

119TH CONGRESS
1ST SESSION

H. R. 2957

To amend the Public Health Service Act to support the development and implementation of programs using data analysis to identify and facilitate strategies to improve outcomes for children in geographic areas with a high prevalence of trauma from exposure to adverse childhood experiences, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2025

Ms. PRESSLEY (for herself, Mr. THANEDAR, Ms. NORTON, and Ms. TLAIB) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to support the development and implementation of programs using data analysis to identify and facilitate strategies to improve outcomes for children in geographic areas with a high prevalence of trauma from exposure to adverse childhood experiences, and for other purposes.

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 “Services and Trauma-
5 informed Research of Outcomes in Neighborhoods Grants

1 for Support for Children Act of 2025” or the “STRONG
2 Support for Children Act of 2025”.

3 **SEC. 2. DATA ANALYSIS AND STRATEGY IMPLEMENTATION**
4 **TO PREVENT AND MITIGATE CHILDHOOD**
5 **TRAUMA.**

6 Title XXXI of the Public Health Service Act (42
7 U.S.C. 300kk) is amended by adding at the end the fol-
8 lowing:

9 **“SEC. 3102. DATA ANALYSIS AND STRATEGY IMPLEMENTA-**
10 **TION TO PREVENT AND MITIGATE CHILD-**
11 **HOOD TRAUMA.**

12 “(a) IN GENERAL.—The Secretary shall establish a
13 program—

14 “(1) to support the development and implemen-
15 tation of programs that use data analysis methods
16 to identify and facilitate strategies for early inter-
17 vention and prevention, in order to prevent and miti-
18 gate childhood trauma and support communities and
19 families, including—

20 “(A) improving connections through care
21 coordination;

22 “(B) aligning community initiatives in tar-
23 geted areas of need; and

24 “(C) expanding community capacity
25 through cross-sector collaboration; and

1 “(2) to evaluate the effectiveness of these pro-
2 grams in improving outcomes for children.

3 “(b) GRANTS.—The Secretary shall award grants to
4 up to 5 eligible entities to carry out the activities described
5 in subsection (a).

6 “(c) USE OF FUNDS.—A grant for activities under
7 this section shall be used to support the development and
8 implementation of programs that use data analysis meth-
9 ods to identify and facilitate strategies for early interven-
10 tion and prevention, in order to prevent and mitigate
11 childhood trauma and support communities and families,
12 including as follows:

13 “(1) Utilize data analysis methods to—

14 “(A) identify specific geographic areas,
15 such as census tracts, with a high prevalence of
16 adverse childhood experiences and significant
17 risk factors for poor outcomes for children
18 (such as increased risk of experiencing adverse
19 childhood experiences), including areas with
20 high rates of—

21 “(i) poor public health outcomes in-
22 cluding illness, disease, suicide, and mor-
23 tality;

24 “(ii) exclusionary discipline practices,
25 including suspensions, expulsions, and re-

1 ferrals to law enforcement, as well as low
2 graduation rates;
3 “(iii) substance use disorders;
4 “(iv) poverty;
5 “(v) foster system involvement or re-
6 ferrals;
7 “(vi) housing instability and homeless-
8 ness;
9 “(vii) food insecurity;
10 “(viii) inequity, including disparities
11 in income, wealth, employment, educational
12 attainment, health care access, and public
13 health outcomes, along lines of race, sex,
14 sexuality and gender identity, ethnicity, or
15 nationality;
16 “(ix) incarceration rates; or
17 “(x) other indicators of adversity as
18 defined by the Secretary; and
19 “(B) identify strategies to improve out-
20 comes for children aged 0 through 17 that build
21 on strengths in communities that could be fur-
22 ther supported, including—
23 “(i) existing support networks for
24 families; and

1 “(ii) enhanced connections to commu-
2 nity-based organizations.

3 “(2) Implement strategies identified pursuant
4 to paragraph (1)(B) to facilitate outreach and in-
5 volvement of children and their caregivers in Fed-
6 eral, State, or local programs that provide repar-
7 ative, gender-responsive, culturally specific, and
8 trauma-informed prevention services, and for which
9 children and their caregivers are eligible, including—

10 “(A) home visiting programs;

11 “(B) training and education on parenting
12 skills;

13 “(C) substance use disorder prevention and
14 treatment that is voluntary and noncoercive;

15 “(D) mental health supports and care that
16 is voluntary and noncoercive;

17 “(E) family and intimate partner violence
18 prevention services;

19 “(F) child advocacy center programming;

20 “(G) economic and nutrition support serv-
21 ices;

22 “(H) housing support services, including
23 emergency and temporary shelter for those ex-
24 perienicing homelessness and housing insecurity,
25 as well as stable, long-term housing;

1 “(I) voluntary, noncoercive, gender-respon-
2 sive, and culturally specific mental health sup-
3 ports in school and early childhood education
4 center-based settings;

5 “(J) wraparound programs for
6 transitioning youth and youth currently in the
7 foster system;

8 “(K) programming to support the health
9 and well-being of lesbian, gay, bisexual,
10 transgender, and intersex children and their
11 families; and

12 “(L) family resource center services.

