



Trauma-Informed Legislative Proposals: Progress in 2025

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Document Summary

This document contains a list of public policy measures (including both bills and resolutions) related to trauma and the values/principles of a trauma-informed approach that have been under consideration throughout the United States in 2024.

Guidelines for viewing the information tables in this document:

- There are two sections outlining trauma-informed legislative proposals: [Bills](#) and [Resolutions](#)
- Each row of the tables in both the section for bills as well as for resolutions describe the following information:
 - **“State/Federal”** – venue in which the measure was introduced
 - Each section begins with New York State (depicted with a blue background), home to ITTIC
 - The table is then organized alphabetically by state
 - Federal-level policy proposals follow all state-level measures in each section
 - The first entry for each venue contains the dates for the legislative session that spanned this year
 - **“Measure #”** – number assigned to each legislative proposal
 - **“Status”** – where the measure stands at the time of this document’s most recent update
 - Date of latest significant action for each measure is noted
 - “Pending” means bills are still under consideration based on the legislative session dates
 - Bills that are not pending are noted either as having been “Became Law” or “Dead,” depending on how they progressed through the legislature during the session
 - Recent (within the last ~2-3 months of the document’s latest update) changes are **highlighted in yellow**
 - **“Summary of Trauma-Informed Content”** – notes, excerpts, highlights, and analysis specifically related to notable alignment with a trauma-informed approach found within the text of each legislative proposal
 - Includes direct links to each measure’s official webpage for a measure’s full text and further exploration

**Note: inclusion in this analysis is determined by a comprehensive review of a bill’s alignment with trauma-informed principles, rather than solely the presence of the term(s) “trauma-informed,” “ACEs,” and/or other related key words that may result in a bill or resolution coming up in an initial search. Each measure’s full text is analyzed in both its content and context to assess whether its provisions, intent, and implementation substantively and meaningfully align with the core principles, values, and spirit of a trauma-informed approach.*

Section I: Bills

State/Federal	Measure #	Status	Summary of Trauma-Informed Content
New York (Legislative Session: 1/8/25 - 6/12/25, with carryover to 2026)	Assembly Bill 719 A719	Pending (Judiciary Com., 1/29/25)	<p>This measure proposes an amendment to the New York State Constitution that would explicitly name the prevention and mitigation of ACEs as a matter of public concern. The amendment would require the state and its subdivisions to address ACEs through strategies and interventions as determined by the Legislature.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Declaring the prevention and mitigation of ACEs to be a matter of public concern • Directing the state and its subdivisions to take responsibility for addressing ACEs, with flexibility for the Legislature to determine the appropriate strategies and means • Elevating the issue of ACEs to state constitutional status <p>There has been a consistent and persistent multi-year effort behind this measure. Prior sessions included A2441 (2023–2024), A3074 (2021–2022), and A10017 (2019–2020). This demonstrates an ongoing commitment to promoting resilience, preventing trauma, and responding to early adversity as essential responsibilities of the government.</p> <p>https://www.nysenate.gov/legislation/bills/2025/A719</p>
New York	Assembly Bill 1242 A1242	Pending (Ways and Means Com., 4/14/25)	<p>This measure establishes a Task Force on Adverse Experiences and Trauma Prevention charged with examining the wide-ranging impacts of adverse experiences and developing policy and practice recommendations grounded in prevention and trauma-informed approaches.</p> <p>The scope of the task force’s work is expansive and thoughtfully recognizes the interconnected nature of individual, community, systemic, and intergenerational trauma.</p> <p>Key elements include: A charge to study multiple types of trauma, specifically naming:</p> <ul style="list-style-type: none"> • Community violence <ul style="list-style-type: none"> ○ Systemic racism and discrimination ○ Climate-related trauma ○ Technological trauma (including cyberbullying and online harassment)

			<ul style="list-style-type: none"> ○ Intergenerational trauma (such as that resulting from war, genocide, or other mass traumas) ○ Complex trauma (repeated, prolonged trauma) ● A directive to engage major systems in the development of trauma-informed policies and practices aimed at preventing ACEs and promoting whole-family wellbeing ● A focus on identifying social determinants of health and wellbeing, with an explicit commitment to recommend solutions that eliminate racial and ethnic disparities related to the occurrence of adverse experiences ● Clear acknowledgment that a cross-systems, collaborative, and healing-centered lens is critical for preventing trauma and mitigating its long-term impacts ● A mandate for public engagement, recognizing the importance of including community voices and lived experiences in shaping recommendations <p>The cross-system, cross-sector task force is to be composed of representatives across health, child and family services, education, the legal system, household violence prevention, and key government leadership.</p> <p>The measure demonstrates a strong understanding of trauma as both an individual and structural phenomenon and reflects an intentional effort to build trauma prevention into upstream policy frameworks. It is notable that the bill moves beyond a narrow ACEs framework to explicitly include broader categories of trauma such as systemic racism, technological harms, and climate-related distress, which reflects a more expansive recognition of trauma’s origins and impacts than is often seen in legislation.</p> <p>https://www.nysenate.gov/legislation/bills/2025/A1242/amendment/B</p>
New York	<p>Assembly Bill 1842 & Senate Bill 3983</p> <p>A1842 & S3983</p>	<p>Pending</p> <p>(Assembly Education Com., 1/30/25; Senate Education Com., 1/30/25)</p>	<p>This measure requires that at least 10 hours of the mandatory continuing education hours for teachers during each 5-year registration period be specifically devoted to mental health and TIC. The measure expands current education law to ensure that trauma knowledge, early identification skills, and healing-centered approaches are built into the professional development requirements for educators.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> ● Development of standardized educational materials by the Office of Mental Health, in collaboration with the Dept. of Health and State Education Dept., covering: <ul style="list-style-type: none"> ○ Understanding mental and behavioral health challenges

