

September 19, 2018

The Honorable Mitch McConnell
Majority Leader
U.S. Senate

The Honorable Charles Schumer
Minority Leader
U.S. Senate

The Honorable Paul Ryan
Speaker
U.S. House of Representatives

The Honorable Nancy Pelosi
Minority Leader
U.S. House of Representatives

The Honorable Lamar Alexander
Chair
Health, Education, Labor, and
Pensions Committee
U.S. Senate

The Honorable Patty Murray
Ranking Member
Health, Education, Labor, and
Pensions Committee
U.S. Senate

The Honorable Orrin Hatch
Chair
Committee on Finance
U.S. Senate

The Honorable Ron Wyden
Ranking Member
Committee on Finance
U.S. Senate

The Honorable Greg Walden
Chair
Energy and Commerce Committee
U.S. House of Representatives

The Honorable Frank Pallone
Ranking Member
Energy and Commerce Committee
U.S. House of Representatives

The Honorable Kevin Brady
Chair
Committee on Ways and Means
U.S. House of Representatives

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
U.S. House of Representatives

The Honorable Virginia Foxx
Chair
Education and Workforce Committee
U.S. House of Representatives

The Honorable Robert C. Scott
Ranking Member
Education and Workforce Committee
U.S. House of Representatives

Dear Senators and Representatives:

We write to thank you for passing your respective versions of the Opioid Crisis Response Act (H.R. 6) and to encourage you to include all of the Senate-passed provisions related to trauma and the impacts of opioids and substance use disorder on children and families in the final version of the legislation.

We are advocates, researchers, practitioners, and community members with expertise and experience in working with and studying children impacted by traumatic events and adverse childhood experiences. We know from our work and from decades of research that traumatic experiences in childhood (adverse childhood experiences or “ACEs”) can have health and other impacts across the lifespan. ACEs include

abuse, neglect, and household challenges, such as parental substance abuse or domestic violence. According to the CDC, a child exposed to ACEs is at higher risk of developing chronic diseases, engaging in illicit drug use, attempting suicide, and early initiation of sexual activity among other outcomes. As ACE exposure increases, so does the risk for negative outcomes.

The opioid and other drug and alcohol epidemics impacting our nation's communities has and continues to have a tremendous impact on children. The impact on children is clearly visible in the increasing number of referrals to the foster care system of children whose parents are struggling with addiction. Less visible, but no less important, is the underlying trauma experienced by children and the current and future impacts that exposure will have on their lives. In addition, we also know that exposure to other forms of childhood adversity and trauma can lead to substance misuse and addiction and any effort to buffer children against those experiences will help prevent future addiction epidemics and lessen impacts on other systems that serve children, including Medicaid and child welfare.

Although increasing resources for treatment and innovative efforts to staunch the flow of opioids and other drugs into communities are critical, supporting the children harmed by the epidemic should also be a priority in the final version of the Opioid Crisis Response Act. While the House version of H.R. 6 does include provisions related to trauma, we are aligned in support of provisions in the Senate bill aimed at addressing childhood trauma. Specifically, we encourage you to include the following provisions in the final legislation (section numbers are from the text of H.R. 6, as amended and passed by the Senate):

- Section 1414 ("Plans of Safe Care")- Would provide needed assistance to states to help implement provisions to protect substance exposed infants.
- Section 1416 ("National Health Service Corps Behavioral and Mental Health Professionals Providing Obligated Service in Schools and Other Community-based Settings")- Would create incentives for mental and behavioral health professionals to provide services in schools.
- Section 1502 ("Programs for Health Care Workforce")- Adds a focus on trauma-informed care to the Mental and Behavioral Health Education and Training program.
- Section 1506 ("CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma")- Authorizes funding for CDC to collect data from states on exposure to Adverse Childhood Experiences (ACEs) through the Behavioral Risk Factor Surveillance System, to understand the state-specific causes and impacts of trauma
- Section 1513 ("Task Force to Develop Best Practices for Trauma Informed Identification, Referral, and Support")- Establishes a cross-government task force to develop a national strategy to address childhood trauma and coordinate efforts across federal agencies.
- Section 1514 ("Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings")- Establishes a grant program for local education agencies, Head Start providers, and other educational systems to support students exposed to trauma and enhance collaboration between schools and community providers to better serve children.
- Section 1515 ("National Child Traumatic Stress Initiative")- Authorizes increased funding for the National Child Traumatic Stress Network whose mission is to raise the standard of care and increase access to services for children exposed to trauma.

We believe the above provisions can improve the lives of children impacted by the opioid epidemic and lead to better health, educational, and other outcomes, including reducing and preventing future substance misuse for those children and other children exposed to trauma.

Thank you for your continued work to address the opioid epidemic. Should you have questions or wish to discuss the contents of this letter, please reach out to Jeff Hild at the George Washington University School of Public Health (jeffhild@gwu.edu) or Dan Press with the Campaign for Trauma Informed Policy and Practice (dsp@vnf.com).

Sincerely,

Organizations

National Head Start Association

ACE Interface

Center for Youth Wellness

Cope Family Center

CommCARE Behavioral Health of Missouri

Trillium Family Services, Oregon

Judson Center

Alliance for Strong Families and Communities

Dr. William Dietz, Chair, Redstone Global Center for Prevention and Wellness

Becky Haas, Community Crime Prevention Programs- Johnson City Tennessee Police

Tracey Rowe, Cincinnati Early Learning Centers

Center for Gender and Justice

Trauma Informed Care Network

Resilience Builders LLC

Trauma-Resiliency Collaborative, Utah

Tennessee Justice Centers

Joining Forces for Children, Greater Cincinnati

Child Focus, Inc.

Big Cities Health Coalition

Child Care Aware of America

National Association of County and City Health Officials

Health Federation of Philadelphia

The Ohio Children's Alliance

Great Circle

New Jersey Alliance for Children, Youth and Families

Children & Families First Delaware, Inc.

Maryland State Council on Child Abuse & Neglect

Maryland Essentials for Childhood

The Faithful City

The Children's Guild

Maryland State's Attorney Association

First Five Years Fund

Adverse Childhood Experience (ACE) Awareness Foundation

Maryland Family Network

Children, Inc., Covington, Kentucky

United Way Greater Lehigh Valley

Oasios Center, Inc.
The Family Center
STARS Nashville
Trauma Informed Oregon
A2Z Community Connections
Ounce of Prevention Fund
Trauma Camp
Tennessee Voices for Children
Minnesota Communities Caring for Children
Prevent Child Abuse MN
MomsRising.org
Save the Children
Renewal House
NYC Trauma-Informed Learning Community
Places for People, Inc.
Nemours Children's Health System
Division of Early Childhood of the Council for Exceptional Children
The Art Therapy Way

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