13 “(d) SPECIAL RULES.—

14 “(1) PRIMARY PAYER RESTRICTION.—The Sec-
15 retary may not award a grant under this section to
16 an eligible entity for a service if the service to be
17 provided is available pursuant to the State plan ap-
18 proved under title XIX of the Social Security Act for
19 the State in which the program funded by the grant
20 is being conducted unless the State and all eligible
21 subdivisions involved—

22 “(A) will enter into agreements with public
23 or nonprofit private entities under which the
24 entities will provide the service; and

1 “(B) demonstrate that the State and all el-
2 igible subdivisions will ensure that the entities
3 providing the service—

4 “(i) will seek payment for each such
5 service rendered in accordance with the
6 usual payment schedule under the State
7 plan; and

8 “(ii) the entities have entered into a
9 participation agreement and are qualified
10 to receive payments under such plan.

11 “(2) IMPLEMENTATION.—An eligible entity that
12 receives a grant under this section may use—

13 “(A) not more than 25 percent of the
14 amounts made available through the grant for
15 the first 24 months of the grant period to uti-
16 lize data analysis methods to—

17 “(i) identify specific geographic areas
18 where care coordination, prevention and
19 early intervention, and facilitation services
20 will be provided; and

21 “(ii) identify support and intervention
22 services to improve outcomes for children
23 located in a geographic area identified
24 under subsection (c)(1)(A); and

1 “(B) not more than 10 percent of the
2 grant in each subsequent year to continue data
3 analysis activities.

4 “(3) ADMINISTRATION.—An eligible entity that
5 receives a grant under this section may not use more
6 than 5 percent of amounts received through the
7 grant for administration, reporting, and program
8 oversight functions, including the development of
9 systems to improve data collection and data sharing
10 for the purposes of improving services and the provi-
11 sion of care.

12 “(4) PRIORITY.—

13 “(A) IN GENERAL.—In awarding grants
14 under this section, the Secretary shall give pri-
15 ority, to the extent practical, to eligible entities
16 that use community-based system dynamic
17 modeling as the primary data analysis method.

18 “(B) SYSTEM DYNAMIC MODELING DE-
19 FINED.—The term ‘system dynamic modeling’
20 means a method of data analysis and predictive
21 modeling that includes—

22 “(i) utilization of community-based
23 participatory research methods for involv-
24 ing community in the process of under-

standing and changing systems and evaluating outcomes of grants;

“(ii) consideration of a multitude of environmental risk factors and ascertainment of the significance of contributing community risk factors for purposes of identifying strategies to reduce adverse child outcomes, including—

“(I) maltreatment cases;

“(II) involvement with the juvenile criminal legal system or foster system;

“(III) exclusionary school discipline; or

“(IV) exposure to violence; and

“(iii) identification of cross-sector responses involving reparative, trauma-informed, culturally specific, gender-responsive, and community-based organizations to reduce adverse child outcomes.

“(5) SUBGRANT.—

“(A) IN GENERAL.—An eligible entity that receives a grant under this section shall use at least 25 percent of the total amount of the grant to make subgrants to organizations that

1 aide in implementing the strategy identified
2 under subsection (c)(1)(B) for preventing and
3 mitigating childhood trauma and supporting
4 communities and families.

5 “(B) ELIGIBILITY.—To be eligible to re-
6 ceive a subgrant under this paragraph, an orga-
7 nization shall prepare and submit to the eligible
8 entity an application in such form, and con-
9 taining such information, as the eligible entity
10 may require, including evidence that the—

11 “(i) needs of the population to be
12 served are urgent and are not met by the
13 services currently available in the geo-
14 graphic area; and

15 “(ii) the organization has the capacity
16 to provide the services listed in subsection
17 (c)(2).

18 “(C) SUPPLEMENT NOT SUPPLANT.—
19 Subgrant funds received pursuant to this para-
20 graph by an organization shall be used to sup-
21 plement and not supplant State or local funds
22 provided to the partnership organization for
23 services listed in subsection (c)(2).

