

Congress of the United States

House of Representatives

COMMITTEE ON OVERSIGHT AND REFORM

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MEMORANDUM

July 8, 2019

To: Members of the Committee on Oversight and Reform

Fr: Committee Staff

Re: Full Committee Hearing on “Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue That Needs Greater Federal Attention”

On **Thursday, July 11, 2019, at 10:00 a.m., in room 2154 of the Rayburn House Office Building**, the Committee will hear testimony from trauma survivors, public health experts, and government officials regarding the extent of childhood trauma in the United States, the long-term consequences of childhood trauma, and the insufficiency of the federal response to this urgent public health issue.

First panel witnesses will share their personal stories of trauma, healing, and advocacy. **Members are asked to limit questioning of the first panel to ten minutes per side in consideration of the personal nature of the testimony these witnesses will provide.**

Second panel witnesses are experts who will discuss the prevalence of childhood trauma and the limited nature of current federal initiatives to prevent childhood trauma and to treat those who have experienced it.

I. CHILDHOOD TRAUMA IS A PERVASIVE PUBLIC HEALTH ISSUE WITH LONG TERM NEGATIVE HEALTH EFFECTS COSTING THE UNITED STATES BILLIONS OF DOLLARS

In 1998, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente conducted a landmark study that found adults who had suffered “adverse childhood experiences” (ACEs) were at much higher risk for leading causes of death in the United States, including heart disease, cancer, chronic lower respiratory disease, and suicide. The study identified ten ACEs: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect; exposure to domestic violence, incarceration of a household member, parental separation or divorce; and living with a household member with substance use disorders or mental illness. The study found that with each additional ACE a child experiences, the likelihood of negative health outcomes increases. For example, survivors of four or more ACEs are:

- 12.2 times more likely to attempt suicide;
- 7.4 times more likely to consider themselves an alcoholic;
- 3.9 times more likely to have chronic lung disease; and
- 4.7 times more likely to misuse illicit drugs.¹

In 2018, the largest nationally representative study to date on ACEs found that nearly 62% of respondents reported at least one ACE, and one quarter reported three or more ACEs. People with six or more ACEs have been found to have a 20-year shorter life expectancy than those who have not experienced an ACE.²

Extensive research demonstrates that exposure to community violence, homelessness, unsafe neighborhoods, bullying, racial and ethnic discrimination, income insecurity, natural disasters, intergenerational trauma, or historical trauma also increases the likelihood of negative health outcomes.³

Trauma can injure areas of the brain that regulate stress and emotion through a phenomenon known as toxic stress response. Toxic stress occurs when prolonged activation of the stress response disrupts the development of brain architecture and other organ systems, damaging bodily systems and brain functions in ways that can have lifelong repercussions.⁴ A Brown University study found that “in-utero exposure to elevated levels of the stress hormone cortisol negatively affects the cognition, health, and educational attainment of offspring.”⁵

Childhood trauma costs the healthcare, criminal justice, education, and welfare systems billions of dollars each year. For example, in 2015, a CDC study of child maltreatment found:

¹ *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults (“The Adverse Childhood Experiences Study”)*, American Journal of Preventive Medicine (May 1998) (online at www.sciencedirect.com/science/article/pii/S0749379719301436). See also *Adverse Childhood Experiences: Looking at How ACEs Affect Our Lives and Society*, VetoViolence (Feb. 22, 2013) (online at https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html).

² *Adverse Childhood Experiences (ACEs): An Important Element of a Comprehensive Approach to the Opioid Crisis*, North Carolina Medical Journal (June 2018) (online at www.ncmedicaljournal.com/content/79/3/166.full#ref-5).

³ *The Prevalence of Adverse Childhood Experiences, Nationally, By State, and By Race or Ethnicity*, Child Trends (Feb. 20, 2018) (online at www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity); Cristina Bethell et al., *Methods to Assess Adverse Childhood Experiences of Children and Families: Toward Approaches to Promote Child Well-Being in Policy and Practice*, Academic Pediatrics (2017) (online at [www.academicpedsjnl.net/article/S1876-2859\(17\)30324-8/fulltext](http://www.academicpedsjnl.net/article/S1876-2859(17)30324-8/fulltext)); BreAnne A. Danzi et al., *Optimizing Clinical Thresholds for PTSD: Extending the DSM-5 Preschool Criteria to School-Age Children*, International Journal of Clinical and Health Psychology (2017) (online at www.sciencedirect.com/science/article/pii/S169726001730039X?via%3Dihub).

