

July 22, 2019

The Honorable Richard Durbin
United States Senate
Washington, DC 20510

The Honorable Shelley Moore-Capito
United States Senate
Washington, DC 20510

The Honorable Tammy Duckworth
United States Senate
Washington, DC 20510

The Honorable Lisa Murkowski
United States Senate
Washington, DC 20510

The Honorable Danny Davis
United States House of Representatives
Washington, DC 20515

The Honorable Mike Gallagher
United States House of Representatives
Washington, DC 20515

RE: Support for RISE (Resilience Investment, Support, and Expansion) from Trauma Act

Dear Senators Durbin, Moore-Capito, Duckworth, Murkowski and Representatives Davis and Gallagher,

The undersigned organizations write to express support for the *RISE (Resilience Investment, Support, and Expansion) from Trauma Act*. Thank you for introducing this important bipartisan legislation, which would expand and support trauma-informed workforce in schools, health care settings, social services, first responders, and the justice system, and increase resources for communities to address the impact of trauma.

Nationwide nearly half of all children - approximately 35 million - have experienced at least one serious trauma and nearly 25 percent of children have had two or more adverse experiences.¹ Youth living in cities are at higher risk for exposure to violence and it is estimated that 50 to 96 percent of urban youth have witnessed or experienced some form of violence in their community.² Earlier this year, a Government Accountability Office (GAO) report stated that “(t)rauma is a widespread, harmful, and costly public health problem...”³ This trauma includes children who see violence in their community as well as those who have a parent with a substance use disorder or a parent who is incarcerated.

While the relationship between a child’s exposure to trauma and its effect on neurological and behavioral development has been studied for more than two decades, community-based organizations and government programs receive only enough funding to treat a small percentage of children and young people who experience trauma. Because most youth have not yet developed the necessary problem solving, conflict resolution, and communication skills to cope

¹ 2011/12 National Survey of Children's Health, <https://www.childhealthdata.org/browse/survey/results?q=2614&r=1>

² G. M. Zimmerman and S. F. Messner, “Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence,” *American Journal of Public Health*, vol. 103, no. 3, pp. 435–442, 2013.

³ GAO, *Children Affected By Trauma: Selected States Report Various Approaches and Challenges to Supporting Children*, GAO-19-388 (Washington, D.C.: Apr. 24, 2019)

with these negative emotions, they can experience long-term negative outcomes from trauma, such as lower school performance, increased rates of substance use disorder, and higher rates of incarceration.⁴ One study found that more than 90 percent of justice-involved youth were exposed to at least one traumatic experience, and the majority were exposed to multiple traumas.⁵ The high social and public health costs of not treating childhood trauma is clear and Congress needs to take further action to address this crisis.

The *RISE from Trauma Act* would address challenges faced by states and communities by investing in workforce, programs, and services needed to address the impact of trauma by:

- Enhancing federal training programs at the U.S. Departments of Health and Human Services, Justice, and Education to provide more tools for early childhood clinicians, teachers, first responders, and selected community leaders;
- Increasing funding for the Health Resources and Services Administration's (HRSA) National Health Service Corps loan repayment program to recruit more mental health clinicians;
- Creating a new HHS grant program to support hospital-based trauma interventions, such as for patients who suffer violent injuries, in order to address mental health needs, prevent re-injury, and improve long-term outcomes;
- Creating a new HHS grant program to fund community-based coalitions that coordinate stakeholders to address trauma;
- Creating a new HHS program to monitor and enforce health insurance parity requirements for coverage of youth mental health services; and
- Expanding and strengthening the AmeriCorps program and several HRSA health profession training programs to prioritize recruitment and programming in communities that have experienced trauma.

Far too many children in the U.S. suffer from trauma and do not receive the services that they need. Thank you again for your leadership on this important issue. We look forward to passage of S.1770/H.R. 3180, the *RISE from Trauma Act* to increase support for children and young people who have been exposed to Adverse Childhood Experiences (ACEs) and trauma.

Sincerely,

Afterschool Alliance
American Psychiatric Association
American Psychological Association
Association of State Criminal Investigative Agencies (ASCIA)
Boys Town
Campaign for Youth Justice
Center for Juvenile Justice Reform, Georgetown University's McCourt School of Public Policy

⁴ Wolff N., Shi J. Childhood and adult trauma experiences of incarcerated persons and their relationship to adult behavioral health problems and treatment. *Int. J. Environ. Res. Public Health*. 2012

⁵ Abram K. M, Teplin L. A, Charles D. R, Longworth S. L, McClelland G. M, Dulcan M. K. *Posttraumatic stress disorder and trauma in youth in juvenile detention*. *Archives of General Psychiatry*. 2004;61:403–410

Center for Law and Social Policy (CLASP)
Child Welfare League of America
Children's Advocacy Institute
Coalition for Juvenile Justice
Collaborative for Academic, Social, and Emotional Learning (CASEL)
Committee for Children
CURE (Citizens United for Rehabilitation of Errants)
First Focus Campaign for Children
Healthy Teen Network
Human Rights for Kids
Justice for Families
Justice Policy Institute
Major Cities Chiefs Association
Mdlogix, Pennsylvania
Medical Decision Logic, Inc.
NAACP
National Association of County Behavioral Health & Developmental Disability Directors
(NACBHDD)
National Association for Rural Mental Health (NARMH)
National Alliance on Mental Illness (NAMI)
National Association of Counsel for Children
National Association of Social Workers
National Council of Churches
National Council of Juvenile and Family Court Judges
National Crittenton
National Organization for Victim Assistance
Operation Restoration
Safer Foundation
School Social Work Association of America
Strategies for Youth, Inc.
Treatment Communities of America
Youth Villages