June 8, 2022

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Burr:

We write to commend your work in addressing the mental health and drug overdose crises. The urgency and intentionality with which you are crafting a legislative package to tackle mental health and behavioral health challenges meet the growing need.

As you consider measures to include, 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 get at the root of the mental health problem: trauma.

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 younger age of opioid initiation, injection


drug use, and the likelihood of experiencing an overdose\(^3\). Research shows that students experiencing five or more ACEs were 15 times more likely to report opioid misuse than those experiencing no ACEs\(^4\).

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 (PTSD) symptoms by 65 percent\(^5\) - \(^7\).

In Washington, between 1994-2011, the Washington State Family Policy Council implemented an education and community engagement plan that ultimately saved the state over $1.1 billion in health care, law enforcement, social services, and other costs, a return on investment of 35 times what was spent on the community coalitions. In one county, births to teen mothers decreased by 62 percent, infant mortality decreased by 43 percent, youth suicide and suicide attempts went down 98 percent, youth arrests for violent crime dropped 53 percent, and high school dropout rates decreased by 47 percent\(^8\).

In North Carolina, various community resilience-building efforts have taken root, and diverse entities have partnered to enact these trauma-informed strategies and build community resilience\(^9\). Among them: the Rural Opportunity Institute, Chief Justice’s Task Force on ACEs-Informed Courts, Resilient North Carolina Collaborative Coalition, Prevent Child Abuse North Carolina, North Carolina Partnership for Children, Community Impact North Carolina, North Carolina ECHO, Building Resilience and Courage to Excel (BRACE) at East Carolina University, New Hanover Resiliency Task Force, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (NC DHHS), Charlotte Resilience Project, Duke University Center for Child and Family Health, the Kellin Foundation, and Dogwood Health Trust. Together, these organizations are tackling opioid use and mental health problems by increasing protective factors at the community level to help those who have experienced trauma.

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The RISE from Trauma Act advances and expands these exact solutions. Of particular importance, 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 of 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, youth-serving organizations, and private partners. Such coalitions already exist across the country, but a lack of funding means they too often run out of capacity. Because of their cross-sector nature, these projects are often ineligible for existing, siloed funding streams.

Other important provisions in the RISE from Trauma Act support hospital-based trauma interventions; 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 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 and drug overdose crises incomplete if it does not address trauma.

Thank you for your attention to this request. We stand ready to support your development of this important legislation.

Sincerely,

Campaign for Trauma-Informed Policy and Practice
Futures Without Violence
YMCA
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
The North Carolina Partnership for Children
Prevent Child Abuse North Carolina
New Hanover Resiliency Task Force
Resilient North Carolina Collaborative Coalition
KidSCope
Smart Start of Mecklenburg County
Bladen Smart Start
Resilient Bladen Coalition, Bladen County, NC
National Prevention Science Coalition to Improve Lives
Resilience High Point
Breathe Wellness Counseling PLLC
Children and Family Resource Center of Hendersonville
SAFEchild, Raleigh, NC
The Growing Resilience Movement
Caldwell County Collaborative
North Carolina Infant and Early Childhood Mental Health Association
The Watauga Compassionate Community Initiative (WCCI)
Henderson ACEs, Resilience and Trauma (HART) Collaborative
Building Resilience and Courage to Excel (BRACE)
NC Stop Human Trafficking
Trauma-Informed Utah
SabaterLAB Foundation
Sabater Laboratory for Psychological Innovations, Inc.
Greater Richmond Stop Child Abuse Now
Heal PA
New York State Coalition Against Sexual Assault
Alive & Well Communities, St. Louis, MO
Resilient Georgia
Social Current
Arizona Adverse Childhood Experiences Consortium