

STRONG Support for Children Act

Services and Trauma-informed Research of Outcomes in Neighborhood Grants for Support for Children Act of 2021

Introduced by Congresswoman Ayanna Pressley (MA-07) and Chairwoman Carolyn B. Maloney (NY-12)

Section-by-Section

The STRONG Support for Children Act will support communities in addressing the root causes of childhood trauma through reparative, healing-centered, neighborhood based, gender responsive, culturally specific, and trauma informed approaches that recognize the role that systemic racism and inequities have played in traumatizing children for generations.

SECTION 1. Short Title

- This Act is called the “Services and Trauma-informed Research of Outcomes in Neighborhood Grants for Support for Children Act of 2021” or the “STRONG Support for Children Act”.

SECTION 2. Findings

- Congress finds that –
 - Childhood trauma costs the United States thousands of lives and billions of dollars
 - Childhood trauma is a public health issue caused by both traumatic events and persistent exposure to adverse childhood experiences that are generational and often lead to complex trauma and toxic stress impacting brain development and triggering epigenetics
 - Any federal effort to prevent and treat trauma must acknowledge and address the impact of historic and systemic causal factors such as racism, police brutality, poverty, gender-based violence, western colonization, family separation immigration policies, and war
 - The COVID-19 global health pandemic has increased and exacerbated the trauma inflicted on young people, especially those who live in the hardest hit communities, whose parents are essential workers, have become housing insecure, and are isolated amidst increased domestic violence and sexual assault

SECTION 3. Data Analysis and Strategy Implementation to Prevent and Mitigate Childhood Trauma Grants

Authorizes a grant program within the Department of Health and Human Services to support up to five local Public Health Departments in developing and implementing programs that use data in order to prevent and mitigate childhood trauma. Grants are authorized for seven years and will be no more than \$9,500,000.

Grantees would be required to use system dynamic modeling and serve geographic regions, such as census tracts, with high rates of adverse childhood experiences or adversity, including high rates of poor public health outcomes, foster system involvement, incarceration, exclusionary discipline practices in K-12 schools, poverty, and housing instability.

- **Uses of Funds:** Funds may be used to identify geographic regions, such as census tracts, with high rates of adverse childhood experiences or adversity, such as high rates of poor public health outcomes, foster system involvement, exclusionary discipline practices in K-12 schools,

incarceration, poverty, housing instability, and inequity. Grantees will identify, implement, and evaluate strategies and supports focused on serving children between the ages of 0-17 and youth transitioning out of the foster system, their parents and caregivers, and prenatal individuals.

Strategies may include:

- Economic, nutrition, and housing support;
 - Mental health and substance use disorder prevention and care that is culturally competent, voluntary, and noncoercive;
 - Home visiting programs, training and education on parenting skills, family and intimate partner violence prevention services;
 - Wraparound programs for transitioning youth and youth currently in the foster system;
 - Child advocacy center programming; and
 - Programming to support LGBTQI+ youth and their families.
- **Subgrants:** To ensure strategies and interventions are reflective of community needs, local Public Health Department grantees would be required to subgrant at least 25% of grants to community-based organizations.
 - **Application Requirements:** Public Health Departments are required to demonstrate in the application that they utilize trauma-informed, culturally specific, and gender responsive practices and that they have trained their staff in such practices. Applicants must also describe their plans to provide children and families with services in an accessible and linguistically appropriate manner, consistent with local needs. Applicants are required to describe their project plan and the ways in which they will utilize data to improve outcomes for children in the geographic area.
 - **Evaluation:** The Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services is required to coordinate the evaluation of project effectiveness and ensure data accuracy. The evaluation will also include results from a Participatory Action Research study, wherein all subgrantees, participants, and partners, especially those receiving services, are involved in evaluating effectiveness and making recommendations on improvements to the Secretary.
 - **Study/Report:** The Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services shall submit to Congress and make available to the public their evaluation of the impact of the program on homelessness and housing insecurity, substance use and drug related deaths, incarceration, foster system involvement, and other child and family outcomes, and make recommendations for further Federal action based on such analysis.

