

# United States Senate

WASHINGTON, DC 20510

May 1, 2019

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:

We write to express our concern and draw your attention to delays in the implementation of Section 7132 of the SUPPORT for Patients and Communities Act (P.L. 115-270), which created the Interagency Task Force on Trauma-Informed Care (“Task Force”). As authors of this provision who are dedicated to supporting children and families who have experienced trauma, we are troubled that two statutory deadlines for the Task Force have already been missed. We ask that you examine this matter to expedite implementation of these important activities.

As you know, when children experience serious traumatic events—such as witnessing violence or parental drug overdose—they can suffer. Trauma can create stress on the developing brain and force children into constant “survival mode.” Decades of research, including the Centers for Disease Control and Prevention’s Adverse Childhood Experiences (ACEs) study, have established the link between a child’s exposure to trauma, its effect on neurological and behavioral development, and long-term negative outcomes. Exposure to trauma contributes to many of the societal challenges we face today, including the opioid crisis, chronic disease development, mental illness, violence, unemployment, and the academic achievement gap.

The scope of this problem demands action—nearly 35 million children in the United States have had at least one serious traumatic experience by age 17. Whether it is the burden of gun violence in Chicago, Illinois, or the ripple effects of the opioid epidemic in Huntington, West Virginia, a generation of youth and their families are subjected to daily trauma—which can literally alter their brain chemistry. The good news is that every day children and youth who have experienced trauma come into contact with teachers and social service providers, home visitors and health clinicians, and child welfare workers. However, too few children and youth who experience trauma are identified and supported with the right care.

Scores of federal grant programs—overseen by the federal agencies and offices within your Department that are members of the Task Force—provide services to children and families in each of these settings. Child- and family-serving professionals should have the tools and resources to prevent and mitigate the impact of ACEs. At the same time, our federal government needs an over-arching strategy to place the impact of trauma at the center of programmatic efforts—it will help to fulfill the missions of each member agency while mitigating costly, negative long-term outcomes. The intent of Section 7132 is to bring the expertise, reach, and resources of the federal government to bear to enhance coordination, identify trauma-informed best practices, and promote models to prevent, screen, appropriately refer, and implement supportive interventions for children and their families who have experienced trauma.

As outlined in Section 7132, the Task Force was supposed to have its membership appointed within 60 days of enactment of the law, which was December 23, 2018, with the first meeting to occur 60 days later, which was February 21, 2019. Both of those deadlines passed without any clear action from the Task Force. On December 20, some of us sent a similar letter to Assistant Secretary McCance-Katz to highlight these important deadlines and Congressional intent for the Task Force. If, in reviewing what may have contributed to these early implementation challenges, you find that the Assistant Secretary for Mental Health and Substance Use may not be the best position to chair the Task Force, we encourage you to consult with us to identify appropriately positioned designee to guide the promotion and coordination and trauma-informed best practices across federal agencies.

Despite the turbulent beginning, we fully expect the Task Force will be promptly organized and operational within short order, and we encourage collaboration across agencies to share data and findings, identify gaps, and coordinate funding mechanisms. While identifying and disseminating trauma-informed best practices, we urge the Task Force to robustly engage the expert stakeholder community to avoid duplication and harness positive work that is already taking place in the field. To that end, the Task Force may want to consider soliciting public input through a public Request for Information in order to effectively compile evidence-based, evidence-informed, and promising best practices for evaluation and dissemination. It is important that these best practices, as stipulated in subsection (d), emphasize early intervention, two-generational interventions, skills building and education, integration of community service sectors, training of front-line service providers, and use of qualified clinicians. While many of these core components of trauma-informed care are already potential eligible uses of federal grant funds, these best practices should ultimately be incorporated into the fabric of all relevant federal grant programs, including through explicit program requirements and applicable funding opportunity announcements.

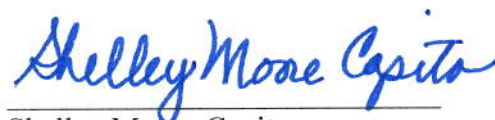
For fiscal years 2018 and 2019, the Senate Labor, Health and Human Services, Education, and Related Agencies appropriations bill carried bill-wide directive report language to lay a foundation for the Task Force's multi-agency leadership in coordinating a national strategy to address childhood trauma. We will continue to provide support for the Task Force's activities, and as part of the required Operating Plan described in subsection (e), we look forward to working with you to understand what additional resources may be necessary to carry out this important work.

Helping children and families cope with traumatic experiences can help uplift our communities and improve employment, health, and academic outcomes. 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