24 “(e) APPLICATION.—To be eligible to receive a grant
25 under this section, an eligible entity shall submit to the

1 Secretary an application in such form, and containing
2 such information, as the Secretary may require, to include
3 the following:

4 “(1) A demonstration that—

5 “(A) the applicant utilizes trauma-in-
6 formed, culturally specific, and gender-respon-
7 sive practices, including a demonstration of the
8 extent to which the applicant has trained staff
9 in these practices;

10 “(B) the applicant has the capacity to ad-
11 minister the grant, including conducting all re-
12 quired data analysis activities; and

13 “(C) services will be provided to children
14 and families in an accessible, culturally rel-
15 evant, and linguistically specific manner con-
16 sistent with local needs.

17 “(2) A preliminary analysis of how the appli-
18 cant will use the grant to—

19 “(A) identify the geographic area or areas
20 to be served using data analysis methods;

21 “(B) utilize data analysis methods to iden-
22 tify strategies to improve outcomes for children
23 in the geographic area;

24 “(C) facilitate strategies identified through
25 care coordination efforts; and

1 “(D) track data for evaluation of out-
2 comes.

3 “(3) A detailed project plan for the use of the
4 grant that includes anticipated technical assistance
5 needs.

6 “(4) Additional funding sources, including State
7 and local funds, supporting the prevention and miti-
8 gation of adverse childhood experiences.

9 “(f) GRANT AMOUNT.—The amount of a grant under
10 this section shall not exceed \$9,500,000.

11 “(g) PERIOD OF A GRANT.—The period of a grant
12 under this section shall not exceed 7 years.

13 “(h) SERVICE PROVISION WITHOUT REGARD TO
14 ABILITY TO PAY.—As a condition on receipt of a grant
15 under this section, an eligible entity shall agree that any
16 assistance provided to an individual through the grant will
17 be provided without regard to—

18 “(1) the ability of the individual to pay for such
19 services;

20 “(2) the current or past health condition of the
21 individual to be served;

22 “(3) the immigration status of the individual to
23 be served;

24 “(4) the sexual orientation and gender identity
25 of the individual to be served; and

1 “(5) any prior involvement of the individual in
2 the criminal legal system.

3 “(i) PROHIBITIONS.—In addition to any other prohi-
4 bitions determined by the Secretary, an eligible entity may
5 not use a grant under this section to—

6 “(1) use data analysis methods to inform indi-
7 vidual case decisions, including child removal or
8 placement decisions, or to target services at certain
9 individuals or families;

10 “(2) require any individual or family to partici-
11 pate in any service or program as a condition of re-
12 ceipt of a benefit to which the individual or family
13 is otherwise eligible;

14 “(3) increase the presence or funding of law en-
15 forcement surveillance, involvement, or activity in
16 implementing the strategies identified under sub-
17 section (c)(1)(B); or

18 “(4) enable the practice of conversion therapy.

19 “(j) EVALUATION.—

20 “(1) DATA MODEL EVALUATION.—Not later
21 than 36 months after the date of enactment of this
22 section, the Assistant Secretary for Planning and
23 Evaluation of the Department of Health and Human
24 Services, in coordination with the grantees receiving
25 a grant under this section, shall complete an evalua-

tion of the effectiveness of the data model accuracy of the grant program under this section to address each of the following:

“(A) Determining the effectiveness of the grantees’ use of data analysis methods to identify geographic areas pursuant to subsection (c)(1).

“(B) Examining the grantees’ development and utilization of data analysis methods.

“(C) Examining the grantees’ ability to effectively utilize data analysis methods in future prevention work.

“(D) Establishing a method for rigorously evaluating the activities of grantees and comparing the reduction of child and family exposure to adverse experiences in other communities with similar demographics.

“(E) Examining the grantees’ utilization of community-based system dynamics modeling methods and other community engagement methods.

“(2) PROGRAM EVALUATION.—Not later than 6 years after the date of enactment of this section, the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services, in

1 coordination with eligible entities receiving grants
2 under this section, shall complete an evaluation of
3 the effectiveness of the grant program under this
4 section.

5 “(3) DATA COLLECTION.—

6 “(A) IN GENERAL.—The Assistant Sec-
7 retary for Planning and Evaluation of the De-
8 partment of Health and Human Services and
9 each eligible entity receiving a grant under this
10 section shall collect any relevant data necessary
11 to complete the evaluations required by para-
12 graphs (1) and (2) to include—

13 “(i) the activities funded by the grant
14 under this section, including development
15 and implementation data analysis methods;

16 “(ii) the number of children and of
17 families receiving coordination and facilita-
18 tion of care and services; and

19 “(iii) the effect of activities supported
20 by the grant under this section on the local
21 area serviced by the program, including
22 such effects on—

23 “(I) children and adolescents’
24 health and well-being;

1 “(II) the number of children who
2 enter into or depart from foster serv-
3 ices; and

4 “(III) homelessness and housing
5 insecurity.

