

United States Senate

WASHINGTON, DC 20510

October 27, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Azar:

Two years ago, Congress came together on a bipartisan basis to make a commitment to supporting children and families who experience trauma and adverse childhood experiences (ACEs) through passage of the SUPPORT for Patients and Communities Act (P.L. 115-271). That law included a provision we authored to establish the Interagency Task Force on Trauma-Informed Care (“Task Force”) to harness the expertise, reach, and resources of the federal government to address the profound impact that trauma can have on the healthy development of children and their long-term health, academic, employment, and societal outcomes.

We write to express concerns that despite our multiple letters and repeated requests for engagement by our offices, there appears to be a lack of commitment to implementing this provision. While we understand your Department has been extensively engaged in the COVID-19 response, even before the on-going pandemic we received extremely limited information from the Task Force, which has now missed three statutory deadlines. Under Section 7132 of that law, the Task Force had a deadline of October 24, 2020—two years after enactment—to submit to Congress (as well as the Departments of Education, Health and Human Services, Labor, Interior, and Justice) an Operating Plan for the Task Force’s activities. This Operating Plan holds the promise of enhancing coordination, identifying trauma-informed best practices, and promoting federal models to prevent, screen, refer, and implement supportive interventions for children and families that experience trauma. In fact, particularly now—amid a pandemic, economic challenges, and national conversation on racial injustice, all of which have inflamed the very issues of trauma that the Task Force should address—the failure to submit this plan on time raises concerns.

Whether it is the burden of gun violence in Chicago, Illinois, the ripple effects of the opioid epidemic in Huntington, West Virginia, or the toll of infection and death, economic strains, and isolation due to COVID-19 across our country, a generation of youth and their families are subjected to daily trauma—which can literally alter their brain chemistry. With the right tools, the teachers and social service providers, home visitors and health clinicians, and child welfare workers supported by federal agencies that comprise the Task Force’s membership can provide the right support services to children and families exposed to trauma.

Having a comprehensive federal plan can help communities that have experienced trauma by coordinating agency activities, engaging stakeholders and the public, and identifying best practices for dissemination. However, we have been discouraged by the lack of meaningful progress or substantive engagement in the Task Force’s statutory duties. Millions of children and families that have experienced trauma are waiting for the federal government to step up and

provide this framework. Given the lack of information and the failure of the Task Force to meet its deadlines we request responses to the following questions by November 15, 2020:

1. When will the Task Force comply with subsection (e) and submit its Operating Plan to Congress, as was required to have occurred by October 24, 2020?
2. Have members from each of the federal agencies/offices listed in subsection (b) for the Task Force's statutory composition meaningfully participated in the Task Force's meetings? If not, what is the rationale for any such lack of participation?
3. Please provide a copy of any summary materials, minutes, transcripts, interim memos, recommendation or strategy documents, or other supporting information regarding each of the Task Force's meetings that have taken place in 2019 and 2020.
4. Please describe how the Task Force complied with the requirement in (c)(1) to "solicit input from stakeholders, including frontline service providers, educators, mental health professionals, researchers, experts in infant, child, and youth trauma, child welfare professionals, and the public" in the identification, evaluation, and recommendations of trauma-informed best practices and the national strategy described in (c)(2)(B)?
 - a. Please provide a copy of summary materials regarding the input collected from such stakeholders, including whether stakeholders provided input on the Task Force's national strategy, reports, definitions, or other materials.
 - b. Please describe how the Task Force utilized such input to inform its activities under (c)(2) of the statute?
5. In addition to convening meetings, how has the Task Force facilitated coordination across federal agencies in the dissemination and implementation of trauma-informed best practices, including through data sharing, outcomes measurements, public messaging, and alignment of grants? Please describe all specific activities.
6. Given the statute's designation in (b)(3) of the Task Force's chair to be the Assistant Secretary for Mental Health and Substance Use, please describe the specific involvement of Dr. Elinore McCance-Katz in the Task Force's activities and in the development of the Operating Plan.

We appreciate your commitment to carrying out the functions of the Interagency Task Force on Trauma-Informed Care, and we look forward to working together to help those who have experienced trauma.



Richard J. Durbin
United States Senator

Sincerely,



Shelley Moore Capito
United States Senator