			<ul style="list-style-type: none"> ○ Recognizing signs and symptoms of trauma ○ TIC, intervention, and de-escalation practices ○ The impact of ACEs and the principles of social-emotional learning ○ Best practices for creating trauma-responsive and healing-centered learning environments <ul style="list-style-type: none"> ● The use of evidence-based programs, such as Mental Health First Aid ● Formal integration of mental health and trauma-informed content into the required 10 hours of continuing education for teachers <p>A1842: https://www.nysenate.gov/legislation/bills/2025/A1842 S3783: https://www.nysenate.gov/legislation/bills/2025/S3783</p>
New York	Assembly Bill 5275 A5275	Pending (Health Com., 2/12/25)	<p>This measure would require that health home and primary care providers serving people who utilize Medicaid administer the ACE Questionnaire as part of health risk assessments.</p> <p>Key provisions of the bill include:</p> <ul style="list-style-type: none"> ● Making Medicaid reimbursement for primary care providers contingent upon the use of the ACE Questionnaire for eligible patients ● Directing the Commissioner of Health to submit a report with recommendations on: <ul style="list-style-type: none"> ○ How trauma-informed care practices could be more widely integrated into health care statewide ○ How the ACE Questionnaire and other preventive services could be expanded across the state ● Establishing standards for care coordination that include comprehensive prevention, secure access to personal health information, collaboration among providers, and integration of person-centered supports <p>This bill is a carryover effort from similar prior sessions (A9841 in 2015–2016, A3427 in 2017–2018, A2306 in 2019–2020, A3689 in 2021–2022, and A6598 in 2023–2024), demonstrating an ongoing commitment to embedding trauma-responsive approaches into health care systems.</p> <p>It is also worth noting that, while the bill mandates use of the ACE Questionnaire, it does not specify standards for trauma-informed administration, informed consent, or follow-up supports. Over time, there has been increased advocacy to ensure that mandated screenings include language to help ensure they are conducted with sensitivity, training, and</p>

			<p>appropriate service linkages to reduce the likelihood of re-traumatization and ensure that screening processes are genuinely aligned with the principles of a trauma-informed approach rather than relegated to procedural checklists.</p> <p>https://www.nysenate.gov/legislation/bills/2025/A5275</p>
New York	<p>Assembly Bill 6649 & Senate Bill 6896</p> <p>A6649 & S6896</p>	<p>Pending</p> <p>(Assembly Correction Com., 3/6/25; Senate Crime Victims, Crime, & Correction Com., 3/26/25)</p>	<p>“PTSD Awareness and Rehabilitation Act” - this measure seeks to embed trauma-informed practices into the state’s correctional system by mandating screening, education, and treatment interventions for incarcerated people living with PTSD. It reflects a general effort to shift from harsh, punitive models toward rehabilitation and healing-centered supports.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> ● Mandatory PTSD screening for all individuals upon intake to a correctional facility and periodically throughout incarceration, conducted by licensed mental health professionals trained in TIC ● Required trauma-informed education programs for incarcerated individuals, covering: <ul style="list-style-type: none"> ○ Understanding PTSD and its symptoms ○ Coping strategies for managing PTSD ○ The impact of trauma on mental and physical health ○ Available resources for ongoing support ● Integration of trauma-informed rehabilitation programs into correctional education and vocational training, including evidence-based therapies such as: <ul style="list-style-type: none"> ○ Cognitive Behavioral Therapy ○ Mindfulness-Based Stress Reduction ○ Peer support groups ○ Programs tailored to veterans, survivors of violence, and other vulnerable populations ● Annual trauma-informed training for correctional officers, administrators, and facility-based mental health staff, focusing on: <ul style="list-style-type: none"> ○ Recognizing PTSD symptoms ○ De-escalation and trauma-responsive crisis intervention ○ Proper referral pathways for mental health treatment ○ Data collection and reporting requirements

			<p>The bill defines TIC as “an approach that recognizes the widespread impact of trauma and integrates knowledge about trauma into policies, procedures, and practices to promote healing.”</p> <p>This measure acknowledges the significant impact of both prior trauma and the trauma of incarceration itself on individuals’ health and rehabilitation trajectories. It reflects a growing recognition of the role that trauma plays in recidivism and barriers to successful community reintegration. While the bill centers PTSD specifically, its broader focus on trauma-informed screening, education, care, and staff training lays critical groundwork for advancing systemic culture shifts toward healing-centered practices within the correctional system.</p> <p>A6649: https://www.nysenate.gov/legislation/bills/2025/ S6986: https://www.nysenate.gov/legislation/bills/2025/S6896</p>
New York	Assembly Bill 6667 A6667	Pending (Governmental Operations Com., 3/7/25)	<p>This measure directs the Office for the Prevention of Domestic Violence to facilitate the establishment of 5 regional Crime Victim and Trauma Survivor Recovery Centers across the state, aimed at offering no-cost, trauma-informed services to individuals who have experienced violent crime or significant traumatic loss.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> • Establishment of five regional centers, ensuring geographic distribution across the state to promote equitable access • Eligibility criteria for services include: <ul style="list-style-type: none"> ○ Survivors of violent crime, including people who have suffered gunshot wounds ○ Survivors of sexual assault, domestic violence, human trafficking, and hate crimes ○ Individuals who have had a family member assaulted or killed • Comprehensive trauma-informed services provided free of charge, including: <ul style="list-style-type: none"> ○ Clinical case management using trauma-informed approaches ○ Evidence-based individual, group, and family psychotherapy ○ Crisis intervention services ○ Medication management ○ Legal advocacy and assistance with police reports and access to victim compensation funds ○ Relocation support for individuals facing ongoing safety threats

