

114TH CONGRESS  
1ST SESSION

# S. 1494

To amend the Public Health Service Act to reauthorize and update the National Child Traumatic Stress Initiative for grants to address the problems of individuals who experience trauma and violence related stress.

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IN THE SENATE OF THE UNITED STATES

JUNE 3, 2015

Mrs. MURRAY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to reauthorize and update the National Child Traumatic Stress Initiative for grants to address the problems of individuals who experience trauma and violence related stress.

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 “Children’s Recovery  
5 from Trauma Act”.

1 **SEC. 2. GRANTS TO ADDRESS THE PROBLEMS OF INDIVID-**  
 2 **UALS WHO EXPERIENCE TRAUMA AND VIO-**  
 3 **LENCE RELATED STRESS.**

4 Section 582 of the Public Health Service Act (42  
 5 U.S.C. 290hh-1) is amended to read as follows:

6 **“SEC. 582. GRANTS TO ADDRESS THE PROBLEMS OF INDI-**  
 7 **VIDUALS WHO EXPERIENCE TRAUMA AND VI-**  
 8 **OLENCE RELATED STRESS.**

9 “(a) IN GENERAL.—The Secretary shall award  
 10 grants, contracts or cooperative agreements to public and  
 11 nonprofit private entities, as well as to Indian tribes and  
 12 tribal organizations, for the purpose of developing and  
 13 maintaining programs that provide for—

14 “(1) the continued operation of the National  
 15 Child Traumatic Stress Initiative (referred to in this  
 16 section as the ‘NCTSI’) and focus on the mental, be-  
 17 havioral, and biological aspects of psychological trau-  
 18 ma response; and

19 “(2) the development of knowledge with regard  
 20 to evidence-based practices for identifying and treat-  
 21 ing mental, behavioral, and biological disorders of  
 22 children and youth resulting from witnessing or ex-  
 23 periencing a traumatic event.

24 “(b) PRIORITIES.—In awarding grants, contracts or  
 25 cooperative agreements under subsection (a)(2) (related to  
 26 the development of knowledge on evidence-based practices

1 for treating mental, behavioral, and biological disorders  
2 associated with psychological trauma), the Secretary shall  
3 give priority to universities, hospitals, mental health agen-  
4 cies, and other community-based child-serving programs  
5 that have established clinical and research experience in  
6 the field of trauma-related mental disorders.

7 “(c) COORDINATING CENTER.—In carrying out sub-  
8 section (a), the Secretary shall award one cooperative  
9 agreement to a comprehensive national coordinating cen-  
10 ter to oversee NCTSI activities (in this section referred  
11 to as the ‘NCTSI coordinating center’).

12 “(d) CHILD OUTCOME DATA.—The NCTSI coordi-  
13 nating center shall collect, analyze, and report NCTSI-  
14 wide child outcome and process data for the purpose of  
15 establishing the effectiveness, implementation, and clinical  
16 utility of early identification and delivery of evidence-based  
17 treatment and services delivered to children and families  
18 served by the NCTSI grantees.

19 “(e) TRAINING.—The NCTSI coordinating center  
20 shall oversee the continuum of interprofessional training  
21 initiatives in evidence-based and trauma-informed treat-  
22 ments, interventions, and practices offered to NCTSI  
23 grantees and providers in all child-serving systems.

24 “(f) PREVENTION.—The NCTSI coordinating center  
25 shall include a focus on the development of prevention

1 services and resources as they relate to the prevention of  
2 exposure to traumatic events and to early intervention  
3 programs focused on the prevention of the long term con-  
4 sequences of child trauma.

5       “(g) RESEARCH.—The NCTSI coordinating center  
6 shall establish an ongoing collaboration with Federal re-  
7 search institutions, including at the National Institutes of  
8 Health and the Centers for Disease Control and Preven-  
9 tion, for the purpose of sharing NCTSI expertise and eval-  
10 uation data, conducting joint evaluation projects, and in-  
11 forming national research priorities related to child trau-  
12 ma.

13       “(h) DISSEMINATION.—The NCTSI coordinating  
14 center shall collaborate with the Secretary in the dissemi-  
15 nation of evidence-based and trauma-informed interven-  
16 tions, treatments, products, and other resources to all  
17 child-serving systems, collaborating Federal agencies, and  
18 policymakers.

19       “(i) REVIEW.—The Secretary shall establish con-  
20 sensus-driven, in-person or teleconference review of  
21 NCTSI applications by child trauma experts and review  
22 criteria related to expertise and experience related to child  
23 trauma and evidence-based practices.

24       “(j) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
25 shall ensure that grants, contracts or cooperative agree-

1 ments under subsection (a) are distributed equitably  
2 among the regions of the United States and among urban  
3 and rural areas. Notwithstanding the previous sentence,  
4 expertise and experience in the field of trauma-related dis-  
5 orders shall be prioritized in the awarding of such grants  
6 as required under subsection (b).

7       “(k) EVALUATION.—The Secretary, as part of the  
8 application process, shall require that each applicant for  
9 a grant, contract or cooperative agreement under sub-  
10 section (a) submit a plan for the rigorous evaluation of  
11 the activities funded under the grant, contract or agree-  
12 ment, including both process and outcome evaluation, and  
13 the submission of an evaluation at the end of the project  
14 period.

15       “(l) DURATION OF AWARDS.—With respect to a  
16 grant, contract or cooperative agreement under subsection  
17 (a), the period during which payments under such an  
18 award will be made to the recipient shall be 6 years. Such  
19 grants, contracts, or cooperative agreements may be re-  
20 newed. Expertise and experience in the field of trauma-  
21 related disorders shall be a priority for new and continuing  
22 awards.

1       “(m) AUTHORIZATION OF APPROPRIATIONS.—There  
2 is authorized to be appropriated to carry out this section,  
3 \$50,000,000 for each of fiscal years 2016 through 2020.”.

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