

Xx, 2023

The Honorable Patty Murray
Chair
Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Susan Collins
Ranking Member
Appropriations Committee
U.S. Senate
Washington, DC 20510

The Honorable Kay Granger
Chair
Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa Delauro
Ranking Member
Appropriations Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairwoman Murray, Ranking Member Collins, Chairwoman Granger, and Ranking Member Delauro,

On behalf of the Child Trauma and ACEs Policy (CTAP) Working Group, made up of more than 30 national organizations, thank you for your leadership around preventing children and youth from experiencing trauma and addressing it when it does occur.

Increased support to prevent and address child trauma is needed now more than ever. According to new data from the Centers for Disease Control and Prevention (CDC), in 2021, more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic and 44% reported they persistently felt sad or hopeless during the past year. The new analyses also describe some of the severe challenges youth encountered during the pandemic: more than half (55%) reported they experienced emotional abuse by a parent or other adult in the home, including swearing at, insulting, or putting down the student; 11% experienced physical abuse by a parent or other adult in the home, including hitting, beating, kicking, or physically hurting the student; and more than a quarter (29%) reported a parent or other adult in their home lost a job.

We are greatly encouraged and remain appreciative of new funding, increased funding, robust report language and new community directed funding programs related to trauma-informed care in the Fiscal Year 2023 (FY23) appropriations bills. As you consider Fiscal Year 2024 (FY24) appropriations funding, we ask that you build on these successes and continue to support the integration of trauma-informed policies and practices into already existing Federal programs. We also ask that you support those who work with children and youth, enabling a sustainable workforce environment and nurture the partnership of schools, communities, and families to meet the current needs of children and prevent the devastating consequences of unaddressed trauma.

For FY24, we request your support for these key priorities:

Interagency Task Force on Trauma-Informed Care (SAMHSA)

In 2018, Congress passed the SUPPORT Act (P.L. 115-271) which created an Interagency Task Force on Trauma-Informed Care chaired by SAMHSA. This Task Force was directed to identify, evaluate, and make recommendations regarding (1) best practices with respect to children and youth, and their parents and families as appropriate, who have experienced or are at risk of experiencing trauma; and (2) ways in which Federal agencies can better coordinate to improve the Federal response to families impacted by substance use disorders and other forms of trauma. The Interagency Task Force on Trauma-Informed Care is expected to release a report shortly.

- **CTAP recommends dedicated funding of \$2 million for this Task Force in FY24 to continue its work and support an online clearinghouse. We applaud the inclusion of \$2 million in FY23.**

Adverse Childhood Experiences Research (CDC's Injury Center)

The CDC's National Center on Injury Prevention (NCIPC) collects and reports the data on ACEs and uses this data to support comprehensive prevention strategies. This work supports the Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action (EfC: PACE D2A) cooperative agreement, which helps communities better understand the burden of ACEs and implement strategies to prevent ACEs from occurring. Recipients have increased access to economic assistance to families, enhanced efforts to connect youth to care, and implemented short-term and long-term interventions to reduce harms, among other strategies. Currently, they fund 6 recipients and they will at least double that (12-14 recipients) with the new funding announcement which will be released this month—so the modest increases will be very meaningful. For this new award cycle, every \$1M increase would mean 2 additional PACE awards. Local health centers are well-positioned to understand community context around childhood trauma and address equity issues within their local community.

- **CTAP supports \$15 million in continued funding for ACEs surveillance, prevention, and research at NCIPC, which would enable CDC to expand surveillance**

and innovative ACEs prevention activities to additional state health departments or increase support to existing sites. We also support increases for critical topics at NCIPC that help ensure kids, parents, families, and communities are safe and can thrive, including firearm injury and mortality prevention, child sexual abuse prevention, community violence prevention, youth violence prevention, and domestic and sexual violence prevention.

Strategies to Support Children Exposed to Violence Initiative (Department of Justice's OJJDP)

Funding under the Children Exposed to Violence initiative is used to develop support services for children exposed to violence in their homes, schools, and communities. It prevents violence by identifying and addressing the needs of children who are experiencing or witnessing violence, abuse, and other adverse childhood experiences while supporting their parents. The initiative also provides technical assistance for child and family-serving organizations to help them better recognize and help families at risk for violence. Several of last year's grantees are using these grants to also expand their culturally relevant outreach efforts.

- **CTAP supports \$30 million for this initiative in FY24, which would reduce violence in families and communities by focusing on prevention and early intervention. Additional funds would allow for more communities to participate and expand the types of organizations who could participate.**

Project AWARE (SAMHSA)

Project AWARE (Advancing Wellness and Resilience in Education) builds and expands the capacity of State Educational Agencies, in partnership with State Mental Health Agencies, to increase student awareness of mental health issues, provide training for school personnel on mental and behavioral health, and connect school aged youth with needed mental health services. Project AWARE grantees, through the collaboration of state and local systems, seek to promote the healthy development of school-aged youth, provide support to students with significant behavioral and mental health needs, and prevent youth suicide and violence. Considering the trauma and isolation students and families have suffered, with 44% of high school students reporting feeling hopelessness or sadness, funding to build more comprehensive school-based mental health programs and services in partnership with community-based organizations that address equity is even more urgent. We thank you for the supplemental funding included in COVID-19 relief packages.