SECTION 4. Care Coordination Grants

Authorizes a grant program within the Department of Health and Human Services to support up to 40 local Public Health Departments in increasing the care coordination capacity for children up to 5 years of age and their caregivers.

- **Priority:** Priority will be given to eligible entities proposing to serve communities with a high need for trauma-informed care coordination. Factors under consideration include, high numbers of pregnant people who face barriers to prenatal care, high rates of infant or maternal mortality, high proportions of low-income children, high rates of exclusionary discipline in K-12 schools, or high rates of homelessness.

- **Uses of Funds:** Grantees will use funds to:
 - Hire care coordinators, case managers, community health workers, infant mental health specialists, and outreach specialists;
 - Train providers on trauma-informed care strategies;
 - Remove barriers to services by subsidizing childcare and transportation costs and investing in telehealth infrastructure and technology; and
 - Strengthen the coordination of the existing network of community programs to increase access for eligible individuals to existing services such as housing, workforce training, food and transportation support, violence prevention programs, childcare support, parenting skills-building, transitioning foster youth support, LGBTQIA+ programming for children and parents, and mental health and substance use disorder prevention and care that is voluntary and noncoercive.

- **Application Requirements:** Grantees are required to demonstrate how all care coordination services will be accessible, including through mobile settings to low-income or no-income individuals and individuals in rural areas. Grantees must also provide 50% of services in a setting that is convenient to those being served, including shelters, homes, and schools.

- **Evaluation:** Entities must submit to the Secretary a report on activities funded by the grant, as well as the rate of successful service connections, increase in development of protective factors for children and caregivers, decrease in presence of law enforcement and other punitive state surveillance, families achieving or maintaining housing, job and economic stability, and other metrics.

PROHIBITIONS

Entities may not use a grant to inform individual case decisions, including child removal or placement, require any individual to participate as a condition of receipt of a benefit to which they are otherwise eligible, enable the practice of conversion therapy, or increase the presence or funding of law enforcement surveillance, involvement, or activity in implementing strategies.

DEFINITIONS

- **System Dynamic Modeling:** A method of data analysis and predictive modeling that utilizes community-based participatory research methods for involving community in the process of understanding and changing systems and evaluating outcomes of grants with consideration of a multitude of environmental risk factors and the identification of cross-sector responses involving reparative, trauma-informed, culturally specific, gender-responsive, and community-based organizations to reduce adverse child outcomes.

- **Protective Factors:** Any supportive element in a child or caretaker's life that helps the child or caretaker to withstand trauma such as a stable school environment or supportive peer relationship.

- **Adverse Childhood Experience:** A potentially traumatic experience that occurs in childhood and can have a tremendous impact on the child's lifelong health and opportunity outcomes, including:

- Abuse such as emotional, psychological, physical, and sexual abuse;
- Household challenges such as, parental separation or divorce or a household member is treated violently, has a substance use disorder, has a mental health condition, is incarcerated, placed in immigrant detention, has been deported, or has a life threatening illness such as COVID-19;
- Neglect;
- Living in impoverished communities that lack access to human services, areas of high unemployment, communities experiencing de facto segregation;
- Experiencing food insecurity and poor nutrition;
- Witnessing violence;
- Involvement with the foster system;
- Experiencing discrimination;
- Dealing with historical and ongoing traumas due to systemic and interpersonal racism;
- Dealing with historical and ongoing traumas regarding systemic and interpersonal sexism, homophobia, biphobia, and transphobia;
- Dealing with the threat of deportation or detention as a result of immigration status;
- The impacts of multigenerational poverty resulting from limited education and economic opportunities; and
- Living through natural disasters such as earthquakes, wildfires, floods, or hurricanes.