6 “(B) STUDY.—

7 “(i) IN GENERAL.—Not later than 7
8 years after the date of enactment of this
9 section, the Assistant Secretary for Plan-
10 ning and Evaluation of the Department of
11 Health and Human Services shall—

12 “(I) complete a study on the re-
13 sults of the grant program under this
14 section using the community-based
15 participatory action research method,
16 which focuses on social, structural,
17 and physical environmental inequities
18 through active involvement of commu-
19 nity members, clients, organizational
20 representatives, and researchers in all
21 aspects of the research process; and

22 “(II) submit a report on the re-
23 sults of the study to the Congress.

24 “(ii) PARTNERS.—In conducting the
25 study under clause (i), the Assistant Sec-

1 retary for Planning and Evaluation of the
2 Department of Health and Human Serv-
3 ices shall ensure that partners and persons
4 that have participated in the grant pro-
5 gram under this section on every level, es-
6 pecially those such partners or persons re-
7 ceiving services and support through the
8 program, have an opportunity to contribute
9 their expertise to evaluating the strategy
10 and outcomes.

11 “(k) REPORT.—Not later than three months after the
12 completion of the evaluation required by subsection (j)(2),
13 the Assistant Secretary for Planning and Evaluation of
14 the Department of Health and Human Services shall sub-
15 mit to Congress and make available to the public on the
16 internet website of the Department of Health and Human
17 Services a report based upon the evaluation under sub-
18 section (j)(2), to include—

19 “(1) the impact of the program under this sec-
20 tion on homelessness and housing insecurity, sub-
21 stance use disorder and drug deaths, incarceration,
22 foster system involvement, and other child and fam-
23 ily outcomes as identified by the Assistant Secretary
24 for Planning and Evaluation of the Department of
25 Health and Human Services;

1 “(2) an analysis of which elements of the pro-
2 gram should be replicated and scaled by govern-
3 mental or non-governmental entities; and

4 “(3) such recommendations for legislation and
5 administrative action as the Secretary determines
6 appropriate.

7 “(1) DEFINITIONS.—In this section:

8 “(1) The term ‘adverse childhood experience’
9 means a potentially traumatic experience that occurs
10 in childhood and can have a tremendous impact on
11 the child’s lifelong health and opportunity outcomes,
12 such as any of the following:

13 “(A) Abuse, such as any of the following:

14 “(i) Emotional and psychological
15 abuse.

16 “(ii) Physical abuse.

17 “(iii) Sexual abuse.

18 “(B) Household challenges such as any of
19 the following:

20 “(i) A household member is treated
21 violently.

22 “(ii) A household member has a sub-
23 stance use disorder.

24 “(iii) A household member has a men-
25 tal health condition.

1 “(iv) Parental separation or divorce.

2 “(v) A household member is incarcerated,
3 ated, placed in immigrant detention, or has
4 been deported.

5 “(vi) A household member has a life-
6 threatening illness such as COVID-19.

7 “(C) Neglect.

8 “(D) Living in—

9 “(i) impoverished communities that
10 lack access to human services;

11 “(ii) areas of high unemployment
12 neighborhoods; or

13 “(iii) communities experiencing de
14 facto segregation.

15 “(E) Experiencing food insecurity and
16 poor nutrition.

17 “(F) Witnessing violence.

18 “(G) Involvement with the foster system.

19 “(H) Experiencing discrimination.

20 “(I) Dealing with historical and ongoing
21 traumas due to systemic and interpersonal rac-
22 ism.

23 “(J) Dealing with historical and ongoing
24 traumas regarding systemic and interpersonal
25 sexism, homophobia, biphobia, and transphobia.

1 “(K) Dealing with the threat of deporta-
2 tion or detention as a result of immigration sta-
3 tus.

4 “(L) The impacts of multigenerational pov-
5 erty resulting from limited educational and eco-
6 nomic opportunities.

7 “(M) Living through natural disasters
8 such as earthquakes, forest fires, floods, or hur-
9 ricanes.

10 “(2) The term ‘eligible entity’ means a State or
11 local health department.

12 “(3) The term ‘practice of conversion ther-
13 apy’—

14 “(A) means any practice or treatment by
15 any person that seeks to change another indi-
16 vidual’s sexual orientation or gender identity,
17 including efforts to change behaviors or gender
18 expressions, or to eliminate or reduce sexual or
19 romantic attractions or feelings toward individ-
20 uals of the same gender, if such person receives
21 monetary compensation in exchange for any
22 such practice or treatment; and

23 “(B) does not include any practice or
24 treatment that does not seek to change sexual
25 orientation or gender identity and—

1 “(i) provides assistance to an indi-
2 vidual undergoing a gender transition; or

3 “(ii) provides acceptance, support,
4 and understanding of a client or facilita-
5 tion of a client’s coping, social support,
6 and identity exploration and development.

