the activities carried  
17 out under each grant under this section. In conducting  
18 the evaluation, the Secretary shall assess the outcomes of  
19 the grant activities carried out by each grant recipient,  
20 including outcomes related to health, education, child wel-  
21 fare, criminal justice involvement, or other measurable  
22 outcomes pertaining to wellbeing and societal impact.

23 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
24 is authorized to be appropriated to carry out this section  
25 \$600,000,000 for each of fiscal years 2026 through 2033.

1 “(i) DEFINITIONS.—In this section:

2 “(1) COVERED SERVICES.—The term ‘covered  
3 services’ means culturally responsive services, pro-  
4 grams, models, or interventions that are evidence-  
5 based, evidence-informed, or promising best prac-  
6 tices to support infants, children, youth, and their  
7 families as appropriate by preventing or mitigating  
8 the impact of trauma and toxic stress or promoting  
9 resilience by fostering protective factors, which may  
10 include the best practices developed under section  
11 7132(d) of the SUPPORT for Patients and Commu-  
12 nities Act (Public Law 115–271).

13 “(2) COVERED SETTING.—The term ‘covered  
14 setting’ means the settings in which individuals may  
15 come into contact with infants, children, youth, and  
16 their families, as appropriate, who have experienced  
17 or are at risk of experiencing trauma, including  
18 schools, hospitals, settings where health care pro-  
19 viders, including primary care and pediatric pro-  
20 viders, provide services, early childhood education  
21 and care settings, home visiting settings, after-school  
22 program facilities, child welfare agency facilities,  
23 public health agency facilities, mental health treat-  
24 ment facilities, substance use disorder treatment fa-  
25 cilities, faith-based institutions, domestic violence

1 agencies, violence intervention organizations, child  
 2 advocacy centers, homeless services system facilities,  
 3 refugee services system facilities, juvenile justice sys-  
 4 tem facilities, law enforcement agency facilities,  
 5 Healthy Marriage Promotion or Responsible Father-  
 6 hood service settings, child support service settings,  
 7 and service settings focused on individuals eligible  
 8 for Temporary Assistance for Needy Families; and”.

9 **SEC. 102. EXPANSION OF PERFORMANCE PARTNERSHIP**  
 10 **PILOT FOR CHILDREN WHO HAVE EXPERI-**  
 11 **ENCED OR ARE AT RISK OF EXPERIENCING**  
 12 **TRAUMA.**

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

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

19 “(4) ‘To improve outcomes for infants, children,  
 20 and youth, and their families as appropriate, who  
 21 have experienced or are at risk of experiencing trau-  
 22 ma’ means to increase the rate at which individuals  
 23 who have experienced or are at risk of experiencing  
 24 trauma, including those who are low-income, home-  
 25 less, involved with the child welfare system, involved

1 in the juvenile justice system, have been victims of  
2 violence (including community, family, or sexual vio-  
3 lence), unemployed, or not enrolled in or at risk of  
4 dropping out of an educational institution and live in  
5 a community that has faced acute or long-term expo-  
6 sure to substantial discrimination, historical oppres-  
7 sion, intergenerational poverty, civil unrest, a high  
8 rate of violence or drug overdose deaths, achieve suc-  
9 cess in meeting educational, employment, health, de-  
10 velopmental, community reentry, permanency from  
11 foster care, or other key goals.”;

12 (2) in subsection (b)—

13 (A) in the subsection heading, by striking  
14 “FISCAL YEAR 2014” and inserting “FISCAL  
15 YEARS 2026 THROUGH 2030”;

16 (B) by redesignating paragraphs (1) and  
17 (2) as subparagraphs (A) and (B), respectively,  
18 and by moving such subparagraphs, as so re-  
19 designated, 2 ems to the right;

20 (C) by striking “Federal agencies” and in-  
21 serting the following:

22 “(1) DISCONNECTED YOUTH PILOTS.—Federal  
23 agencies”; and

24 (D) by adding at the end the following:

