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.

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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 percent.\(^5\)

**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 capacity.\(^8\) 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

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1 million in that time span. The overall suicide rate increased by 30 percent between 2000 and 2020. 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*

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