			<ul style="list-style-type: none"> ○ Transportation assistance for medical appointments, court dates, and related events ● Community education component, requiring centers to collaborate with community partners to promote broader trauma-informed awareness within local systems <p>https://www.nysenate.gov/legislation/bills/2025/A6667</p>
New York	<p>Assembly Bill 7453 & Senate Bill 3983</p> <p>A7453 & S3983</p>	<p>Pending</p> <p>(Assembly Cities Com., 3/28/25; Senate Mental Health Com., 1/31/25)</p>	<p>This measure enacts the New York City Training and Comprehension of Trauma in Children (TACTIC) Act, establishing a multi-pronged trauma-informed initiative embedded across the New York City public school system.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> ● Establishment of the TACTIC Council, a formal body composed of pediatricians, neurologists, child psychologists, behavioral health specialists, and trauma-informed care specialists, tasked with guiding and overseeing the initiative’s implementation and recommending continuous improvements based on collected data and lived experience ● Creation of a Department of Child Trauma Informed Care within New York City government to: <ul style="list-style-type: none"> ○ Coordinate trauma-informed care initiatives citywide ○ Oversee school-based trauma-informed programming ○ Assign dedicated trauma-informed care specialists at the borough and district levels ● Annual trauma-informed care training programs for all teachers in New York City schools, led by district trauma-informed care specialists, with the training focusing on: <ul style="list-style-type: none"> ○ Understanding the impacts of trauma on student development and behavior ○ Recognizing the signs and symptoms of trauma exposure ○ Learning best practices for supporting and responding to students who are navigating trauma ● Mandatory certification in TIC for all teachers, completed through an online platform over six to nine months, ensuring a consistent and baseline level of trauma literacy across the education workforce ● Monthly trauma-informed parenting workshops, led by district specialists, to equip parents and caregivers with tools to support children experiencing or recovering from trauma

			<ul style="list-style-type: none"> Ongoing reporting requirements whereby the Dept. of Child Trauma Informed Care must compile and submit data to the TACTIC Council, including: <ul style="list-style-type: none"> School engagement levels Number of students identified as experiencing trauma Teacher certification rates Trauma incidents within schools Parental involvement and support activities <p>The measure notably engages a systems-level infrastructure to sustain trauma-informed practices beyond one-time training, ensuring integration into the daily environments where children live and learn. It explicitly acknowledges that trauma can present differently in educational settings and that adults must be equipped to respond with intention.</p> <p>A7453: https://www.nysenate.gov/legislation/bills/2025/A7453 S3983: https://www.nysenate.gov/legislation/bills/2025/S3983</p>
New York	Assembly Bill 8034 & Senate Bill 1025 A8034 & S1025	Pending (Assembly Higher Education Com., 4/22/25; Senate Education Com., 1/8/25)	<p>This bill would require all teachers and school leaders in the state to complete continuing education related to immigrant-focused trauma-informed practices. The aim is to support students who are navigating adverse childhood and adolescent experiences related to immigration status.</p> <p>Key TI principle-aligned provisions of the bill include:</p> <ul style="list-style-type: none"> Mandating that continuing teacher and leader education include courses, programs, and activities focused on immigrant-focused trauma-informed practices Requiring a minimum of 10 hours of immigrant-focused trauma-informed education within each five-year registration cycle Defining “immigrant-focused trauma-informed practices” as those “that address the effects of trauma related to immigration status, with attention to impacts on physical health, mental health, early childhood or adolescent development, and traumatic stress” <p>This bill builds on prior efforts from the 2023–2024 legislative session (S9092), demonstrating a continued commitment to embedding trauma-informed and culturally-responsive frameworks into educator preparation and practice.</p> <p>A8034: https://www.nysenate.gov/legislation/bills/2025/A8034 S1025: https://www.nysenate.gov/legislation/bills/2025/S1025</p>

New York	Senate Bill 4974 S4974	Pending (Finance Com., 2/14/25)	<p>This bill creates a Reentry Services and Treatment Fund to support voluntary, community-based services and treatment for individuals reentering the community following incarceration. It also strengthens the state’s trauma-informed infrastructure by mandating TIC and mental health training for peace officers working within the legal system.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> • Creation of a dedicated Reentry Services and Treatment Fund held in the custody of the State Comptroller and Commissioner of Taxation and Finance • Targeted funding priorities include: <ul style="list-style-type: none"> ○ Rehabilitation services ○ Mental health treatment ○ Workforce development programs ○ Crime prevention and recidivism reduction supports ○ Other evidence-based reentry services • Use of funds requirements specify that programs must be: <ul style="list-style-type: none"> ○ Culturally, linguistically, and gender competent ○ Trauma-informed ○ Evidence-based ○ Inclusive of lived experience where appropriate • Regional disbursement emphasis to ensure equitable geographic coverage and address gaps in services at the community level • Mandatory trauma-informed training for peace officers, requiring at least 10 hours annually, covering: <ul style="list-style-type: none"> ○ Trauma-informed care and intervention ○ Gender-informed care ○ Safe de-escalation techniques ○ The impacts of ACEs and parental incarceration ○ Behavioral health challenges and diagnoses ○ Use of evidence-based mental health first aid practices ○ Collaboration across agencies/sectors <p>https://www.nysenate.gov/legislation/bills/2025/S4974</p>
Alaska (Legislative	House Bill 36	Pending (Passed in House,	This measure expands access to behavioral and mental health services for minors aged 16 and older, particularly those who are unaccompanied, unhoused, or in state custody. It allows such young people to independently consent to short-term outpatient mental health