1           “(2) TRAUMA-INFORMED CARE PILOTS.—Federal  
 2           eral agencies may use Federal discretionary funds  
 3           that are made available in this Act or any appropria-  
 4           tions Act, including across different or multiple  
 5           years, for any of fiscal years 2026 through 2030 to  
 6           carry out up to 10 Performance Partnership Pilots.  
 7           Such Pilots shall—

8                   “(A) be designed to improve outcomes for  
 9                   infants, children, and youth, and their families  
 10                  as appropriate, who have experienced or are at  
 11                  risk of experiencing trauma; and

12                  “(B) involve Federal programs targeted on  
 13                  infants, children, and youth, and their families  
 14                  as appropriate, who have experienced or are at  
 15                  risk of experiencing trauma.”;

16           (3) in subsection (c)(2)—

17                   (A) in subparagraph (A), by striking  
 18                   “2018” and inserting “2029”; and

19                   (B) in subparagraph (F), by inserting be-  
 20                   fore the semicolon “, including the age range  
 21                   for such population”; and

22           (4) in subsection (e), by striking “2018” and  
 23           inserting “2029”.

24           (b) REQUIREMENT.—Not later than 9 months after  
 25           the date of enactment of this Act, the Director of the Of-

1 fice of Management and Budget, working with the Attor-  
 2 ney General and the Secretary of Labor, Secretary of  
 3 Health and Human Services, Secretary of Education, and  
 4 Secretary of Housing and Urban Development, and any  
 5 other appropriate agency representative, shall, with re-  
 6 spect to carrying out this section—

7           (1) explore authorities to enable the issuance of  
 8           appropriate start-up funding;

9           (2) issue guidance documents, template waivers  
 10          and performance measurements, best practices and  
 11          lessons learned from prior pilot programs, rec-  
 12          ommendations for how to sustain projects after  
 13          award periods, and other technical assistance docu-  
 14          ments as needed; and

15          (3) align application timing periods to provide  
 16          maximum flexibility, which may include the avail-  
 17          ability of initial planning periods for awardees.

18 **SEC. 103. HOSPITAL-BASED INTERVENTIONS TO REDUCE**  
 19 **READMISSIONS.**

20          Section 393 of the Public Health Service Act (42  
 21 U.S.C. 280b–1a) is amended by adding at the end the fol-  
 22 lowing:

23          “(c) HOSPITAL-BASED INTERVENTIONS TO REDUCE  
 24 READMISSIONS.—

1           “(1) GRANTS.—The Secretary shall award  
2 grants to eligible entities to deliver and evaluate hos-  
3 pital-based interventions to improve outcomes and  
4 reduce subsequent reinjury or readmissions of pa-  
5 tients that present at a hospital after overdosing, at-  
6 tempting suicide, or suffering violent injury or  
7 abuse.

8           “(2) ELIGIBLE ENTITIES.—To be eligible to re-  
9 ceive a grant under this subsection and entity  
10 shall—

11           “(A) be a hospital or health system (in-  
12 cluding health systems operated by Indian  
13 tribes or tribal organizations as such terms are  
14 defined in section 4 of the Indian Self-Deter-  
15 mination Act and Education Assistance Act);  
16 and

17           “(B) submit to the Secretary an applica-  
18 tion at such time, in such manner, and con-  
19 taining such information as the Secretary may  
20 require, which shall include demonstrated expe-  
21 rience furnishing successful hospital-based trau-  
22 ma interventions to improve outcomes and pre-  
23 vent reinjury or readmission for patients pre-  
24 senting after overdosing, attempting suicide, or  
25 suffering violent injury or abuse.

1           “(3) USE OF FUNDS.—An entity shall use  
2 amounts received under a grant under this sub-  
3 section to deliver, test, and evaluate hospital-based  
4 trauma-informed interventions for patients who  
5 present at hospitals with drug overdoses, suicide at-  
6 tempts, or violent injuries (such as domestic violence  
7 or intentional penetrating wounds, including gun-  
8 shots and stabbings), or other presenting symptoms  
9 associated with exposure to trauma, violence, sub-  
10 stance misuse, or suicidal ideation, to provide com-  
11 prehensive education, screening, counseling, dis-  
12 charge planning, skills building, and long-term case  
13 management services to such individuals, and their  
14 guardians or caregivers as appropriate, to prevent  
15 hospital readmission, injury, and improve health,  
16 wellness, and safety outcomes. Such interventions  
17 may be furnished in coordination or partnership  
18 with qualified community-based organizations and  
19 may include or incorporate the best practices devel-  
20 oped under section 7132(d) of the SUPPORT for  
21 Patients and Communities Act (Public Law 115–  
22 271).

