

## **CTIPP Analysis of the House FY 22 Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee Report**

In the Report accompanying the bill appropriating over \$253 billion in FY 22 for programs operated by the Departments of Labor, Health and Human Services and Education, the House Appropriations Committee stated, “The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, developmental delays, suicide, and substance abuse among others. Low-income children are particularly vulnerable to the impacts of adverse childhood experiences (ACES).” This statement represents the most direct recognition by Congress of the importance of addressing childhood adversity. And it allocates funding or other forms of support for trauma-informed programs in over 25 places in the Appropriations Bill, including \$7 million to CDC’s Injury Prevention program to assist States implement trauma-informed programs and \$1 million for the Interagency Taskforce on Childhood Trauma created in the 2019 Support Act. Please find attached the list of trauma-informed or related programs that received funding in the House Bill.

CTIPP, along with the National Prevention Sciences Coalition (NPSC), actively advocated for these programs and many of the other 25 programs that received funding for trauma-informed programs that are described in the attached memo. The Labor, Health and Human Services, Education and Related Agencies appropriations bill has passed the House but still must be acted on by the Senate so the dollar amounts in the attached list are not final. CTIPP and NPSC will continue our work on the Senate side to advocate for the retention and even an increase of these funds. In the meantime, those of you engaged in delivering trauma-informed services should study the list and begin thinking about how you can tap some of those dollars once the Appropriations Bill becomes law and FY 22 begins October 1<sup>st</sup>. Considering that just four years ago there was no mention of trauma or ACEs by the Appropriation Committee, much less funding, we have come a long way in a short time. While there is still much work to be done to achieve CTIPP’s vision that someday Congress will direct that most of the \$253 billion in funding to these agencies be used in a trauma-informed way, we are pleased and excited by how much progress has been achieved. Thanks to all of you who have helped to advocate for trauma-informed funding and programs and for having helped to make this progress possible.

### **Trauma-Informed References in the House FY 22 Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee Report**

Below is a list of 31 items reflective of trauma-informed programs contained in the Committee Report accompanying the FY 22 House Labor Health and Human Services, Education and Related Agencies Appropriations Bill (which has been passed by the House). The list includes (a) discussions of the dollar amount for various trauma-informed-related programs that the Committee included in the actual Appropriations Bill (a separate document), (b) comments acknowledging the importance of addressing trauma and ACEs made by the Committee in the Report, and (c) directives by the Committee to the agency receiving the funding on actions it should take or reports it should provide the Committee to address trauma and ACEs. It also includes funding for items for Social and Emotional Learning (SEL) since the Committee sees SEL and trauma-informed programs as linked. (For example, see item # 30 below.) In a few cases, items are included that do not specifically mention trauma or ACEs but refer to childhood

mental health in ways that require only a short leap to trauma-informed programs, which are a key part of any childhood mental health program. (The Committee frequently emphasizes the need for more to be done on childhood mental health.) The numbers following a listed item are to the pages in the Report the item is mentioned.

These 31 items listed below represent a major success for the trauma-informed advocacy community. In addition, there are several statements about trauma-informed programs and ACEs by the Committee that indicate it understands their importance and impact on the range of programs the Committee is funding. However, at the same time, the Committee continues to provide billions of dollars in funding to programs for which we know trauma is a major underlying cause, such as opioid use or suicides, without making any mention of the need to take a trauma-informed approach to addressing those problems. The challenge for the trauma-informed community is to assist and encourage the Committee to apply its understanding of the impact of trauma and ACEs to the full suite of programs it funds. There is also a need to encourage the Senate Appropriations Committee to retain the trauma-informed funding in the House bill and to add to it. Beyond that, persons and organizations working in the trauma-informed community should study the funding being made available and be ready to tap these new pots of money or programs once the bill passes the full Congress and FY 22 begins.

### ***Some Preliminary Notes on Committee Reports***

The Committee Report says that it is “recommending” X or Y amount of funding for a program, rather than “appropriating”, because the accompanying Bill does not actually appropriate but only recommends appropriations that must then be approved by the full House and the Senate. However, to simplify, this memo states that the Committee “provided X amount of funds”; however, keep in mind the funding is not locked in until the bill passes the full Congress. The full House has already approved the bill and it now goes to the Senate, which is likely to propose different dollar amounts for at least some of the programs, after which the House and Senate will create a conference committee to iron out the differences. Once resolved, the conference bill will be approved by both Houses. As a result, there could be some minor changes in the dollar amounts reported below. Regardless of what happens in the Senate or in Conference, those sections of the Report in which the Committee directs the relevant Department to take certain actions become effective unless specifically withdrawn by the Conference Report. All actions do not need to be agreed upon by the Senate because the House Report language became locked in as soon as the Bill was approved by the House.

