

October 16, 2019

The Honorable Richard Durbin  
U.S. Senate  
711 Hart Senate Building  
Washington, D.C. 20510

The Honorable Lisa Murkowski  
U.S. Senate  
522 Hart Senate Building  
Washington, D.C. 20510

The Honorable Danny Davis  
U.S. House of Representatives  
2159 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Mike Gallagher  
U.S. House of Representatives  
1230 Longworth House Office Building  
Washington, D.C. 20515

Dear Senator Durbin, Senator Murkowski, Congressman Davis, and Congressman Gallagher:

The Mental Health Liaison Group (MHLG)-- a coalition of national organizations representing consumers, family members, mental health and addiction providers, advocates, and other stakeholders-- would like to express our strong support for the Resilience Investment, Support, and Expansion (RISE) from Trauma Act (S. 1770, H.R. 3180).

Earlier this year, a Government Accountability Office (GAO) report called trauma “a widespread, harmful, and costly public health problem.”<sup>1</sup> Nearly 35 million children in the United States have had at least one serious traumatic experience by age 17.<sup>2</sup> Also called adverse childhood experiences (ACEs), these traumatic experiences include abuse (sexual, physical, emotional), neglect (physical, emotional), exposure to domestic violence, household substance abuse, household mental illness, parental separation or divorce, and/or having an incarcerated household member. The renowned CDC-Kaiser Permanente ACE Study, one of the largest investigations of childhood abuse and neglect, household challenges, and later-life health and well-being, identified that the more ACEs a child has experienced, the higher the chance of worse health outcomes later in life, including suicide.<sup>3</sup> According to a 2017 report from the Substance Abuse and Mental Health Services Administration (SAMHSA), about 1 in 8 children (8.7 million) aged 17 or younger lived in households with at least one parent who had a substance use disorder (SUD) in the last year<sup>4</sup>, while 1 in 4 children has witnessed an act of violence<sup>5</sup>.

If left unaddressed, these childhood traumas can negatively affect mental and physical health, as well as lead to neurological and behavioral developmental challenges. As they mature, those who have experienced trauma during childhood can lack socioemotional skills or conflict resolution skills and may be less likely to develop healthy coping or emotional regulation skills in general. Students may express their frustrations with stress at home by disrupting the classroom environment or engaging in defiant behaviors—whether verbally or through truancy. It is imperative that educators and community leaders learn to identify the signs of trauma at home, seeing student behavior as *symptoms* of the problem, and execute responses to which children will be receptive. This kind of care and attention, as encouraged

<sup>1</sup> GAO, Children Affected By Trauma: Selected States Report Various Approaches and Challenges to Supporting Children, GAO-19-388 (Published Apr. 24, 2019).

<sup>2</sup> Child and Adolescent Health Measurement Initiative. 2011/12 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

<sup>3</sup> Felitti, VJ, Anda, RF, Nordenberg, D et al, The relationship of adult health status to childhood abuse and household dysfunction. *Am J Prev Med.* 1998;14:245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

<sup>4</sup> [https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)

<sup>5</sup> Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics*, 169(8), 746-754.

through incentives in the RISE from Trauma Act, may increase academic drive, improve morale, and most importantly, help break the cycle of trauma.

We commend your effort to build on the leadership you showed in championing the trauma-related provision in the 2018 SUPPORT for Patients and Communities Act (H.R. 6) by introducing the RISE from Trauma Act.

The RISE Act would direct important resources for communities to implement evidence-based best practices to prevent and mitigate the impact of trauma; incentivize communication and cooperation between government agencies, health care and social service organizations; enhance training to better identify at-risk behaviors among youth; and increase authorized funding for behavioral health graduate school loan repayment programs and recruitment to trauma-related health professions. With over half the nation's counties having a shortage of mental health providers, workforce development through the National Health Service Corps that encourages health professionals to practice in underserved communities can help enhance access to essential services and supports. We also support the bill's focus on enhancing training programs and tools for early childhood clinicians, teachers, peer support specialists, and first responders, and on enabling facilities to customize their evidence-based approaches in light of unique, local considerations.

Finally, we are also pleased that the RISE Act focuses on *coverage* for trauma-related care. We strongly support the bill's focus on providing resources to facilitate insurance parity compliance related to youth. The RISE Act would focus important resources on strengthening and ensuring mental health parity for infants and preschool aged children—a significant need considering the increase in neonatal abstinence syndrome among mothers with OUD or SUD.

Whether witnessing gun violence, confronting domestic violence, dealing with the incarceration of a parent, living with a loved one struggling with opioid use disorder, or experiencing other causes of trauma, science shows us that appropriate, evidence-based interventions can make an important difference in the lives and futures of those affected. We appreciate your outreach to trauma experts and community organizations, including many of our organizations, in crafting this robust and comprehensive legislation. Amidst the nation's opioid and suicide epidemics, investing in treating the aftermath of trauma can lead to long-term savings in healthcare costs and cultivate safer, stronger communities. We look forward to working with you to enact the RISE from Trauma Act.

Sincerely,

Association for Ambulatory Behavioral Healthcare (AABH)  
American Art Therapy Association  
American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
American Association of Child and Adolescent Psychiatry (AACAP)  
American Association on Health and Disability  
American Dance Therapy Association  
American Foundation for Suicide Prevention  
American Group Psychotherapy Association  
American Mental Health Counselors Association (AMHCA)  
American Psychiatric Association  
American Psychological Association

Anxiety and Depression Association of America  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Clinical Social Work Association  
Eating Disorders Coalition  
Global Alliance for Behavioral Health and Social Justice  
IC&RC International Certification and Reciprocity Consortium  
International OCD Foundation  
The Jewish Federations of North America  
The Kennedy Forum  
Legal Action Center  
Mental Health America  
NAADAC, the Association for Addiction Professionals  
National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)  
NAMI, National Alliance on Mental Illness  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health  
National Association for Rural Mental Health  
National Association of School Psychologists  
National Association of Social Workers  
National Association of State Mental Health Program Directors (NASMHPD)  
National Council for Behavioral Health  
National Federation of Families for Children's Mental Health  
National Register of Health Service Psychologists  
Nemours Children's Health System  
Sandy Hook Promise  
School Social Work Association of America  
SMART Recovery  
Treatment Communities of America  
Trust for America