23           “(4) QUALITY MEASURES.—An entity that re-  
24 ceive a grant under this section shall submit to the  
25 Secretary a report on the data and outcomes devel-

1       oped under the grant, including any quality meas-  
 2       ures developed, evaluated, and validated to prevent  
 3       hospital readmissions for the patients served under  
 4       the program involved.

5               “(5) SUSTAINABLE COVERAGE.—The Secretary,  
 6       acting through the Administrator of the Centers for  
 7       Medicare & Medicaid Services, shall evaluate existing  
 8       authorities, flexibilities, and policies and disseminate  
 9       appropriate and relevant information to eligible enti-  
 10      ties on the opportunities for health insurance cov-  
 11      erage and reimbursement for the activities described  
 12      in paragraph (3).”.

13 **SEC. 104. REAUTHORIZING THE NATIONAL CHILD TRAU-**  
 14 **MATIC STRESS NETWORK.**

15       Section 582 of the Public Health Service Act (42  
 16 U.S.C. 290hh–1) is amended—

17               (1) in subsection (a)—

18                       (A) in paragraph (1), by striking “and” at  
 19                       the end;

20                       (B) in paragraph (2), by striking the pe-  
 21                       riod and inserting “; and”; and

22                       (C) by adding at the end the following:

23                       “(3) collaboration among all NCTSI grantees  
 24                       for purposes of developing evidence-based resources,  
 25                       training, interventions, practices, and other informa-

1 tion, as an integral part of required grant activi-  
2 ties.”;

3 (2) in subsection (d), by adding at the end the  
4 following: “In carrying out this subsection, the Sec-  
5 retary shall permit all grantees to deliver both train-  
6 ing and services, as appropriate.”; and

7 (3) in subsection (j), to read as follows:

8 “(j) AUTHORIZATION OF APPROPRIATIONS.—There  
9 is authorized to be appropriated to carry out this section,  
10 \$93,887,000 for each of fiscal years 2026 through 2030.”.

11 **SEC. 105. REAUTHORIZING THE TRAUMA SUPPORT SERV-  
12 ICES IN SCHOOLS GRANT PROGRAM.**

13 Section 7134(l) of the SUPPORT for Patients and  
14 Communities Act (Public Law 115–271) is amended by  
15 striking “fiscal years 2019 through 2023” and inserting  
16 “fiscal years 2026 through 2030”.

17 **SEC. 106. REAUTHORIZING CDC SURVEILLANCE AND DATA  
18 COLLECTION ACTIVITIES.**

19 Section 7131(e) of the SUPPORT for Patients and  
20 Communities Act (Public Law 115–271) is amended by  
21 striking “\$2,000,000 for each of fiscal years 2019 through  
22 2023” and inserting “\$9,000,000 for each of fiscal years  
23 2026 through 2030”.

1                   **TITLE II—WORKFORCE**  
2                   **DEVELOPMENT**

3   **SEC. 201. REAUTHORIZING THE INTERAGENCY TASK FORCE**  
4                   **ON TRAUMA-INFORMED CARE.**

5           Section 7132(i) of the SUPPORT for Patients and  
6 Communities Act (Public Law 115–271) is amended by  
7 striking “2030” and inserting “2031”.

8   **SEC. 202. TRAINING AND RECRUITMENT OF INDIVIDUALS**  
9                   **FROM COMMUNITIES THAT HAVE EXPERI-**  
10                  **ENCED HIGH LEVELS OF TRAUMA, VIOLENCE,**  
11                  **OR ADDICTION.**

12          Part B of title VII of the Public Health Service Act  
13 (42 U.S.C. 293 et seq.) is amended by adding at the end  
14 the following:

15   **“SEC. 742. INDIVIDUALS FROM COMMUNITIES THAT HAVE**  
16                   **EXPERIENCED HIGH LEVELS OF TRAUMA, VI-**  
17                   **OLENCE, OR ADDICTION.**

18          “In carrying out activities under this part, the Sec-  
19 retary shall ensure that emphasis is provided on the re-  
20 cruitment of individuals from communities that have expe-  
21 rienced high levels of trauma, violence, or addiction and  
22 that appropriate activities under this part are carried out  
23 in partnership with community-based organizations that  
24 have expertise in addressing such challenges to enhance  
25 service delivery.”.