⁴ *Toxic Stress*, Center on the Developing Brain, Harvard University (online at <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>).

⁵ *Maternal Stress and Child Well-Being: Evidence From Siblings*, Brown University (Feb. 2009) (online at www.researchgate.net/publication/321011131_Maternal_Stress_and_Child_Outcomes_Evidence_from_Siblings).

The estimated US population economic burden of child maltreatment based on 2015 *substantiated* incident cases (482,000 nonfatal and 1670 fatal victims) was \$428 billion, representing lifetime costs incurred annually. Using estimated incidence of *investigated* annual incident cases (2,368,000 nonfatal and 1670 fatal victims), the estimated economic burden was \$2 trillion.⁶

This study examined only the costs of healthcare, special education, child welfare services, criminal justice, and diminished quality of life associated with child abuse and neglect, but did not examine costs associated with other ACEs, and therefore likely undercounts the total cost of childhood trauma in the United States.

II. A COMPREHENSIVE FEDERAL APPROACH IS NEEDED THAT BOTH RECOGNIZES THE IMPACT OF CHILDHOOD TRAUMA AND TAKES CONCRETE STEPS TOWARDS PREVENTION AND TREATMENT

Congress has recently passed legislation that recognizes the severe consequences of childhood trauma, but current federal programs and initiatives are insufficient to address this public health issue, which costs the U.S. hundreds of billions of dollars a year.

The House and Senate passed resolutions in 2018 encouraging the adoption of trauma-informed practices in the federal government. However, during a bipartisan briefing to Committee staff in June by components of the Department of Health and Human Services, officials indicated that federal efforts to prevent and treat childhood trauma are still under development. The Director of the Children and Youth Policy Division within the Office of the Assistant Secretary for Planning and Evaluation stated that “the federal government does not have a standard definition of trauma-informed.” She also stated that practitioners on the ground describe “siloefforts,” multiple uncoordinated funding sources, and the need for trauma-informed approaches to be adopted “at a systematic level.”⁷

The 2018 SUPPORT for Patients and Communities Act establishes an “Interagency Task Force on Trauma-Informed Care” and sets a three-year timeline for the task force to make recommendations on best practices for trauma-informed identification, referral, and support.⁸

The Family First Prevention Services Act enacted in 2018 enables states to utilize foster care and adoption funds to prevent the need for foster care placements by allowing federal reimbursement for mental health services, substance use treatment, and in-home parent skill training to families with children at risk of entering the child welfare system.⁹

⁶ *The Economic Burden of Child Maltreatment in the United States, 2015*, Centers for Disease Control and Prevention (Dec. 2018) (online at www.sciencedirect.com/science/article/abs/pii/S0145213418303867?via%3Dihub).

⁷ Briefing by Cheri Hoffman, Director, Children and Youth Policy Division, Office of the Assistant Secretary for Planning and Evaluation, to Staff, Committee on Oversight and Reform (June 28, 2019).

⁸ Pub. L. 115-271.

⁹ Pub. L. 115-123.

However, information provided in response to a Freedom of Information Act request made by Youth Services Insider revealed that 27 states plan to delay implementation of the new authorities provided by the Act because “guidance on the law has come out slower than was expected, and the clearinghouse still has not announced an approved list of services that states could use the new IV-E [Title IV-E of the Social Security Act] prevention funds for.”¹⁰

Other federal programs intended to address childhood trauma include the following:

- The Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded discretionary grants totaling \$58 million from 2011 to 2013 to 20 states to address childhood trauma totaling about \$58 million. These grants supported limited demonstration projects with funding derived from the Adoption Opportunities Program. According to the Government Accountability Office (GAO), “funding for the last of these grants will end in September 2019.”¹¹
- Under the Children’s Justice Act, ACF has awarded \$17 million each year since 2000 to help states improve investigation and prosecution of child abuse and neglect cases “in a manner that limits additional trauma to the child victim.”¹²
- The Office of Juvenile Justice and Delinquency Programs launched *Changing Minds* in 2016 to raise awareness and teach skills to address children’s exposure to violence and the resulting trauma.¹³ This program has an estimated \$4.5 million in funding and granted two awards totaling \$2.75 million in 2019.¹⁴
- The CDC’s Essentials for Childhood Framework funds seven state health departments to prevent child abuse and neglect through cross-sector partnerships. According to the Senior Advisor and Director of Strategy and Innovation with the

¹⁰ John Kelly, *List of States Seeking Family First Act Delay Is Up To At Least 27*, Chronicle of Social Change (May 28, 2019) (online at <https://chronicleofsocialchange.org/youth-services-insider/list-of-states-seeking-family-first-act-delay-is-up-to-at-least-27/35239>).