Report language is not legally binding nor enforceable in court. As reported below, at times the Committee directed an agency to take certain actions and other times to provide the Committee with a report on an issue within a certain timeframe. Those directives do not have the force of law on the agency to which it is directed, in comparison to language in a law Congress has enacted. However, the Bill has a great deal of influence with the agency to which it is directed since it is coming from the hand that feeds it. With respect to whether the agency will comply with the many directives from the Committee, there is a code to the Committee’s language. Sometimes the Committee “directs” an agency to take an action, sometimes it “urges”, and sometimes it “encourages”. When the Committee “directs”, it is signaling it means business, such that the agency would be wise to comply if it does not want to pay a price in the next year’s appropriations bill. Use of the term “encourage” or “urge” is less directive and gives the agency

some flexibility in deciding whether to comply. Agencies are more likely to comply fully, irrespective of which term is used, when the political party that controls the House is the same as the political party that controls the White House and therefore the agency.

## **Trauma-Informed References in the House FY 22 Labor, Health and Human Services, Education and Related Agencies Appropriations Subcommittee Report**

### **DEPARTMENT OF HEALTH AND HUMAN SERVICE**

1. Provides HRSA WITH \$3.5 million to address early childhood experiences. “There is increasing evidence that experiences in early childhood have long-term health consequences over the course of one’s life. These experiences are critical in all areas of children’s educational, social and physical development and economic well-being. Children living in persistently high poverty experience more negative health outcomes. The Committee includes \$3.5 million to build upon the work done to address these challenges and directs HRSA to fund projects bringing systematic change, such as Statewide systems of early childhood development screenings and interventions, in States with high levels of or disparities in childhood poverty. The goal of the program is to yield comprehensive and integrated models for other States to use to improve child health and developmental outcomes.” p 57
2. Provides \$25 million for infant and toddler courts. p 59
3. Provides HRSA with \$150 million to address the social determinants of health p 91
4. Provides the CDC Injury Prevention program with \$1 billion of which the Committee recommends \$7 million specifically for ACEs [a CTIPP and NPSC Recommendation] The Committee added the following under the heading *Adverse Childhood Experiences* “The Committee includes an increase of \$2 million [to \$7 million up from \$5 million in FY 21] to expand efforts, including technical assistance to States to analyze data and burden.
5. In addition to the \$7 million for the ACEs injury prevention program, the Committee stated, “The Committee request a report in 120 days on the viability and utility of a Positive Childhood Experience Surveillance System that measures resilience factors in a State or community.” [a CTIPP and NPSC Recommendation]
6. Directs NIH to do research on racial and socio-economic disparities and the long-term effects of early life experiences p 132
7. Provides SAMHSA with \$45 million for criminal and juvenile justice programs including the provision of mental health services before, during and following incarceration p 165
8. Provides an additional \$10 million for youth suicide prevention p 165 [no mention of ACEs] p 165
9. Provides an increase of \$17 million for Infant and Early Childhood Mental Health and encourages states and universities to develop infant and early childhood mental health services p 166 [no mention of trauma]
10. Provides \$1 million for the Interagency Taskforce on Trauma-informed care [a CTIPP recommendation. This is the first time a Committee has recommended appropriations for the Taskforce] p 166