1 **SEC. 203. FUNDING FOR THE NATIONAL HEALTH SERVICE**  
2 **CORPS.**

3 Section 10503(b)(2) of the Patient Protection and  
4 Affordable Care Act (42 U.S.C. 254b-2(b)(2)) is amend-  
5 ed—

6 (1) in subparagraph (G), by striking “and” at  
7 the end;

8 (2) in subparagraph (H), by striking the period  
9 and inserting “; and”; and

10 (3) by adding at the end the following:

11 “(I) in addition to the amounts provided  
12 for under subparagraph (H) for fiscal year  
13 2023, \$50,000,000 for each of fiscal years 2026  
14 through 2030, to be allocated in each such fis-  
15 cal year for awards to eligible individuals whose  
16 obligated service locations are in schools or  
17 community-based settings as described in sec-  
18 tion 338N of the Public Health Service Act.”.

19 **SEC. 204. INFANT AND EARLY CHILDHOOD CLINICAL WORK-**  
20 **FORCE.**

21 Part P of title III of the Public Health Service Act  
22 (42 U.S.C. 280g) is amended by adding at the end the  
23 following:

1 **“SEC. 399V-8. INFANT AND EARLY CHILDHOOD CLINICAL**  
 2 **WORKFORCE.**

3 “(a) IN GENERAL.—The Secretary, acting through  
 4 the Associate Administrator of the Maternal and Child  
 5 Health Bureau, shall establish an Infant and Early Child-  
 6 hood Mental Health Clinical Leadership Program to  
 7 award grants to eligible entities to establish a national net-  
 8 work of training institutes for infant and early childhood  
 9 clinical mental health.

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

12 “(1) be—

13 “(A) an institution of higher education as  
 14 defined in section 101(a) of the Higher Edu-  
 15 cation Act of 1965, including historically Black  
 16 colleges and universities (as defined for pur-  
 17 poses of section 322 of the Higher Education  
 18 Act of 1965 (20 U.S.C. 1061)), and Tribal col-  
 19 leges (as defined for purposes of section 316(b)  
 20 of the Higher Education Act of 1965 (20  
 21 U.S.C. 1059c)); or

22 “(B) be a hospital with affiliation with  
 23 such an institution of higher education, or a  
 24 State professional medical society or association  
 25 of infant mental health demonstrating an affili-

1           ation or partnership with such an institution of  
2           higher education; and

3           “(2) submit to the Secretary an application at  
4           such time, in such manner, and containing such in-  
5           formation as the Secretary may require.

6           “(c) USE OF GRANT.—An entity shall use amounts  
7           received under a grant under this section to establish  
8           training institutes to—

9           “(1) equip aspiring and current mental health  
10          professionals, including clinical social workers, pro-  
11          fessional counselors, marriage and family therapists,  
12          clinical psychologists, child psychiatrists, school psy-  
13          chologists, school counselors, school social workers,  
14          nurses, home visitors, community health workers,  
15          and developmental and behavioral pediatricians with  
16          specialization in infant and early childhood clinical  
17          mental health, and those pursuing certification or li-  
18          censure in such professions; and

19          “(2) emphasize equipping trainees with cul-  
20          turally responsive skills in prevention, mental health  
21          consultation, screening, assessment, diagnosis, and  
22          treatment for infants and children, and their parents  
23          as appropriate, who have experienced or are at risk  
24          of experiencing trauma, including from intergenera-  
25          tional poverty, civil unrest, discrimination, or oppres-

1 sion, exposure to violence or overdose, as well as pre-  
2 vention of secondary trauma, through—

3 “(A) the provision of community-based  
4 training and supervision in evidence-based as-  
5 sessment, diagnosis, and treatment, which may  
6 be conducted through partnership with qualified  
7 community-based organizations;

8 “(B) the development of graduate edu-  
9 cation training tracks;

10 “(C) the provision of scholarships, sti-  
11 pends, and trainee supports, including to en-  
12 hance recruitment, retention, and career place-  
13 ment of students from populations under-rep-  
14 resented populations in the mental health work-  
15 force; and

16 “(D) the provision of mid-career training  
17 to develop the capacity of existing health practi-  
18 tioners.