¹¹ Briefing by Elaine Stedt, Director, Office of Child Abuse and Neglect, Administration for Children and Families, to Staff, Committee on Oversight and Reform (June 28, 2019); Government Accountability Office, *Children Affected By Trauma: Selected States Report Various Approaches and Challenges to Supporting Children* (Apr. 2019) (GAO-19-388) (online at www.gao.gov/products/GAO-19-388).

¹² Children’s Bureau, Administration for Children and Families, Department of Health and Human Services, *Children’s Justice Act: Fact Sheet* (May 17, 2012) (online at www.acf.hhs.gov/cb/resource/childrens-justice-act).

¹³ Office of Juvenile Justice and Delinquency Programs, Office of Justice Programs, Department of Justice, *Trauma’s Impact on Children Exposed to Violence* (online at www.ojjdp.gov/programs/traumas-impact-on-children-exposed-to-violence.html).

¹⁴ Email from Congressional Research Service to Committee on Oversight and Reform Staff (July 3, 2019).

CDC's Injury Center, more than 30 states have asked for similar support, but the CDC does not have funding to meet the demand.¹⁵

- SAMHSA administers the National Child Traumatic Stress Network, which supports trauma-informed clinical services in 44 states and the District of Columbia.¹⁶
- SAMHSA administers AWARE and LAUNCH grants. AWARE offered \$15.2 million in 2018 to enable up to eight state and tribal education agencies to address mental health issues in school-aged children. LAUNCH offered \$12.3 million in 2019 to enable up to fifteen domestic public and private non-profits to address mental health issues in children from age 0-8 years.¹⁷

These initiatives are insufficient to stem the increasing prevalence of negative health outcomes associated with childhood trauma.

- Nationwide, the suicide rate increased 33% between 1999 and 2017, from 10.5 to 14.0 per 100,000 population. More than 47,000 people died by suicide in 2017.¹⁸
- The number of children and youth in foster care nationally rose for the fifth consecutive year in 2017. The total number is now 11% higher than it was in 2013.¹⁹
- Between 2004 and 2017, the number of homeless public-school students more than doubled, from 590,000 to 1.4 million students.²⁰
- In 2017, 47,600 people died from opioid overdose, six times more than in 1999.²¹

¹⁵ Briefing by Dr. Christopher Jones, Senior Advisor and Director of Strategy and Innovation, Injury Center, Centers for Disease Control and Prevention, to Staff, Committee on Oversight and Reform (June 28, 2019).

¹⁶ *Who We Are*, National Child Traumatic Stress Network (online at www.nctsn.org/about-us/who-we-are).

¹⁷ *Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants*, Substance Abuse and Mental Health Services Administration (Apr. 4, 2018) (online at www.samhsa.gov/grants/grant-announcements/sm-18-006); *Linking Actions for Unmet Needs in Children's Health Grant Program*, Substance Abuse and Mental Health Services Administration (Feb. 19, 2019) (online at www.samhsa.gov/grants/grant-announcements/sm-19-007).

¹⁸ *Suicide Mortality in the United States, 1999-2017*, National Center for Health Statistics, Centers for Disease Control and Prevention (Nov. 2018) (online at www.cdc.gov/nchs/products/databriefs/db330.htm); *Suicide*, National Institute of Mental Health (Apr. 2019) (online at www.nimh.nih.gov/health/statistics/suicide.shtml).

¹⁹ Children's Bureau, Administration for Children and Families, Department of Health and Human Services, *The AFCARS Report* (Aug. 10, 2018) (online at www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf).

²⁰ *Children and Youth Experiencing Homelessness*, Child Trends (2019) (online at www.childtrends.org/indicators/homeless-children-and-youth).