7 “(m) **AUTHORIZATION OF APPROPRIATIONS.**—There
8 is authorized to be appropriated to carry out this section
9 for the period of fiscal years 2025 through 2032—

10 “(1) to carry out subsection (a)(1) through the
11 award of grants under subsection (b)—

12 “(A) \$47,500,000 for grants; and

13 “(B) such sums as may be necessary for
14 the administrative costs of carrying out such
15 subsection; and

16 “(2) \$7,500,000 to carry out the evaluation
17 under subsection (a)(2).”.

18 **SEC. 3. CARE COORDINATION GRANTS.**

19 Part E of title XII of the Public Health Service Act
20 (42 U.S.C. 300d–51 et seq.) is amended by adding at the
21 end the following:

22 **“SEC. 1255. CARE COORDINATION GRANTS.**

23 “(a) **IN GENERAL.**—The Secretary shall award
24 grants to eligible entities to establish or expand trauma-
25 informed care coordination services to support—

1 “(1) children aged 0 through 5 at risk of ad-
2 verse childhood experiences; and

3 “(2) their caregivers, including prenatal people
4 of any age.

5 “(b) NUMBER OF GRANTS.—Subject to the avail-
6 ability of appropriations, the Secretary shall award not
7 fewer than 9 and not more than 40 grants under this sec-
8 tion.

9 “(c) AMOUNT OF GRANTS.—Subject to the avail-
10 ability of appropriations, the amount of a grant under this
11 section for a fiscal year shall be—

12 “(1) not less than \$250,000; and

13 “(2) not more than \$1,000,000.

14 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
15 a grant under this section, an entity shall be a local gov-
16 ernment or Indian Tribe, acting through the public health
17 department thereof if such government or Tribe has a
18 public health department.

19 “(e) PRIORITY.—

20 “(1) IN GENERAL.—In awarding grants under
21 this section, the Secretary shall give priority to eligi-
22 ble entities proposing to serve communities with a
23 high need for trauma-informed care coordination
24 services, as demonstrated by indicators such as—

1 “(A) pregnant people who face barriers to
2 prenatal care;

3 “(B) mortality or morbidity of people giving birth or infants;

5 “(C) caretakers and parents who are living
6 with a mental health condition or substance use
7 disorder;

8 “(D) a high prevalence of community violence, including domestic violence, as demonstrated by instances of homicide and public
10 health statistics, including treatment of injury
11 or trauma;

13 “(E) high proportions of low-income children;

15 “(F) a high prevalence of child fatalities or
16 near fatalities related to child abuse and neglect;

18 “(G) significant disparities in health outcomes for people giving birth and infants;

20 “(H) a high rate of exclusionary discipline
21 and referrals to law enforcement; and

22 “(I) a high rate of homelessness and housing instability.

24 “(2) DATA FROM TRIBAL AREAS.—The Secretary, acting through the Director of the Indian
25

1 Health Service, shall consult with Indian Tribes to
2 establish criteria to measure indicators of need, for
3 purposes of paragraph (1), with respect to Tribal
4 areas.

5 “(f) USE OF FUNDS.—

6 “(1) REQUIRED USES.—

7 “(A) IN GENERAL.—A grant received
8 under this section shall be used to establish or
9 expand gender-responsive, culturally specific,
10 trauma-informed care coordination services, in-
11 cluding by instituting and conducting risk and
12 needs assessments including—

13 “(i) using strengths-based approaches
14 focused on protective factors for children
15 and their caregivers, including prenatal
16 people of any age; and

17 “(ii) inputting screening results into a
18 centralized intake system to promote a sin-
19 gle point of access system across providers
20 and services.

21 “(B) TRAINING.—A grant received under
22 this section shall be used to ensure that individ-
23 uals employed through the grant funds, in
24 whole or in part, have received sufficient and
25 up-to-date training on trauma-informed care

1 and strategies that are reparative, culturally
2 sensitive, gender-responsive, and healing-cen-
3 tered.

4 “(2) PERMISSIBLE USES.—A grant received
5 under this section may be used for any of the fol-
6 lowing:

7 “(A) Employing care coordinators, case
8 managers, community health workers, certified
9 infant mental health specialists, and outreach
10 and engagement specialists to work with chil-
11 dren and their caregivers, including prenatal in-
12 dividuals, to prevent and respond to adverse
13 childhood experiences by connecting clients with
14 culturally specific, trauma-informed care treat-
15 ment services, including economic, social, food,
16 and housing supports.

17 “(B) Providing training described in para-
18 graph (1)(B) to community health providers
19 and community partners.