<p>Session: 1/21/25 - 5/21/25 with carryover to 2026)</p>	<p>HB36</p>	<p>3/26/25; Senate Finance Com., 5/16/25)</p>	<p>care, with carefully outlined guardrails regarding parental notification and treatment continuation. The mental health consent provisions within the bill reflect a notable effort to honor youth autonomy, especially in high-risk circumstances, and to structure protections around clinical judgment and youth wellbeing.</p> <p>The bill also establishes new placement, notification, and treatment protocols for children in state custody receiving psychiatric care, both in-state and out-of-state.</p> <p>Notably, the measure introduces a mandate that treatment foster homes include ongoing training in TIC, and it expands the definition of specialized services to explicitly include TIC and interventions for abuse-related trauma, PTSD, depression, anxiety, suicidal ideation, and substance use.</p> <p>https://www.akleg.gov/basis/Bill/Detail/34?Root=HB36</p>
<p>Arizona (Legislative Session: 1/13/25 - 4/26/25)</p>	<p>House Bill 2320 HB2320</p>	<p>Pending (Engrossed in Senate, 2/27/25; Senate Appropriations Com., 4/1/25)</p>	<p>This bill appropriates \$1,000,000 from the state’s general fund to the Dept. of Veterans’ Services to distribute as grants to nonprofit organizations providing a range of supports to support the physical and mental health of veterans, active duty service members, and their families.</p> <p>Nonprofit entities eligible for funding include those “that deliver evidence-based, trauma informed, clinical care, physical fitness and strength conditioning training from a certified strength and conditioning specialist, mindful movement classes, nutritional guidance from a registered dietician, wellness, education, peer outreach, programming for Native American veterans, and clinician training for the benefit of active duty service members, veterans of all eras and discharge status, and their families, who are impacted by mental and behavioral health issues.”</p> <p>The “mental and behavioral health issues” that the bill funds services to address include post-traumatic stress injuries, traumatic brain injuries, depression, anxiety, substance use disorder, and suicidal ideation.</p> <p>Notably, the bill states that grantee nonprofits operate in partnership with qualified hospital systems and Arizona state universities, without restriction based on service era or discharge status, which helps remove barriers that have historically excluded certain veterans from care. The inclusion of peer outreach, culturally-responsive supports for Native veterans, and</p>

			<p>a broad definition of eligibility reflects an understanding of the lasting and intersecting effects of trauma and marginalization across military experiences.</p> <p>The bill also exempts the appropriated funds from standard lapsing rules, allowing for extended use and implementation timelines that align with the realities of building sustainable trauma-informed programming.</p> <p>https://apps.azleg.gov/BillStatus/BillOverview/82091</p>
Arizona	Senate Bill 1230 SB1230	Pending (Engrossed in Senate, 3/5/25; House motion to reconsider third reading passed, 6/4/25)	<p>This measure revises the permitted uses of the state’s Medical Marijuana Fund (MMF) to explicitly direct funding toward research, clinical trials, and a range of public health initiatives that include prevention, treatment, and systems-level change.</p> <p>While much of the bill focuses on administrative and funding mechanics, it does meaningfully embed trauma-informed and resilience-building priorities through its various provisions and directives.</p> <p>Notably, substantial appropriations from the MMF are made to address suicide prevention, mental health treatment, primary care in rural and underserved areas, and behavioral health loan repayment programs, with specific prioritization for psychiatry and treatment of mental health challenges.</p> <p>The bill also reaffirms earlier statutory transfers (originally from 2020) of \$10 million to programs addressing ACEs, maternal mortality, substance use among young people, and child fatality reviews.</p> <p>The bill authorizes the state’s Biomedical Research Centre to oversee and award grants for FDA- and DEA-approved clinical trials focused on the safety and efficacy of cannabis use and its interactions with other substances, particularly to explore applications regarding autism, epilepsy, pain, and PTSD.</p> <p>https://apps.azleg.gov/BillStatus/BillOverview/82579</p>
Arizona	Senate Bill 1315 SB1315	Pending (Government Institutions Com., 2/3/25)	<p>This measure expands and codifies the Community Treatment Program for Imprisoned Women and Their Children, authorizing the state’s Dept. of Corrections to contract with an experienced nonprofit entity to operate a community treatment center designed for people who give birth during their time in a carceral setting and are within five years of release.</p>

			<p>The measure explicitly mandates that the program deliver trauma-informed substance use and mental health treatment within a secure yet “least-restrictive” setting, offering services designed to support family healing and re-entry.</p> <p>Participants are also eligible for home arrest under expanded eligibility criteria, helping promote family unification and continuity of care through community-based alternatives to incarceration. Notably, the bill also recognizes the critical developmental needs of children, requiring stable, caregiving environments grounded in child development expertise and professional oversight.</p> <p>The bill states that eligible supports and services include those pertaining to parenting education, emotional well-being, financial literacy, educational and employment skill-building, workforce readiness, and pediatric care.</p> <p>The legislation captures the importance of continuity of care following release by calling for assistance in securing housing, childcare, and employment. It also mandates public reporting requirements and annual evaluations, aiming to support transparency, improvement, and accountability in how the program evolves over time.</p> <p>https://apps.azleg.gov/BillStatus/BillOverview/82698</p>
Arizona	Senate Bill 1316 SB1316	Became Law 5/2/25	<p>This measure formally establishes the Maternal Mortality Review (MMR) Program as a permanent initiative within the state’s Dept. of Health Services to evaluate the incidence, causes, and preventability of pregnancy-associated deaths. The bill shifts responsibility for these reviews from the State Child Fatality Review Team to a dedicated MMR Program and Committee, which presents a more robust infrastructure for understanding and addressing mortality among child-bearing people.</p> <p>Notably, the bill mandates that people engaging with bereaved family members must be trained in trauma-informed interview techniques and educated on available support services, helping ensure that data collection and communication happen in a manner that prioritizes emotional safety and minimizes risk of re-traumatization.</p> <p>In addition to developing a statewide data system, the MMR Program is responsible for coordinating case reviews, issuing regular reports with prevention recommendations, and evaluating the adequacy of existing laws, services, and systems that may impact health outcomes for those having children. The measure engages these reviews to focus on</p>

