July 14, 2015

The Honorable Rosa DeLauro
United States House of Representatives
2413 Rayburn House Office Building
Washington D.C. 20515

The Honorable Tim Murphy
United States House of Representatives
2332 Rayburn House Office Building
Washington D.C. 20515

The Honorable Katherine Clark
United States House of Representatives
1721 Longworth House Office Building
Washington, D.C. 20515

Dear Representatives DeLauro, Murphy, and Clark:

The undersigned organizations are pleased to write in full support of the Children’s Recovery from Trauma Act of 2015 (H.R. 2632). This important legislation would authorize and make improvements to the National Child Traumatic Stress Network (NCTSN), a successful longstanding congressionally-launched initiative. Over the last 15 years, this outstanding initiative has improved the lives of hundreds of thousands of children and families who have experienced trauma, and is a critically important national resource for all child-serving systems.

Child traumatic stress is a serious public health problem that affects millions of children and costs our country billions of dollars each year. Decades of research, including the Adverse Childhood Experiences (ACE) Study, provide substantial evidence for the lifelong health consequences of trauma and the importance of investing in programs to address it. Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), NCTSN was established by the U.S. Congress in 2000 to address the issue of child trauma by establishing a collaborative network of what is now 79 funded (and 120 affiliate) university, hospital, tribal, and diverse community-based organizations, with thousands of national and local partners, whose mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. Over the last decade, the dedicated professionals and partners working as part of the NCTSN have brought about widespread and lasting improvement in the lives of traumatized children and their families in this country. Scientific information is getting to front-line providers faster, evidence-based resources, treatment, and trainings are being disseminated, and children are getting better. This initiative is working.
This legislation would establish in statute that the NCTSN should continue with its original mission as envisioned by Congress, one that supports collaboration of researchers and providers to expedite science to service, and to deliver the highest quality care promptly to children and families who experience traumatic events. As state, local, and federal budget cuts continue to limit availability of local community mental health and child services, it is essential to continue our investment in this national program that is providing high quality trauma-informed services, treatment, and training to states and communities all across the nation. Thus, in addition to passing this important legislation authorizing NTCSN at $50 million for fiscal years 2016 through 2020, we urge Congress to fully fund the program at this level. This national and local resource is critically needed at this time, and we strongly urge you to continue to provide full support to this initiative in the coming years.

Our organizations are grateful to you and your colleagues for Congress’ strong bipartisan commitment to the NCTSN over the past 15 years. You and your staff have worked tirelessly to provide support for this important program that is transforming the lives of children and families across the country. We welcome the opportunity to work with you to ensure this vital program continues.

Sincerely,

American Academy of Pediatrics
American Association for Marriage and Family Therapy
American Association of Child and Adolescent Psychiatry
American Association of Pastoral Counselors
American Association on Health and Disability *
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Mental Health Counselors Association
American Occupational Therapy Association
American Orthopsychiatric Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Clinical Social Work Association
Clinical Social Work Guild
Depression and Bipolar Support Alliance
Eating Disorders Coalition
First Focus Campaign for Children
Mental Health America
National Alliance to Advance Adolescent Health
National Association for Alcoholism and Drug Abuse Counselors
National Association for Children’s Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Psychiatric Health Systems
National Association of School Psychologists
National Association of Social Workers
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors
National Council for Behavioral Health
National Disability Rights Network
No Health Without Mental Health
Schizophrenia and Related Disorders Alliance of America
School Social Work Association of America
The Trevor Project
Treatment Communities of America
Zero to Three

*MHLG observer