20 “(C) Expanding, enhancing, modifying,
21 and connecting the existing network of commu-
22 nity programs and services to achieve a more
23 comprehensive and coordinated system of care
24 approach, including—

1 “(i) developing local infrastructure to
2 bolster and shape community support sys-
3 tems and map and build access to services
4 in a coordinated and comprehensive way;
5 and

6 “(ii) creating infrastructure to con-
7 duct outreach to children and families, in-
8 cluding those experiencing homelessness
9 and housing instability, so they acquire ac-
10 cess to the services and supports they need
11 and the benefits to which they are entitled.

12 “(D) Compiling information on resources
13 (including any referral services) available
14 through community-based organizations and
15 local, State, and Federal agencies, such as—

16 “(i) programs addressing social deter-
17 minants of health, including—

18 “(I) emergency, temporary, and
19 long-term housing;

20 “(II) programs that offer free or
21 affordable and nutritious food;

22 “(III) vocational and workforce
23 development; and

24 “(IV) transportation supports;

1 “(ii) home visiting programs for new
2 parents and their infants;

3 “(iii) workforce development programs
4 to support caregivers in skill building;

5 “(iv) trauma-responsive, parenting
6 skills-building programs;

7 “(v) the continuum of substance use
8 prevention, intervention, and treatment
9 programs and mental health support pro-
10 grams, including programs with trauma-in-
11 formed, gender-responsive, and culturally
12 specific counseling; and

13 “(vi) childcare support and early
14 childhood education, including Head Start
15 and Early Head Start programs.

16 “(E) Subject to subsection (g)(2), estab-
17 lishing or updating a database that compiles
18 data used to track the effectiveness of the care
19 coordination services funded through the grant.

20 “(F) Developing and implementing referral
21 partnership agreements with community-based
22 organizations, parent organizations, substance
23 use disorder treatment providers and facilities,
24 housing and shelter providers, health care pro-
25 viders, mental health care providers, and Fed-

1 eral and State offices and programs that imple-
2 ment practices to support children ages 0
3 through 5 who are at risk of adverse childhood
4 experiences and their caregivers, including pre-
5 natal people. Such practices shall include—

6 “(i) a bilateral ‘warm handoff’ system
7 whereby a grantee understands the needs
8 of the children and their families, and fam-
9 ilies are involved in addressing these needs;
10 and

11 “(ii) an active service connection
12 whereby the children and families are each
13 actively connected with a resource in a
14 well-coordinated way that ensures avail-
15 ability and direct contact.

16 “(G) Supporting cross-system planning
17 and collaboration among employees who may
18 work in emergency medical services, health care
19 services, public health, early childhood edu-
20 cation, and substance use disorder treatment
21 and recovery support.

22 “(H) Providing or subsidizing services to
23 address barriers that children, prenatal individ-
24 uals, and caregivers face to utilizing community
25 resources and services, such as by providing or

1 subsidizing transportation or childcare costs as
2 applicable and within reasonable amounts.

3 “(I) Creating or expanding infrastructure
4 and investing in technology, including the provi-
5 sion of communications technology and internet
6 service to children and their caregivers, to en-
7 able increased telemedicine capabilities to reach
8 participants.

9 “(3) INDIAN TRIBES.—In the case of an eligible
10 entity that is an Indian tribe, the Secretary may
11 waive such provisions of this subsection as the Sec-
12 retary determines appropriate.

13 “(4) PROHIBITIONS.—In addition to any other
14 prohibitions determined by the Secretary, an eligible
15 entity may not use a grant under this section to—

16 “(A) use data analysis methods to inform
17 individual case decisions, including child re-
18 moval or placement decisions, or to target serv-
19 ices at certain individuals or families;

20 “(B) require any individual or family to
21 participate in any service or program as a con-
22 dition of receipt of a benefit to which the indi-
23 vidual or family is otherwise eligible; or

24 “(C) increase the presence or funding of
25 law enforcement surveillance, involvement, or

1 activity in connection with trauma-informed
2 care coordination services supported pursuant
3 to this section.

4 “(g) REQUIREMENTS.—As a condition on receipt of
5 a grant under this section, an eligible entity shall agree
6 to each of the following funding conditions:

7 “(1) RESTRICTION OF FUNDING ALLOCATION.—
8 The eligible entity will not use more than 30 percent
9 of the funds made available to the entity through the
10 grant (for the total grant period) to establish or up-
11 date a database pursuant to subsection (f)(2)(E).

12 “(2) ACCESSIBLE SETTING.—

13 “(A) IN GENERAL.—The eligible entity will
14 ensure that all care coordination services pro-
15 vided through the grant are provided in a set-
16 ting that is accessible, including through mobile
17 settings, to—

18 “(i) low-income or no-income individ-
19 uals, including individuals experiencing
20 homelessness or housing instability; and

21 “(ii) individuals in rural areas.