			<p>pregnancy-associated deaths, defined as deaths occurring during pregnancy or within one year postpartum, and include an assessment of whether the death was considered preventable and what systemic interventions might have made a difference.</p> <p>The bill outlines that committee membership must include obstetricians, a midwife, behavioral health and domestic violence professionals, and representatives from tribal, rural, and hospital communities, among others, indicating a commitment to engaging a multidisciplinary, collaborative approach.</p> <p>https://apps.azleg.gov/BillStatus/BillOverview/82699</p>
Arizona	Senate Bill 1628 SB1628	Pending (Government Institutions Com., 2/11/25)	<p>This measure establishes a Supportive Housing Pilot Program through the state’s Dept. of Housing with the explicit goal of reducing chronic homelessness by offering stable housing paired with wraparound services.</p> <p>The Program would center on populations that have been disproportionately impacted by intergenerational adversity and systemic disconnection, including people experiencing chronic housing instability, those living with mental health and/or substance use challenges, veterans, younger people, families, and older people.</p> <p>The bill prioritizes connection to mental health care, substance use treatment, job training, and case management, with small-scale, community-based housing models that seek to create a sense of belonging, mutual support, and stability. TO this point, facilities are intentionally designed to support healing environments with small dormitory-style homes with communal kitchens, living areas, designated therapy/case management spaces, etc.</p> <p>Notably, all Program staff are required to receive TIC training. The legislation explicitly frames TIC training as necessary for supporting participants in a dignified and empowering way.</p> <p>Additionally, the bill would mandate quarterly meetings across health, housing, and social services sectors to support cross-sector accountability and responsive adaptation.</p> <p>The bill also includes clear program evaluation mechanisms to ensure there is a framework for tracking progress regarding housing stability, employment/job training engagement, and reduced chronic homelessness. The required annual reporting includes both quantitative</p>

			<p>data and more qualitative reflective assessments of what changes are needed for more effective, inclusive, and sustainable program implementation.</p> <p>The legislation would sunset in 2030 unless renewed, positioning it as a pilot with a built-in feedback loop and opportunity for continuous improvement, which further aligns with trauma-informed values of responsiveness and integrative, iterative learning processes.</p> <p>https://apps.azleg.gov/BillStatus/BillOverview/83063</p>
<p>Arkansas</p> <p>(Legislative Session: 1/13/25 - 4/16/25)</p>	<p>House Bill 1653</p> <p>HB1653</p>	<p>Became Law</p> <p>4/16/25</p>	<p>This measure restructures the oversight of psychiatric residential treatment facilities (PRTFs) by transferring licensure and regulatory responsibilities from the Child Welfare Agency Review Board to the Department of Human Services. The measure establishes a new statewide licensing framework that includes expanded definitions, quality assurance standards, and compliance oversight aligned with federal Medicaid rules and TIC principles.</p> <p>The law defines PRTFs and long-term care facilities, requires facility accreditation and certification of medical necessity, and mandates individualized, trauma-informed treatment planning. Facilities must demonstrate the capacity to improve or prevent regression of psychiatric conditions and maintain continuity of care during and after discharge.</p> <p>The act also requires annual quality assurance reviews, outlines enforcement of compliance through civil penalties or licensure actions, and establishes the power to engage corrective action plans. Components of the new standards include trauma-informed programming, family-driven care, clinical discharge planning, and integration of educational and medical supports. A one-year transition period is established for implementation.</p> <p>https://arkleg.state.ar.us/Bills/Detail?id=hb1653&ddBienniumSession=2025%2F2025R</p>
<p>Arkansas</p>	<p>Senate Bill 320</p> <p>SB320</p>	<p>Became Law</p> <p>4/10/25</p>	<p>This measure requires that young people who become involved with the Division of Youth Services would receive individualized treatment plans grounded in validated risk and needs assessments, with measurable goals and ongoing reassessment based on developmental needs and progress. Placement decisions must be driven by these assessments to support alignment between services and a young person’s level of care.</p> <p>Community-based alternative services are mandated and must be provided through a treatment model that supports continuity of care, connection to families and communities, and the full scope of a young person’s behavioral health and educational needs. The bill defines community-based alternative basic services as those “provided through a treatment</p>

			<p>model that is evidence-based, developmentally appropriate, family-centered, strength-based, and trauma-informed.”</p> <p>Programs may include services for younger people with substance use or mental health concerns, re-entry supports, therapeutic residential options, and prevention or early intervention programming designed to divert young people from incarceration.</p> <p>https://arkleg.state.ar.us/Bills/Detail?id=sb320&ddBienniumSession=2025%2F2025R</p>
Arkansas	Senate Bill 458 SB458	Became Law 4/23/25	<p>This bill explicitly requires the state’s courts to consider the impact of trauma, system involvement, and developmental differences when determining whether a young person should be transferred to adult court or when sentencing an individual for an offense committed as a minor.</p> <p>The measure seeks to ensure that, in their deliberations, judges include a young person’s mental, physical, educational, and social history as well as the context in which that history was shaped, specifically including “exposure to ACEs, childhood trauma, foster care or child welfare system involvement, and experiences of human trafficking, sexual abuse, or rape.” Including this in the measure aligns with emerging and evolving understandings of how experiencing trauma and/or adversity can bring about survival adaptations often end up being labeled as “delinquent” or “criminal.”</p> <p>The bill also codifies recognition of the developmental differences between youth and adults, including reduced culpability and the normative impulsivity, emotional regulation challenges, and identity formation processes that characterize adolescence. These considerations are required at three critical points: transfer hearings, extended juvenile jurisdiction determinations, and sentencing hearings for offenses committed by people under 18.</p> <p>While implementation would depend heavily on judicial training and discretion, the statutory shift that this measure proposes is a meaningful step toward embedding trauma-informed values into the legal system.</p> <p>https://arkleg.state.ar.us/Bills/Detail?id=sb458&ddBienniumSession=2025%2F2025R</p>
Arkansas	Senate Bill 620	Became Law 4/23/25	<p>This measure updates existing provisions to incorporate trauma-informed considerations in cases involving young people who have survived the experience of being trafficked.</p>