- We ask that this program continue to receive robust funding in FY24.
- We greatly appreciate inclusion of \$12 million within Project AWARE funds to be marked for Section 7134 school mental health grants and ask that these funds increase to \$25 million, as authorized. Even though these programs have been proven to work repeatedly, very few schools around the country, and specifically in rural communities, have implemented such programs because they lack the funding to do so. Continuing to

grow this specific funding allotment will encourage these programs to take root and expand.

Address childhood trauma through Head Start and Early Head Start (HHS, ACF's Office of Head Start)

Head Start and Early Head Start programs represent a key opportunity to support many of the children and families most adversely affected by trauma. Systemic issues that impacted Head Start programs pre-pandemic, including childhood trauma, were exacerbated and must be addressed. This is demonstrated by increased domestic abuse and plummeting reports of child abuse and neglect. Funding targeted through Head Start to address childhood trauma is shown to have dramatic long-term cost savings.

- **Building on initial investments made in previous appropriation bills, we recommend additional Quality Improvement Funds which can be used to further invest in this proven intervention in FY24, enabling Head Start and Early Head Start programs to address childhood trauma.**

Child Abuse Prevention and Treatment Act (CAPTA) (HHS, ACF's Children's Bureau)

CAPTA is the key federal law dedicated to preventing child maltreatment and supporting families to heal from abuse and ensure meaningful parent leadership in systems improvement. It addresses all forms of abuse and neglect – including physical, sexual, emotional, and medical – and supports families at highest risk for maltreatment through community-based support. , we appreciate the recognition by Congress for the need of this program by including funding for CAPTA in the American Rescue Plan and including modest increases to CAPTA in FY22 appropriations. It is critical that Congress increase its funding to realize the goals and vision of this important law, including both the upstream prevention approaches in Title II (Community-Based Child Abuse Prevention grants) and the approaches that protect children who have already been harmed in Title I (state grants).

- CTAP strongly supports increasing appropriations levels for CAPTA to \$540 million in FY24 - \$270 million per Title I and Title II, with a particular emphasis on Title II CBCAP grants, which provide valuable trauma-informed, community-based supports to families outside of the child welfare system.

Community and Youth Violence (CDC's National Center for Injury Prevention and Control)

Over several decades, CDC's National Center for Injury Prevention and Control (NCIPC) developed evidence-based strategies to reduce community and youth violence. The efforts to implement the strategies are currently implemented through five National Centers of Excellence in Youth Violence Prevention and eight local health departments who are implementing Preventing Violence Affecting Young Lives. Additional funding would ensure the evidence base continues to expand and tailored strategies are implemented to reduce violence in all communities.

CTAP supports \$268 million for NCIPC's community and youth violence prevention, which would expand evidence-based violence prevention efforts at the local level. The funding will ensure partnership with communities to inform implementation of strategies most appropriate for the community. At a critical point in time, this expansion would build on efforts to reduce all forms of violence, but also to reduce adverse childhood experiences (ACEs) and childhood trauma and improve communities so they are safer and healthier environments for youth and families.

Other Opportunities:

CTAP also recommends additional funding to the Department of Labor in coordination with HHS to assist with trauma-informed approaches for youth job-training programs supported by federal funding streams. This targeted investment would support training and hiring of trauma-informed staff, community partnerships for treatment, peer support models, and support for employers to hire young adults transitioning back into the workplace following the pandemic.

CTAP remains supportive of increased funding for many critical programs at HHS that prevent and address childhood trauma. This includes HRSA's Behavioral Health Workforce Education and Training program, the funding for the National Health Service Corps to improve opportunities for paraprofessionals and loan repayment for health professionals, and CDC's National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children, which promotes emotional wellness strategies, trainings, and professional development opportunities for local out-of-school time providers.

Alongside our other priorities, CTAP requests that the language of SAMHSA's Healthy Transitions program includes funding for youth ages 16-24 at-risk of developing a mental illness or substance use disorder who have not been diagnosed, similar to the [original Notice of Funding Opportunity language](#).

Again, our sincere appreciation for the leadership you have demonstrated in responding to the needs of children and youth given the latest research that just under half of youth are experiencing mental health crises like hopelessness or sadness. The members of the Child Trauma and ACEs Policy (CTAP) Working Group will gladly act as a resource should you have any questions. For questions, our co-chairs are Kiersten Stewart, Futures Without Violence, at kstewart@futureswithoutviolence.org, Samuel Chasin, YMCA of the USA, at samuel.chasin@ymca.net, and Jesse Kohler, Campaign for Trauma-Informed Policy and Practice at Jesse@traumacampaign.org.

Sincerely
Family Focused Treatment Association
YMCA of the USA
Center for Law and Social Policy (CLASP)
Boys & Girls Clubs of America

Futures Without Violence
Campaign for Trauma-Informed Policy and Practice

[FY23 signers]

Afterschool Alliance

American Academy of Pediatrics

Child and Adolescent Health Measurement Initiative

Children's Home Society of America

Committee for Children

Communities in Schools

Girls Inc.

MENTOR

National Center on Shared Leadership®

National Crittenton

National Head Start Association

National Parent Teacher Association

National Youth Employment Coalition

Parents Anonymous® | Raising the Future

RAINN

Social Current

Starr Commonwealth

Strengthening Families All Around the World

Trust for America's Health

YWCA USA