22 “(B) COMMUNITY OUTREACH.—In com-
23 plying with subparagraph (A), the eligible entity
24 will ensure that at least 50 percent of the care
25 coordination services provided through the

1 grant occur in community settings that are con-
2 venient to the children and caregivers who are
3 being served, such as homes, schools, and shel-
4 ters, whether for initial outreach or as part of
5 long-term care.

6 “(3) SUPPLEMENT NOT SUPPLANT.—The grant
7 will be used to supplement not supplant other Fed-
8 eral, State, or local funds available for care coordi-
9 nation services.

10 “(4) CONFIDENTIALITY.—The eligible entity
11 will maintain the confidentiality of individuals receiv-
12 ing services through the grant in a manner con-
13 sistent with applicable law.

14 “(5) PARTNERING; RISK STRATIFICATION.—In
15 providing care coordination services through the
16 grant, the eligible entity will—

17 “(A) partner with community-based orga-
18 nizations with experience serving child popu-
19 lations prenatally through age 5;

20 “(B) coordinate with the local agency re-
21 sponsible for administering the State plan ap-
22 proved under title XIX of the Social Security
23 Act; and

1 “(C) employ risk stratification to develop
2 different effective models of care for different
3 populations based on their needs.

4 “(h) APPLICATION.—

5 “(1) IN GENERAL.—To seek a grant under this
6 section, an eligible entity shall submit an application
7 to the Secretary at such time, in such manner, and
8 containing such information, as the Secretary may
9 require.

10 “(2) CONTENTS.—An application under para-
11 graph (1) shall, at a minimum, contain each of the
12 following:

13 “(A) Goals to be achieved through the
14 grant, including the activities that will be un-
15 dertaken to achieve those goals.

16 “(B) The number of individuals likely to
17 be served through the grant, including demo-
18 graphic data on the populations to be served.

19 “(C) Existing programs and services that
20 can be used to significantly increase the propor-
21 tion of children and families who receive needed
22 supports and services.

23 “(D) A plan for expanding, coordinating,
24 or modifying the existing network of programs
25 and services to meet the needs of children and

1 families for preventing and mitigating the traumatic impact of adverse childhood experiences.

3 “(E) A demonstration of the ability of the
4 eligible entity to reach the individuals to be
5 served, including by partnering with local stakeholders.
6

7 “(F) An indication of how the personnel
8 involved are reflective of the communities to be
9 served.

10 “(G) A list of stakeholders with whom the
11 entity plans to partner or consult.

12 “(i) REPORTING BY GRANTEES.—Not later than 4
13 years after the date of enactment of this section, an eligible entity receiving a grant under this section shall submit
14 to the Secretary a report on the activities funded through
15 the grant. Such report shall include, at a minimum, a description of—
17

18 “(1) the number of individuals served through
19 activities funded through the grant, including demographics as applicable;
20

21 “(2) the number of referrals made through the
22 grant and the rate of such referrals successfully
23 linked or closed;

1 “(3) a qualitative analysis or number of collabo-
2 rative partnerships with other organizations in car-
3 rying out the activities funded through the grant;

4 “(4) the number of services provided to individ-
5 uals through the grant;

6 “(5) aggregated and de-identified outcomes ex-
7 perienced by individuals served through the grant
8 such as—

9 “(A) the rate of successful service connec-
10 tions;

11 “(B) any increases in development of pro-
12 tective factors for children;

13 “(C) any increase in development of pro-
14 tective factors for the caregivers;

15 “(D) any mitigation of the negative out-
16 comes associated with adverse childhood experi-
17 ences or decreased likelihood of children experi-
18 encing an adverse childhood experience as evi-
19 denced by—

20 “(i) decreased presence of law en-
21 forcement or other punitive State surveil-
22 lance in the community;

23 “(ii) a parent completing substance
24 use treatment;

1 “(iii) a parent receiving voluntary
2 treatment for mental health-related condi-
3 tions;

4 “(iv) a family entering into or main-
5 taining a stable housing situation;

6 “(v) a family achieving or maintaining
7 economic security;

8 “(vi) a parent achieving or maintain-
9 ing job stability; or

10 “(vii) a child meeting developmental
11 markers for school readiness; and

12 “(E) reports of satisfaction with the co-
13 ordination of care by people served; and

14 “(6) any other information required by the Sec-
15 retary.

16 “(j) CONVENING PARTICIPANTS FOR SHARING LES-
17 SONS LEARNED.—After the period of all grants awarded
18 under this section has concluded, the Assistant Secretary
19 for Planning and Evaluation of the Department of Health
20 and Human Services shall provide an in-person or online
21 opportunity for persons participating in the programs
22 funded through this section to share with each other—

23 “(1) lessons learned;

24 “(2) challenges experienced; and

25 “(3) ideas for next steps and solutions.

