

November 22, 2022

The Honorable Frank Pallone, Jr.
Chair
Committee on Energy & Commerce
United States House of Representatives
Washington, D.C. 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Committee on Energy & Commerce
United States House of Representatives
Washington, D.C. 20515

Dear Chair Pallone and Ranking Member McMorris Rodgers:

On behalf of the Child Trauma and ACEs Policy Working Group and other child advocates we commend you on your work to address the violence, mental health, and drug overdose crises.

We understand you are working toward addressing these critical issues by passing mental and behavioral health legislation as part of an end-of-year package. As part of that legislation, **we urge you to include provisions from Senator Durbin and Capito's bipartisan Resilience, Investment, Support, and Expansion (RISE) from Trauma Act (S. 2086)**, which invests in the workforce and community programs necessary to effectively mitigate and address child, family and neighborhood mental health needs. We call on you to specifically include sections 101 and 103 of the RISE from Trauma Act, key levers outlined below, to help our communities thrive.

In their 1998 study, Kaiser Permanente and the Centers for Disease Control and Prevention revealed a powerful correlation between ten specific forms of childhood trauma – called Adverse Childhood Experiences (ACEs) – and behavioral, health, and social problems¹. ACEs include experiencing violence, abuse, or neglect and growing up in a household with domestic violence, substance use, or an incarcerated family member, among others.

Having an ACE is associated with a significantly increased risk for suicide, substance use disorder, and overdose death. The odds of ever attempting suicide are 30 times higher for adults with four or more ACEs than adults with no ACEs². ACEs are associated with a younger age of opioid initiation, injection, drug use, and the likelihood of experiencing an overdose³. Research shows that students experiencing five or more ACEs were 15 times more likely to report opioid misuse than those experiencing no ACEs⁴.

¹Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

² Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, Jones L., Dunne MP. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet*; 2017;2:e356-66.

³Stein MD, Conti MT, Kenney S, et al. Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug Alcohol Depend*. 2017;179:325-329. doi:10.1016/j.drugalcdep.2017.07.007

⁴ Swedo, E. A., Sumner, S. A., de Fijter, S., Werhan, L., Norris, K., Beaugard, J. L., Montgomery, M. P., Rose, E. B., Hillis, S. D., & Massetti, G. M. (2020). Adolescent Opioid Misuse Attributable to Adverse Childhood Experiences. *The Journal of Pediatrics*, 224, 102-109.e3. <https://doi.org/10.1016/j.jpeds.2020.05.001>

The good news is that social scientists and practitioners have identified solutions. By training people in every sector – from clinicians and first responders to educators and community leaders – in trauma prevention, identification, intervention, and treatment, we can reduce exposure and increase protective factors that help children and communities weather stress. Trauma-informed practices have been proven to reduce problematic substance use by 86 percent, child mental health symptoms by 43 percent, and post-traumatic stress disorder symptoms by 65 percent⁵⁶⁷.

The RISE from Trauma Act advances these exact solutions. Of particular importance, Section 101, Trauma and Resilience-Related Coordinating Bodies, and Section 103, Hospital-Based Interventions to Reduce Readmissions will decrease adverse childhood experiences and increase the factors that help children heal.

Section 101 creates a grant program that would support cross-sector community coalitions proven to reduce the impacts of trauma and its long-term effects. Cross sector community coalitions bring together diverse entities and individuals across sectors to create a shared language and understanding about trauma, coordinate strategies and services around prevention, intervention and treatment, and provide maximum support for children, families, and the community. These coalitions coordinate trauma-informed and prevention strategies across many partners that touch children’s lives such as school administrators, clinicians, law enforcement, foster system representatives, local faith leaders, and private sector partners. Such coalitions already exist across the country but a lack of funding means they too often run out of capacity⁸. Because of their cross-sector nature, these projects are often ineligible for existing, siloed funding streams.

Section 103 supports hospital-based trauma interventions to reduce suicide and other mental health readmissions. The grants created in Section 103 will deliver and evaluate hospital-based interventions to improve outcomes and reduce subsequent reinjury or readmissions of patients that present at a hospital after overdosing, attempting suicide, or suffering violent injury or abuse.

Other important provisions in the RISE from Trauma Act provide more tools to train early childhood clinicians, teachers, school leaders, first responders, and community leaders in trauma and trauma-informed care and establish training and certification guidelines to enable insurance reimbursement for community figures, such as mentors, peers, and faith leaders, to address trauma. These creative, community-based and -driven approaches work.

Overdose deaths involving opioids have increased over six times since 1999, leaving a death toll close to

⁵ Coffey, S. F., Schumacher, J. A., Nosen, E., Littlefield, A. K., Henslee, A. M., Lappen, A., & Stasiewicz, P. R. (2016). Trauma-focused exposure therapy for chronic post-traumatic stress disorder and drug dependent patients: A randomized control trial. *Psychology of Addictive Behaviors*, 30(7), 778-790.

⁶ Bunting, L., Montgomery, L., Mooney, S., MacDonald, M., Coulter, S., Hayes, D., Davidson, G. (2019). Trauma-informed child welfare systems: A rapid evidence review. *International Journal of Environmental Research and Public Health*, 16(13), 2365.

Casey Family Programs. (2018). Transforming child welfare systems: Strategy brief. Retrieved from <https://tinyurl.com/tcwsst18>

⁷ Osofsky, H. J., Osofsky, J. D., Hansel, T. C., & Flynn, T. (2017). The Louisiana mental and behavioral health capacity project trauma-informed integrated care model and improved post-traumatic stress outcomes. *Journal of Public Health Management and Practice*, 23(6), S25-S31.

⁸ Curt, J., Press, D. (2022). Trauma-Informed America: What are Cross-Sector Community Coalitions and How Can Congress Support Them?. Retrieved from <https://tinyurl.com/y5hkbsfn>.

1 million in that time span⁹. The overall suicide rate increased by 30 percent between 2000 and 2020¹⁰. Now more than ever, as we work together to address the mental health and drug overdose crises, we must recognize trauma's role and address it head-on. **We consider any legislation aimed at solving the mental health crisis incomplete if it does not address childhood trauma.**

Thank you for your attention to this request. We stand ready to support your work on this important legislation.

Sincerely,

Campaign for Trauma-Informed Policy and Practice
Futures Without Violence
YMCA of the USA
Family Focused Treatment Association
Boys & Girls Club of America
National Parent Teacher Association
Council for a Strong America
Children's Home Society of America
Trust For America's Health
Committee for Children
Center for Law and Social Policy (CLASP)
Girls Inc.
Afterschool Alliance
Social Current

⁹ Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2020. Available at <http://wonder.cdc.gov>.

¹⁰ Garnett MF, Curtin SC, Stone DM. Suicide mortality in the United States, 2000–2020. NCHS Data Brief, no 433. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: <https://dx.doi.org/10.15620/cdc:114217>