19 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
20 is authorized to be appropriated to carry out this section,  
21 \$25,000,000 for each of fiscal years 2026 through 2030.”.

1 **SEC. 205. TRAUMA-INFORMED TEACHING AND SCHOOL**  
2 **LEADERSHIP.**

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

6 (1) in subsection (b)(6)—

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

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

12 “(H) how the partnership will prepare gen-  
13 eral education and special education teachers  
14 and, as applicable, early childhood educators, to  
15 support positive learning outcomes and social  
16 and emotional development for students—

17 “(i) who have experienced trauma (in-  
18 cluding students who are involved in the  
19 foster care or juvenile justice system or  
20 runaway or homeless youth); and

21 “(ii) in alternative education settings  
22 in which high populations of youth with  
23 trauma exposure may learn (including set-  
24 tings for correctional education, juvenile  
25 justice, pregnant, expecting, and parenting  
26 students, or youth who have re-entered

1 school after a period of absence due to  
2 dropping out);”;

3 (2) in subsection (d)(1)(A)(i)—

4 (A) in subclause (II), by striking “and”  
5 after the semicolon;

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

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

10 “(III) such teachers and, as ap-  
11 plicable, early childhood educators, to  
12 adopt evidence-based approaches  
13 for—

14 “(aa) improving behavior  
15 (such as positive behavior inter-  
16 ventions and supports and restor-  
17 ative justice practices);

18 “(bb) supporting social and  
19 emotional learning;

20 “(cc) mitigating the effects  
21 of trauma;

22 “(dd) improving the learning  
23 environment in the school;

1           “(ee) preventing secondary  
2           trauma, compassion fatigue, and  
3           burnout; and

4           “(ff) alternatives to punitive  
5           discipline practices, including  
6           suspensions, expulsions, corporal  
7           punishment, referrals to law en-  
8           forcement, and other actions that  
9           remove students from the learn-  
10          ing environment; and”;

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

13          “(7) TRAUMA-INFORMED AND RESILIENCE-FO-  
14          CUSED PRACTICE AND WORK IN ALTERNATIVE EDU-  
15          CATION SETTINGS.—Developing the teaching skills  
16          of prospective and, as applicable, new, early child-  
17          hood educators and elementary school and secondary  
18          school teachers to adopt evidence-based trauma-in-  
19          formed and resilience-focused teaching strategies—

20                 “(A) to—

21                         “(i) recognize the signs of trauma and  
22                         its impact on learning;

23                         “(ii) maximize student engagement  
24                         and promote the social and emotional de-  
25                         velopment of students;

1           “(iii) implement alternative practices  
2           to suspension and expulsion that do not re-  
3           move students from the learning environ-  
4           ment; and

5           “(iv) engage with other school per-  
6           sonnel, including administrators and non-  
7           teaching staff, to foster a shared under-  
8           standing of the items described in clauses  
9           (i), (ii), and (iii); and

10          “(B) including programs training teachers  
11          and, as applicable, early childhood educators to  
12          work with students—

13               “(i) with exposure to traumatic events  
14               (including students involved in the foster  
15               care or juvenile justice system or runaway  
16               and homeless youth); and

17               “(ii) in alternative academic settings  
18               for youth unable to participate in a tradi-  
19               tional public school program in which high  
20               populations of students with trauma expo-  
21               sure may learn (such as students involved  
22               in the foster care or juvenile justice sys-  
23               tem, pregnant, expecting, and parenting  
24               students, runaway and homeless students,  
25               students exposed to family violence or traf-

1           ficking, and other youth who have re-en-  
 2           tered school after a period of absence due  
 3           to dropping out).”.