1 “(k) COMPILING FINDINGS AND CONCLUSIONS.—
2 After providing the opportunity required by subsection (j),
3 the Secretary shall—

4 “(1) compile the findings and conclusions of
5 grantees under this section on the provision of care
6 coordination services described in subsection (a);

7 “(2) submit a report on such findings and con-
8 clusions to the appropriate congressional commit-
9 tees; and

10 “(3) make such report publicly available.

11 “(l) DEFINITIONS.—In this section:

12 “(1) ADVERSE CHILDHOOD EXPERIENCE.—The
13 term ‘adverse childhood experience’ means a poten-
14 tially traumatic experience that occurs in childhood
15 and can have a tremendous impact on the child’s
16 lifelong health and opportunity outcomes, such as
17 any of the following:

18 “(A) Abuse, such as any of the following:

19 “(i) Emotional and psychological
20 abuse.

21 “(ii) Physical abuse.

22 “(iii) Sexual abuse.

23 “(B) Household challenges such as any of
24 the following:

1 “(i) A household member is treated
2 violently.

3 “(ii) A household member has a sub-
4 stance use disorder.

5 “(iii) A household member has a men-
6 tal health condition.

7 “(iv) Parental separation or divorce.

8 “(v) A household member is incarcer-
9 ated, placed in immigrant detention, or has
10 been deported.

11 “(vi) A household member has a life-
12 threatening illness such as COVID-19.

13 “(C) Neglect.

14 “(D) Living in—

15 “(i) impoverished communities that
16 lack access to human services;

17 “(ii) areas of high unemployment
18 neighborhoods; or

19 “(iii) communities experiencing de
20 facto segregation.

21 “(E) Experiencing food insecurity and
22 poor nutrition.

23 “(F) Witnessing violence.

24 “(G) Involvement with the foster system.

25 “(H) Experiencing discrimination.

1 “(I) Dealing with historical and ongoing
2 traumas due to systemic and interpersonal rac-
3 ism.

4 “(J) Dealing with historical and ongoing
5 traumas regarding systemic and interpersonal
6 sexism, homophobia, biphobia, and transphobia.

7 “(K) Dealing with the threat of deporta-
8 tion or detention as a result of immigration sta-
9 tus.

10 “(L) The impacts of multigenerational pov-
11 erty resulting from limited educational and eco-
12 nomic opportunities.

13 “(M) Living through natural disasters
14 such as earthquakes, forest fires, floods, or hur-
15 ricanes.

16 “(2) CARE COORDINATION.—The term ‘care co-
17 ordination’ means an active, ongoing process that—

18 “(A) assists children ages 0 through 5 at
19 risk of, or who have experienced, an adverse
20 childhood experience, and their caregivers, in-
21 cluding prenatal people of any age, to identify,
22 access, and use community resources and serv-
23 ices;

24 “(B) is client-centered and comprehensive
25 of the services a child or caregiver may need;

1 “(C) ensures a closed loop referral by ob-
2 taining feedback from the families served; and

3 “(D) works across systems and services to
4 promote collaboration to effectively meet the
5 needs of community members.

6 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
7 has the meaning given such term in section 4 of the
8 Indian Self-Determination and Education Assistance
9 Act.

10 “(4) PROTECTIVE FACTORS.—The term ‘protec-
11 tive factors’ refers to any supportive element in a
12 child or caretaker’s life that helps the child or care-
13 taker to withstand trauma such as a stable school
14 environment or supportive peer relationships.

15 “(m) AUTHORIZATION OF APPROPRIATIONS.—

16 “(1) IN GENERAL.—To carry out this section,
17 there is authorized to be appropriated \$15,000,000
18 for each of the 5 fiscal years following the fiscal year
19 in which this section is enacted.

20 “(2) GRANTS TO INDIAN TRIBES.—Of the
21 amount made available to carry out this section for
22 a fiscal year, the Secretary shall use not less than
23 10 percent of such amount for grants to eligible en-
24 tities that are Indian tribes.

1 “(3) ADMINISTRATIVE EXPENSES.—Of the
2 amount made available to carry out this section for
3 a fiscal year, the Secretary may use not more than
4 15 percent of such amount for administrative ex-
5 penses, including the expenses of the Assistant Sec-
6 retary for Planning and Evaluation of the Depart-
7 ment of Health and Human Services for compiling
8 and reporting information.

9 “(4) TECHNICAL ASSISTANCE.—Of the amount
10 made available to carry out this section for a fiscal
11 year, the Secretary may reserve up to 5 percent of
12 such amount to provide technical assistance to eligi-
13 ble entities in preparing and submitting applications
14 under this section.”.

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