	<p>SB620</p>		<p>The bill requires courts to consider a young person's history of ACEs, trauma exposure, human trafficking victimization, sexual abuse, and system involvement (such as CPS, foster system, etc.) when making decisions about whether to transfer a delinquency case to criminal court, assign extended juvenile jurisdiction, or impose a sentence for offenses committed as a minor.</p> <p>The measure also establishes an affirmative defense for minors charged with nonviolent offenses if their actions were a direct result of being trafficked. The statute expands the definition of human trafficking to include coercing minors into criminal organizations or using force, threats, or manipulation to pressure pregnant people into adoption arrangements.</p> <p>Together, these provisions embed developmental context and trauma exposure into judicial discretion, helping to mitigate harm to young people who have already experienced significant victimization.</p> <p>https://arkleg.state.ar.us/Bills/Detail?id=sb620&ddBienniumSession=2025%2F2025R</p>
<p>California (Legislative Session: 12/2/24 - 9/12/25, with carryover to 2026)</p>	<p>Assembly Bill 29 AB-29</p>	<p>Pending (Held under submission in Assembly, 5/23/25)</p>	<p>This measure expands the types of providers eligible to conduct ACEs trauma screenings under Medi-Cal, increasing access to early identification and referral pathways for those impacted by ACEs.</p> <p>The bill would require the state's Dept. of Health Care Services (DHCS) to recognize community-based organizations and local health jurisdictions delivering services through community health workers, as well as doulas, as qualified Medi-Cal providers eligible for reimbursement for ACEs trauma screenings. These providers would be required to make clinical and/or other appropriate referrals based on screening results as a condition of reimbursement, which is notable as it both identifies the presence of ACEs to inform the work they are doing with the individuals and also would go beyond identification toward linkage with providers to coordinate with to support healing and mitigate long-term risk we know are associated with ACEs based on public health data.</p> <p>The bill also directs DHCS to update its website and the ACEs Aware platform to include the new categories of eligible providers, making it easier for people seeking care as well as for providers seeking information for their professional role.</p>

			<p>Notably, the bill is co-sponsored by the Black Wellness and Prosperity Center and the Fresno Community Health Improvement Partnership, reflecting an equity-grounded push for trusted messengers in ACEs screening.</p> <p>As of May 2025, the bill was held under submission in the Assembly Appropriations Committee, meaning it did not advance past the fiscal review stage. It may still be reconsidered this session, pending leadership action.</p> <p>https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260AB29</p>
California	Assembly Bill 319 AB-319	Pending (Held under submission in Assembly, 5/23/25)	<p>This measure seeks to ensure that children and young people in foster care who have experienced severe trauma receive coordinated, timely, and trauma-informed services by building upon existing mandates requiring interagency memoranda of understanding (MOUs) through adding new county-level planning obligations and deepening alignment with state-level guidance and technical support.</p> <p>Each county will be required to submit a plan (updated biannually) that has been developed in collaboration with its interagency leadership team (inclusive of tribes), detailing how it will ensure trauma-informed supports for foster children and young people impacted by severe trauma.</p> <p>The plans must reflect and respond to systemic recommendations developed by the state’s Joint Interagency Resolution Team, which has previously identified service gaps and placement barriers, particularly for younger people with unplanned discharges from Short-Term Residential Therapeutic Programs and those impacted by commercial sexual exploitation, intellectual or developmental disabilities, and acute behavioral health needs.</p> <p>Plans must also describe how the county will expand local Short-Term Residential Therapeutic Program capacity to better support young people within the least restrictive settings.</p> <p>Notably, the measure builds in accountability and transparency mechanisms by requiring counties to take into consideration both statewide strategy and locally-identified systemic barriers when drafting their plans.</p>

			<p>County MOUs will continue to include robust requirements for cross-sector, cross-system collaboration. Core elements include integrated practice models, shared screening and assessment protocols, data-sharing agreements, and dispute resolution pathways.</p> <p>As of May 2025, this bill was held under submission in the Assembly Appropriations Committee, meaning it did not advance past the fiscal review stage. It may still be reconsidered this session, pending leadership action.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB319</p>
California	Assembly Bill 601 AB-601	Pending (Passed in Assembly, 6/2/25; Senate Human Services and Public Safety Coms., 6/11/25)	<p>This measure aligns required training and practices among mandated reporters with trauma-informed, anti-racist, and family-centered principles by directing the state’s Office of Child Abuse Prevention to develop a standardized statewide training curriculum for all mandated reporters.</p> <p>The training must include education on:</p> <ul style="list-style-type: none"> • Definitions of trauma, bias, neglect, and reasonable suspicion • The history and racialized impact of mandated reporting laws • Considerations for vulnerable populations • The effects of reporting on families • Resources that can be offered to families as alternatives to system involvement <p>Employers must document and verify completion of this training for all mandated reporters according to the bill, which further requires that all counties include in their Family First Prevention Services Act plans clear strategies for providing information to mandated reporters about community-based supports available to families. This aligns with promising trends of moving past “mandated reporting” and into “mandated supporting” practices.</p> <p>The bill also establishes a Mandated Reporting Advisory Committee within the California Child Welfare Council to guide implementation and ensure that the transformation from mandated reporting to community supporting continues. The committee is required to include people with lived experience of system involvement alongside agency and organizational representatives.</p> <p>Notably, the bill’s framing is clear in conveying that mandated reporting practices have not made children safer, and have disproportionately harmed Black, Indigenous, and Latiné families through unnecessary reporting and surveillance, and that this measure seeks to</p>