11. Provides an additional \$5 million for coordination between primary care and publicly funded behavioral health services p 167
12. Provides an additional \$48 million for Project AWARE p 167
13. Provides a 10% set-aside in the Mental Health Block Grant (10% = \$100 million) for Prevention and Early Intervention to promote positive social-emotional development for children 0-5, including “partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives.” p 169
14. The Committee stated that it wants a focus on infant and toddler early mental health prevention intervention and treatment. “The Committee strongly believes that by investing in early mental health prevention, identification and treatment we can reduce the need for treatment later in life when it becomes much more difficult, time intensive and expensive.” It urges States to use some of the Prevention and Early Intervention set-aside money in the Mental Health Block Grant (see 14 above) for programs for infants and toddlers p 169
15. The Committee believes that addressing health care disparities experienced by racial and ethnic minorities should be a priority in programs funded by the Federal government including funded by the Community Mental Health Block Grant. It directs that State Mental Health agencies be required to report on various services and outcomes by racial and ethnic categories. P 170
16. Provides NCTSN with a \$28 million increase and directs SAMHSA to ensure NCTSN maintains its focus on collaboration, data collection and the provision of direct services and that new grants should not be awarded as training only. p 171
17. “The Committee is aware of research indicating that individuals working in the civilian first responder disciplines of law enforcement, fire services and emergency medical services are at greater risk for full or partial post-traumatic stress disorder {PTSD} than most other occupations because their responsibilities routinely entail confrontation with traumatic stressors.” Within the funds provided for the Health Surveillance and Program Support, the Committee directs SAMHSA to submit a report on secondary trauma among first responders to address PTSD and identify gaps in coverage. “The report will serve as a foundation future surveillance and program opportunities” p 184-185
18. “The Committee is aware that childhood trauma and toxic stress have been linked to negative health outcomes through adulthood, including higher rates of diabetes, stroke, depression, lapses in cognitive abilities, developmental delays, suicide, and substance abuse among others. Low-income children are particularly vulnerable to the impacts of adverse childhood experiences (ACES).” The Committee directs CMS to work with NCTSN and CDC to provide a Report in 180 days on how Medicaid could be further leveraged to screen, diagnose, and provide evidence-based interventions for children suffering from ACES p 190
19. Directs CMS to work on ways to incorporate community health workers into Medicaid and Medicare coverage
20. Urges CMS to design a benefit package to provide home visiting services for pregnant and postpartum women and for families with young children.

21. The Committee is supportive of CMS providing and urges it to continue to provide guidance to States on ways to implement programs addressing social determinants of health, including strategies specifically targeting the pediatric population p 200
22. Directs Head Start to devote \$250 million in quality improvement dollars to increase mental health services to provide care and counseling to families and the Head Start workforce and staff training on trauma-informed approaches to service delivery p 216
23. Provides \$5 million for innovative approaches for serving children in foster care by providing trauma-informed interventions p 218
24. Provides \$10 million for the Holocaust Survivor's Assistance and Person-Centered Trauma-informed Care program and a \$5 million addition to expand the program to older adults exposed to traumatic events, military victims and ACEs, and first responders p 225
25. The Committee notes that COVID19 has contributed to a further decline in the economic standing, education, and physical and mental health status of low-income children It therefore directs the Secretary of HHS to create a Children Interagency Coordinating Council, to promote greater coordination among the different federal agencies to address this problem, including contracting with the National Academy of Sciences on a report on "how existing and emerging federal policies have affected child poverty". p 231
26. The Committee requests an assessment and recommendations for a national strategy for preventing mental health and substance abuse during a future public health emergency. (No mention of trauma) p 237
27. Directs that a Social Determinants of Health Council established a couple years ago provide technical assistance to State, local and tribal government seeking to develop Social Determinants Accelerator plans p 238

## **DEPARTMENT OF EDUCATION**

28. Provides \$1.3 for the Student Support and Academic Excellence (SSAE) State grants and notes that the funds may be used for school-based mental health programs and that "the use of SSAE funds on strategies that improve school climate are vital in reducing harmful, disproportionate suspensions, expulsions and arrests of students of color". [There is significant evidence showing that creating a trauma-informed school can dramatically reduce suspensions and expulsions.] p 267
29. Provides, within the Education and Innovation Research (EIR) program, \$112 million, an increase of \$45 million, to provide grants for Social and Emotional Learning in Educational Innovation and to provide grants to provide evidence-based field-initiated innovations that address student social, emotional, and cognitive needs. "The Committee is encouraged by the robust, growing evidence behind SEL strategies, trauma-informed services and whole child approaches to learning and makes funding for these interventions a top priority. Children across the country have been significantly impacted by disruptions related to COVID19. The increase to EIR in FY 2022 for SEL is intended to address those concerns and provide additional support for the SEL initiative, which can include trauma-informed practices and services within schools" p 270-271
30. The Committee encourages the Department to develop strategies to increase training and hiring of counselors and other mental health providers in schools. p 279

31. The Committee says it takes note of Section 234 of the SUPPORT Act, which provides for grants to schools to implement trauma-informed programs, but it provides no funding, instead it “encourages the Department to support these activities in fiscal year 2022.” [Since the Committee did not provide any appropriations, it is not clear how the Department is to do so.] p 279-280