4       (b)       ADMINISTRATIVE       PROVISIONS.—Section  
 5 203(b)(2) of the Higher Education Act of 1965 (20  
 6 U.S.C. 1022b(b)(2)) is amended—

7           (1) in subparagraph (A), by striking “and”  
 8       after the semicolon;

9           (2) in subparagraph (B)(ii), by striking the pe-  
 10       riod at the end and inserting “; and”; and

11          (3) by adding at the end the following:

12               “(C) to eligible partnerships that have a  
 13       high-quality proposal for trauma-informed and  
 14       resilience-focused training programs for general  
 15       education and special education teachers and,  
 16       as applicable, early childhood educators.”.

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

21          (1) in clause (v), by striking “and” after the  
 22       semicolon;

23          (2) in clause (vi), by striking the period at the  
 24       end and inserting “; and”; and

25          (3) by adding at the end the following:

1                   “(vii) identify students who have expe-  
2                   rienced trauma and connect those students  
3                   with appropriate school-based or commu-  
4                   nity-based interventions and services.”.

5 **SEC. 206. TOOLS FOR FRONT-LINE PROVIDERS.**

6           Not later than 18 months after the date of enactment  
7 of this Act, the Secretary of Health and Human Services,  
8 in coordination with appropriate stakeholders with subject  
9 matter expertise which may include the National Child  
10 Traumatic Stress Network or other resource centers fund-  
11 ed by the Department of Health and Human Services,  
12 shall carry out activities to develop accessible and easily  
13 understandable toolkits for use by front-line service pro-  
14 viders (including teachers, early childhood educators,  
15 school and out-of-school program leaders, paraeducators  
16 and school support staff, home visitors, mentors, social  
17 workers, counselors, health care providers, child welfare  
18 agency staff, individuals in juvenile justice settings, faith  
19 leaders, first responders, kinship caregivers, domestic vio-  
20 lence agencies, child advocacy centers, homeless services  
21 personnel, and youth development and community-based  
22 organization personnel) for appropriately identifying, re-  
23 sponding to, and supporting infants, children, and youth,  
24 and their families, as appropriate, who have experienced  
25 or are at risk of experiencing trauma or toxic stress. Such

1 toolkits shall incorporate best practices developed under  
 2 section 7132(d) of the SUPPORT for Patients and Com-  
 3 munities Act (Public Law 115–271), and include actions  
 4 to build a safe, stable, and nurturing environment for the  
 5 infants, children, and youth served in those settings, ca-  
 6 pacity building, and strategies for addressing the impact  
 7 of secondary trauma, compassion fatigue, and burnout  
 8 among such front-line service providers and other care-  
 9 givers.

10 **SEC. 207. CHILDREN EXPOSED TO VIOLENCE INITIATIVE.**

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

14 **“PART PP—CHILDREN EXPOSED TO VIOLENCE**  
 15 **AND ADDICTION INITIATIVE**

16 **“SEC. 3061. GRANTS TO SUPPORT CHILDREN EXPOSED TO**  
 17 **VIOLENCE AND SUBSTANCE USE.**

18 “(a) IN GENERAL.—The Attorney General may make  
 19 grants to States, units of local government, Indian tribes  
 20 and tribal organizations (as such terms are defined in sec-  
 21 tion 4 of the Indian Self-Determination Act and Edu-  
 22 cation Assistance Act), and nonprofit organizations to re-  
 23 duce violence and substance use by preventing children’s  
 24 trauma from exposure to violence or substance use and  
 25 supporting infants, children, and youth, and their families,

1 who have been harmed by violence, trauma, or substance  
2 use to heal.