			<p>reduce that harm by training reporters to better understand trauma and context, avoid reflexive reporting, and instead engage families through trust, cultural humility, and connection to voluntary resources.</p> <p>The bill also requires that counties provide prevention services “using a trauma-informed approach, including one informed by historical and multigenerational trauma.”</p> <p>Notably, a floor analysis on 5/28/25 includes a statement from the Children’s Law Center of California: “Unnecessary reporting is harmful to children, families and communities. It breaks trust, produces feelings of shame and anger, and pushes families away from the help they need instead of inviting them to move toward a community that has support available for them.”</p> <p>Notably, earlier versions of the bill included strong language explicitly acknowledging that mandated reporting has not increased child safety and has caused disproportionate harm to Black, Indigenous, and Latiné families. This direct language was removed in later versions, potentially reflecting political compromise. However, the bill’s structure and training content still emphasize trauma-informed, anti-racist, and healing-centered approaches.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB601</p>
California	Assembly Bill 772 AB-772	Pending (Passed in Assembly, 6/2/25; Senate Education Com., 6/11/25)	<p>This bill tasks the Dept. of Education with developing and distributing a model policy to address cyberbullying and related off-campus acts of harassment or intimidation that significantly impact students’ learning environments.</p> <p>Notably, the bill calls for this model policy to be informed by trauma-informed practices, restorative justice concepts, social and emotional learning principles, and schoolwide positive behavior interventions and supports frameworks, all of which are grounded in evidence-based strategies to foster regulation, accountability, and healing within school communities. These practices are specifically identified as tools to help students gain social-emotional and regulation skills, transform trauma-driven behaviors, understand the impact of their actions, and participate in meaningful repair of harm when it has happened.</p> <p>The bill recognizes that harmful online behavior occurring outside of school hours and off-campus can spill into creating a hostile educational environment, and it outlines clear authority and responsibility for schools to intervene when the impact is severe or pervasive. There is a requirement for all LEAs in the state to distribute the policy to all credentialed</p>

			<p>staff, students, and caregivers, which emphasizes shared responsibility and transparency in implementation. The bill clarifies that while LEAs are authorized to act on severe off-campus cyberbullying, they are not required to do so, and are not held liable if they choose not to intervene.</p> <p>The measure anticipates state-level reimbursement for associated implementation costs, helping ensure that schools serving under-resourced communities are not unduly burdened.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB772</p>
California	Assembly Bill 785 AB-785	Pending (Passed in Assembly, 6/2/25; Senate Public Safety and Health Coms., 6/11/25)	<p>This measure creates the Community Violence Interdiction Grant Program to provide funding for community-driven, trauma-informed, and evidence-based interventions that aim to prevent and reduce violence in neighborhoods and schools across the state, prioritizing regions most impacted by gang involvement and structural violence.</p> <p>Programs eligible for funding include those that:</p> <ul style="list-style-type: none"> • Offer evidence-based, focused-deterrence strategies targeting gangs, combining outreach with supportive services to interrupt cycles of violence and gang involvement • Provide recreation and health-based interventions for young people during peak times where violence tends to happen, a protective strategy backed by the research as promoting prosocial engagement and environmental safety • Deliver evidence-based trauma interventions for young people impacted by trauma • Expand diversion efforts for young people that emphasize positive development and prevent deeper involvement in the legal system • Support the creation and operation of school-based health centers, offering on-site access to physical, mental, and behavioral health services <p>Importantly, the bill requires applicants proposing trauma-responsive programming to prioritize access for young people with the greatest barriers to care, including:</p> <ul style="list-style-type: none"> • Those who are unhoused • Those living in poverty • Those displaying symptoms of PTSD and complex trauma • Those from immigrant and refugee communities • Those with exceptional needs

			<ul style="list-style-type: none"> Those who have been involved with the legal system or with child- and family-supporting systems <p>This fund supports community-led healing and prevention efforts and also ensures that divestment from more punitive systems is matched by meaningful investment in infrastructure and systems that contribute to resilience and wellbeing.</p> <p>https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB785</p>
California	Assembly Bill 788 AB-788	Pending (Passed in Assembly, 6/3/25; Senate Rules Com., 6/4/25)	<p>This bill establishes a new Division of Female Programs and Services within the state’s Dept. of Corrections and Rehabilitation and restructures leadership appointments to ensure what the bill refers to as “female adult institutions and re-entry programs” are managed through a dedicated, gender-responsive lens.</p> <p>The measure directs the Governor to appoint a subordinate officer responsible solely for female adult institutions, separate from the three appointees overseeing male facilities. It further requires that the division be led by someone with a minimum of five years’ experience serving incarcerated women and mandates a scope of oversight that includes prisons, conservation camps, parole, and community-based programming.</p> <p>The bill also mandates that the department develop and maintain a Female Offender Reform Master Plan in consultation with nationally-recognized experts and the newly-established Gender Responsive Strategies Commission. This commission is tasked with convening quarterly to integrate the perspectives of community organizations, treatment providers, researchers, formerly incarcerated women, labor representatives, and policymakers.</p> <p>The measure also explicitly requires the department to adopt operational practices that reflect gender-responsive, culturally sensitive, and trauma-informed approaches. These include revising the classification system and staffing patterns for women’s facilities, implementing needs-based assessment tools that consider trauma and mental health alongside vocational and educational needs, and designing evidence-based programming to reduce recidivism through wraparound supports. There is a particular emphasis on building family support and appointing family service coordinators in carceral settings housing only women.</p>

			<p>The bill integrates meaningful language and intent, and should it become law, its implementation and oversight structures will be critical to determining whether it can meaningfully shift culture around the legal system.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB788</p>
California	<p>Assembly Bill 896</p> <p>AB-896</p>	<p>Pending</p> <p>(Passed in Assembly, 5/15/25, Senate Human Services Com., 5/28/25)</p>	<p>This measure would strengthen placement transition supports within the state’s child welfare system by requiring “all county child welfare agencies” to adopt developmentally- and trauma-informed placement transition planning policies.</p> <p>Notably, the measure is explicitly grounded in recognition that changes in placement can be disruptive, destabilizing, and traumatic for foster youth, caregivers, siblings, and others involved in their care. This is aligned with the trauma-informed concept that impact matters, even if there is positive intent behind an action that ends up being more harmful than helpful.</p> <p>The bill affirms that trauma-informed transition planning is essential to minimize relational loss and mitigate the cumulative harm of placement disruptions. It codifies guidance, timelines, and safeguards to better align practice with what is known about healthy development, attachment, and healing.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • County Placement Transition Policies must be adopted and submitted to the State Department of Social Services to: <ul style="list-style-type: none"> ○ Ensure that foster children across all developmental stages have a meaningful opportunity to provide input into transition plans, with attention to age and developmental capacity ○ Provide clear guidance for social workers on how to gather, integrate, and share information in a manner that reduces trauma and supports wellbeing, including attention to emotional, cultural, spiritual, and relational impacts of moves ○ Outline how transitions will be carried out, including preparation steps, maintaining the child’s relationships and possessions, and ensuring continuity of care, schooling, and routines ○ Legislative intent language strongly emphasizes the potential trauma of placement changes and affirms that transition planning should be individualized, flexible, and include appropriate supports for all involved (including caregivers and families)