²¹ *Overdose Death Rates*, National Institute on Drug Abuse, National Institutes of Health (Jan. 2019) (online at www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates); *Opioid Overdose*:

III. SOME STATES AND LOCALITIES ARE IMPLEMENTING PROMISING TRAUMA-INFORMED PROGRAMS TO PREVENT AND TREAT CHILDHOOD TRAUMA THAT CAN INFORM FEDERAL SOLUTIONS

GAO recently issued a report on *Children Affected by Trauma* that reviewed the various approaches and challenges to supporting children affected by trauma in six states (Colorado, Massachusetts, North Carolina, Ohio, Washington, and Wisconsin). GAO found that “Trauma is a widespread, harmful, and costly public health problem, and is especially detrimental to children.” GAO reported that efforts to address childhood trauma vary widely among the six states and have been implemented at the individual program level through changes to child welfare, education, or public health system policies. GAO reported:

Officials in all six selected states talked about limitations on their agency’s or organization’s capacity to support children affected by trauma. Limitations included high rates of staff turnover, limited staff time to focus on trauma, insufficient numbers of clinicians trained in trauma-focused, evidence-based therapies, and insufficient funding for trauma initiatives.²²

While funding for state efforts to combat childhood trauma is limited, a few states have adopted promising approaches to begin to address this public health issue. For example:

- Tennessee launched the statewide *Building Strong Brains: Tennessee ACEs Initiative* to raise public knowledge about ACEs and support policies and innovations to prevent ACEs.²³ Outcome data are not yet available, but Tennessee has increased funding for the effort from \$1.25 million in 2018 to \$2.42 million in 2019.²⁴
- Washington State implemented the trauma-informed Self-Healing Communities Model (SHCM) in 42 communities statewide in 1999. Communities using the SHCM for eight or more years have recorded some positive outcomes. For example, from 1994 to 2006 Cowlitz County saw a decrease of more than 50% in births to teen mothers, youth suicide and suicide attempts, and youth arrests for violent crimes from 1997-2006.²⁵

Understanding the Epidemic, Centers for Disease Control and Prevention (Dec. 19, 2018) (online at www.cdc.gov/drugoverdose/epidemic/index.html).

²² Government Accountability Office, *Children Affected by Trauma: Selected States Report Various Approaches and Challenges to Supporting Children* (Apr. 2019) (GAO-19-388) (online at www.gao.gov/products/GAO-19-388).

²³ Tennessee Department of Children’s Services, *Tennessee ACEs: Addressing Adverse Childhood Experiences in Tennessee* (online at www.tn.gov/dcs/program-areas/child-health/aces.html).

²⁴ *Building Strong Brains Tennessee: A Synopsis of Benchmarks and Major ACEs-Related Activities*, Building Strong Brains Tennessee (Jan. 2019).

²⁵ *Self-Healing Communities: A Transformational Process Model for Improving Intergenerational Health*, Robert Wood Johnson Foundation (June 2016) (online at www.rwjf.org/en/library/research/2016/06/self-healing-communities.html).

- In Wisconsin, the Menominee Tribe implemented a trauma-informed care model to provide social and behavioral health services. In 2008, fewer than 60% of students who started as freshman graduated from Menominee Indian High School. Seven years later, 99% of students graduated Menominee Indian High School.²⁶

IV. WITNESSES

Panel I

William C. Kellibrew

Founder
The William Kellibrew Foundation

Heather Martin

Executive Director and Co-Founder
The Rebels Project

Justin Miller

Deputy Executive Director
Objective Zero Foundation

Creanna Rygg

Survivor and Activist

Panel II

Dr. Debra E. Houry

Director
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

James Henry

Former Deputy Governor and Chief of Staff
State of Tennessee

Charles Patterson

Health Commissioner
Clark County, Ohio

²⁶ *Menominee Nation, WI: 2015 Culture of Health Prize Winner*, Robert Wood Johnson Foundation (Oct. 28, 2015) (online at www.rwjf.org/en/library/articles-and-news/2015/10/coh-prize-menominee-wi.html); *Menominee Fostering Futures / Trauma Informed Care, Who We Are and How We Started: Connecting with the Past, Healing the Future*, The Menominee Indian Tribe of Wisconsin (2019) (online at www.menominee-nsn.gov/CommunityPages/FosteringFutures/FosteringFuturesMain.aspx).

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