3 “(b) USE OF FUNDS.—

4 “(1) IN GENERAL.—A grant under subsection  
5 (a) may be used to implement trauma-informed poli-  
6 cies and practices that support infants, children,  
7 youth, and their families, as appropriate, by—

8 “(A) building public awareness and edu-  
9 cation about the importance of addressing  
10 childhood trauma as a means to reduce violence  
11 and substance use and improve educational,  
12 economic, developmental, and societal outcomes  
13 for infants, children, and youth;

14 “(B) providing training, tools, and re-  
15 sources to develop the skills and capacity of  
16 parents (including foster parents), adult guard-  
17 ians, and professionals who interact directly  
18 with infants, children, and youth, in an orga-  
19 nized or professional setting, to reduce the im-  
20 pact of trauma, grief, and exposure to violence  
21 on children, including through the best prac-  
22 tices developed under section 7132(d) of the  
23 SUPPORT for Patients and Communities Act  
24 (Public Law 115–271); and

1           “(C) supporting community collaborations  
 2           and providing technical assistance to commu-  
 3           nities, organizations, and public agencies on  
 4           how they can coordinate to prevent and miti-  
 5           gate the impact of trauma from exposure to vio-  
 6           lence and substance use on children in their  
 7           homes, schools, and communities.

8           “(2) PRIORITY.—Priority in awarding grants  
 9           under this section shall be given to communities that  
 10          seek to address multiple types of violence and serve  
 11          children who have experienced poly-victimization.

12          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
 13          are authorized to be appropriated to carry out this section  
 14          \$11,000,000 for each of fiscal years 2026 through 2030.”.

15   **SEC. 208. ESTABLISHMENT OF LAW ENFORCEMENT CHILD**  
 16                           **AND YOUTH TRAUMA COORDINATING CEN-**  
 17                           **TER.**

18          (a) ESTABLISHMENT OF CENTER.—

19           (1) IN GENERAL.—The Attorney General, in co-  
 20          ordination with the Civil Rights Division, shall es-  
 21          tablish a National Law Enforcement Child and  
 22          Youth Trauma Coordinating Center (referred to in  
 23          this section as the “Center”) to provide assistance to  
 24          adult- and juvenile-serving State, local, and tribal  
 25          law enforcement agencies (including those operated

1 by Indian tribes and tribal organizations as such  
2 terms are defined in section 4 of the Indian Self-De-  
3 termination Act and Education Assistance Act) in  
4 interacting with infants, children, and youth who  
5 have been exposed to violence or other trauma, and  
6 their families as appropriate.

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

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

13 (1) disseminating information on the best prac-  
14 tices for law enforcement officers, which may include  
15 best practices based on evidence-based and evidence-  
16 informed models from programs of the Department  
17 of Justice and the Office of Justice Services of the  
18 Bureau of Indian Affairs or the best practices devel-  
19 oped under section 7132(d) of the SUPPORT for  
20 Patients and Communities Act (Public Law 115–  
21 271), such as—

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

25 (B) models that include—

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

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

9 (iii) preventing and supporting offi-  
10 cers who experience secondary trauma;

11 (2) providing professional training and technical  
12 assistance; and

13 (3) awarding grants under subsection (c).

14 (c) GRANT PROGRAM.—

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

19 (A) enhance the awareness of best prac-  
20 tices for trauma-informed responses to infants,  
21 children, and youth who have been exposed to  
22 violence or other trauma, and their families as  
23 appropriate; and

1           (B) provide professional training and tech-  
2           nical assistance in implementing the best prac-  
3           tices described in subparagraph (A).

4           (2) APPLICATION.—Any State, local, or tribal  
5           law enforcement agency seeking a grant under this  
6           subsection shall submit an application to the Attor-  
7           ney General at such time, in such manner, and con-  
8           taining such information as the Attorney General  
9           may require.

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

12               (A) provide training to law enforcement of-  
13               ficers on best practices, including how to iden-  
14               tify and appropriately respond to early signs of  
15               trauma and violence exposure when interacting  
16               with infants, children, and youth, and their  
17               families, as appropriate; and

18               (B) establish, operate, and evaluate a re-  
19               ferral and partnership program with trauma-in-  
20               formed clinical mental health, substance use,  
21               health care, or social service professionals in the  
22               community in which the law enforcement agen-  
23               cy serves.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to the Attorney Gen-  
3 eral—

4 (1) \$6,000,000 for each of fiscal years 2026  
5 through 2030 to award grants under subsection (c);  
6 and

7 (2) \$2,000,000 for each of fiscal years 2026  
8 through 2030 for other activities of the Center.

○