

Congress of the United States
Washington, DC 20515

March 28, 2019

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health and Human
Services, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health and Human
Services, and Related Agencies
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman DeLauro and Ranking Member Cole:

Thank you for your continued leadership on issues related to youth and families. As you consider the Labor, Health and Human Services, and Education Fiscal Year 2020 Appropriations bill, we write to express our strong support for provisions related to trauma-informed care authorized in P.L. 115-271, the SUPPORT for Patients and Communities Act.

Childhood traumatic stress is a serious public health issue that has a long-term impact on the development and well-being of our country's young people. Nearly 35 million American youth experience at least one traumatic incident by the age of 16. This can include exposure to mental illness, parental substance abuse, and domestic violence among others. Trauma inflicts stress on the developing brain that can lead to long-term biological and societal outcomes, such as development of chronic disease, mental health disorders, and poverty. Children who have experienced four serious negative experiences are two times as likely not to complete high school, ten times more likely to abuse drugs, and 12 times more likely to commit suicide than children who did not experience any serious adverse experiences. Fortunately, research has shown that there are approaches and interventions that can effectively prevent and mitigate the impact of trauma.

Last year, Congress recognized the importance of identifying children suffering from trauma and intervening early to mitigate its harm when it dedicated an entire section of P.L. 115-271 to trauma-informed care. Although many provisions require no additional appropriations, we request appropriations for the following four provisions:

- **Implementation of New Grants to Expand Evidence-Based Trauma Support Services in Schools.** P.L. 115-271 created new grants to expand evidence-based trauma support services in schools to improve access to research-supported interventions. The law authorizes the Secretary of Education, in coordination with the Assistant Secretary of Mental Health and Substance Use, to make grants to link educational agencies with mental health systems to increase student access to evidence-based trauma services to help prevent and mitigate trauma that children and youth experience. The Secretary shall conduct a rigorous, independent analysis and disseminate findings from the demonstration grants. An appropriation of \$50 million is needed to establish and evaluate these critical grants to help students.

- **Funding to Improve Treatment and Services for Children and Families Who Have Experienced Trauma.** Congress affirmed the importance of treatment and services for children and families who have experienced trauma by increasing the authorization level for the National Child Traumatic Stress Initiative within the Substance Abuse and Mental Health Services Administration. This Initiative provides technical assistance, direct services to communities, support for evaluations, and dissemination of best practices in trauma-informed care for children and families. Funding at FY19 levels for the Initiative will help improve the quality and effectiveness of community-based trauma-focused interventions to help children and adolescents coping with trauma.
- **Implementation of an Interagency Task Force to Identify and Disseminate Best Practices within Federal Grant Programs.** To improve the Federal response to families affected by trauma, P.L. 115-271 directed the establishment of an interagency Task Force to make recommendations regarding best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families. The Task Force will develop a set of best practices regarding prevention strategies, identification of trauma, community-based practices, and state- and local-level partnerships to support children and their families. The Task Force will submit a final report of findings and recommendations to Congress, relevant cabinet Secretaries, Governors, and the general public not less than three years after its first meeting. We request robust funding to support the Task Force and its efforts to determine the national strategy on how federal agencies can implement a coordinated response.
- **Expansion of Research and Understanding of Trauma.** P.L. 115-271 also promised to advance our understanding of trauma on children and youth by authorizing the Centers for Disease Control to support state efforts to collect and report data on adverse childhood experiences through existing public health surveys. By improving data on exposure to adverse childhood experiences through existing surveys - such as the Behavioral Risk Factor Surveillance System, the Youth Risk Behavioral Surveillance System, and other relevant public health surveys – we can improve our understanding of and interventions to address trauma. To support this enhanced focus on trauma, we ask for the following report language:

The Committee encourages CDC to prioritize collection and reporting of data on adverse childhood experiences, including exposure to violence. The Committee also encourages CDC to report on the prevalence of adverse childhood experiences across geography, race and ethnicity, disability and socioeconomic status.

With national suicide and mental health disorder rates in youth on the rise, we ask for your leadership to invest in the tools to identify, understand, address, and mitigate the effects of trauma on children and families. Thank you for your consideration of this request.

Sincerely,



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Member of Congress



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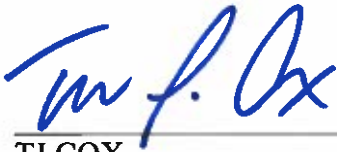
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