



STRONG Support for Children Act

Services and Trauma-informed Research of Outcomes in Neighborhood Grants for Support for Children Act of 2020

Background: For generations, children and families across America have endured trauma rooted in structural inequities. Unaddressed childhood trauma is linked to several leading causes of death in America, including heart disease, lung disease, substance use, and suicide.¹ Studies show that exposure to experiences such as poverty, homelessness, food insecurity and malnutrition, discrimination, family separation, and deportation also increase likelihood of negative health outcomes and can lead to complex trauma and toxic stress.²³⁴

Our nation is in the midst of multiple crises. The COVID-19 pandemic has left children with an uncertain future, interrupted their education, prevented them from safely accessing green space and physical exercise, and exposed them to unprecedented levels of illness, homelessness, and financial insecurity. The crises of white supremacy, police brutality, mass incarceration, and deportation continue to impact the mental and physical health and wellbeing of our youth, especially our Black, brown, indigenous, and immigrant youth. Furthermore, the climate crisis and resulting catastrophic weather events have displaced communities, damaging the safety and security of youth. It is past time to provide a comprehensive Federal public health response to address childhood trauma.

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The STRONG Support for Children Act will support communities in addressing the root causes of childhood trauma through reparative, healing-centered, neighborhood based, gender responsive, culturally specific, and trauma informed approaches that recognize the role that systemic racism and inequities have played in traumatizing children for generations.

The STRONG Support for Children Act directs the Secretary of the Department of Health and Human Services to administer two new grant programs intended to support local Public Health Departments and

¹ Felitti VJ, Anda RF, Nordenberg D, et al. (1997). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998;14(4):245-258. doi:10.1016/s0749-3797(98)00017-8

² Center on the Developing Child (2007). *The Impact of Early Adversity on Child Development (InBrief)*. Retrieved from www.developingchild.harvard.edu.

³ Hecht, Biehl, Buzogany, Neff et al. (2018). Using a Trauma-Informed Policy Approach to Create a Resilient Urban Food System. Retrieved from www.cambridge.org

⁴ Matheson, K., Foster, M. D., Bombay, A., McQuaid, R. J., & Anisman, H. (2019). Traumatic Experiences, Perceived Discrimination, and Psychological Distress Among Members of Various Socially Marginalized Groups. *Frontiers in psychology*, 10, 416. <https://doi.org/10.3389/fpsyg.2019.00416>

community partners in addressing trauma and ensure that programming is conveniently located and accessible to all regardless of immigration status, ability to pay, and prior involvement in the criminal legal system. Grant programs include:

- **Data Analysis and Community Based Organization Grants** will support up to 5 local Public Health Departments to identify geographic regions, such as census tracts, with high rates of adverse childhood experiences or adversity, such as high rates of poor public health outcomes, foster system involvement, exclusionary discipline practices in K-12 schools, incarceration, poverty, housing instability, and inequity. Grantees will identify, implement, and evaluate strategies and supports focused on serving children between the ages of 0-17 and youth transitioning out of the foster system, their parents and caregivers, and prenatal individuals. Strategies may include:

- Economic, nutrition, and housing support;
- Mental health and substance use disorder prevention and care that is culturally competent, voluntary, and noncoercive;
- Home visiting programs, training and education on parenting skills, family and intimate partner violence prevention services;
- Wraparound programs for transitioning youth and youth currently in the foster system;
- Child advocacy center programming; and
- Programming to support LGBTQI+ youth and their families.

In order to ensure interventions are community based, grantees are required to subgrant at least 25% of funds to community-based organizations.

- **Care Coordination Grant Program** will support up to 40 Public Health Departments across the nation to increase care coordination capacity for children up to 5 years of age and their caregivers. Funds may be used to:
 - Hire care coordinators, case managers, community health workers, infant mental health specialists, and outreach specialists;
 - Train providers on trauma-informed care strategies;
 - Remove barriers to services by subsidizing childcare and transportation costs and investing in telehealth infrastructure and technology; and
 - Strengthen the coordination of the existing network of community programs to increase access for eligible individuals to existing services such as housing, workforce training, food and transportation support, violence prevention programs, childcare support, parenting skills-building, transitioning foster youth support, LGBTQIA+ programming for children and parents, and mental health and substance use disorder prevention and care that is voluntary and noncoercive.