			<ul style="list-style-type: none"> • Requires that, when a placement cannot be preserved, county social workers must engage in transition planning consistent with the county’s policy, including designating a consistent person to support the child throughout the transition and ensuring communication is clear and developmentally appropriate • State oversight is expanded with guidance from the state to be issued describing best practices for trauma-informed placement transitions, requiring each county to submit their policy within one year of that guidance being issued <p>Child and Youth Rights are updated to explicitly include:</p> <ul style="list-style-type: none"> ○ The right to have transitions planned in ways that reduce trauma and consider relational, cultural, and developmental needs ○ The right to participate in planning transitions and to be supported in understanding what is happening ○ Resource family training requirements are amended to include specific training on trauma-informed placement transition planning. <p>Notably, the bill requires foster youth and caregivers to be consulted during the creation of each county’s placement transition policy. The bill adds to the Foster Youth Bill of Rights the explicit right "to be involved in their placement transition planning." These aspects make explicit the participatory and co-constructed nature of the policy, reinforcing trauma-informed implementation.</p> <p>Language is also added requiring resource family training to include placement transition planning and to emphasize cooperation across caregivers to support continuity.</p> <p>Notably, in the June 2025 Senate Human Services bill analysis report, the following statement appears: "Currently foster youth have no input in the transition process... This bill seeks to address this by requiring each county child welfare agency to adopt a policy... By ensuring foster children have a voice in their placement transitions, this bill seeks to minimize the trauma of transitions and create a more supportive system."</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB896</p>
California	Assembly Bill 1201 AB-1201	Pending (Passed in Assembly, 6/3/25;	“ReUNITY Act” - This bill establishes a pilot program administered by the Dept. of Health Care Services (DHCS) that creates voluntary, community-based reentry supports for people with behavioral health needs who are at risk of recidivism following incarceration.

		<p>Senate Rules Com., 6/4/25)</p>	<p>The bill builds on and evolves earlier policy efforts (like the Community Assistance, Recovery, and Empowerment [CARE] Act and the Behavioral Health Continuum Infrastructure Program) by explicitly naming reintegration and healing (vs. treatment compliance) as central to public safety and wellbeing.</p> <p>The measure seeks to fill systemic gaps in care during the re-entry period, where people are particularly vulnerable. To do so, it authorizes five counties to operate ReUNITY programs that provide voluntary stabilization services, navigation support, and coordinated care for up to 24 months post-release.</p> <p>ReUNITY programs must be strengths-based and participant-directed, and offered in the least restrictive manner necessary.</p> <p>ReUNITY program eligibility focuses on people:</p> <ul style="list-style-type: none"> • With a history of significant behavioral health needs (including serious mental health or substance use challenges) • Who are at high risk of recidivism or harm post-release • Who agree to voluntarily engage in the program <p>Counties are expected to coordinate services across behavioral health, housing, workforce, and re-entry systems. Services covered may include peer navigation, care management, housing support, medication management, behavioral health treatment, and help accessing public benefits.</p> <p>Notably, counties must ensure access to culturally relevant and community-based supports, including options led by peers and people with lived experience.</p> <p>The bill centers and explicitly defines key frameworks as being required to integrate into all aspects of program delivery:</p> <ul style="list-style-type: none"> • Harm reduction - “honoring the values, beliefs, customs, and languages of the populations served and incorporating an awareness of the social, cultural, and historical realities that affect them, including the ongoing and individual and collective impacts of racism and historical trauma” • Cultural responsiveness - “A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use and a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm
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California	Senate Bill 476 SB-476	Pending (Rules Com., 2/26/25)	<p>This bill amends provisions related to the licensure, standards, and oversight of Short-Term Residential Therapeutic Programs (STRTPs).</p> <p>The measure preserves existing statutory language that explicitly requires STRTPs to offer care that is trauma-informed, with new clarifications reinforcing the role of trauma-informed practice in treatment planning, staff training, crisis response, and transitional support.</p> <p>Key elements of alignment with trauma-informed principles include:</p> <ul style="list-style-type: none"> • STRTPs must prepare and maintain a written plan of operation that details a comprehensive trauma-informed treatment model, which must be appropriate for the individual needs of children and families and based on assessments conducted by a qualified individual • The required staff training includes extensive education on: <ul style="list-style-type: none"> ○ Trauma and its impacts on development, behavior, and emotional regulation ○ De-escalation strategies ○ Trauma-informed crisis management ○ Grief and loss • The provision of trauma-informed transition services for young people exiting STRTPs, whether the discharge is planned or unplanned, including participation in placement preservation efforts and direct collaboration with receiving providers • Treatment planning must incorporate collaborative processes through child and family teams, emphasizing the inclusion of biological and extended family members

			<p>and the integration of family connections into care and discharge planning, where appropriate</p> <ul style="list-style-type: none"> • Programs must implement gender-responsive, culturally sensitive, and developmentally-appropriate care, explicitly referencing the needs of LGBTQIA2S+ youth, Native youth (via ICWA), youth with disabilities, and youth at increased risk of commercial sexual exploitation <p>https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SB476</p>
California	Senate Bill 857 SB-857	Pending (Passed in Senate, 5/15/25; Assembly Public Safety Com., 5/29/25)	<p>This comprehensive omnibus bill restructures key aspects of the state's public safety and violence prevention systems through the creation of new infrastructure that centers trauma-informed, culturally-responsive, and community-led approaches to healing, accountability, and prevention.</p> <p>At its core, the bill affirms that public safety cannot be achieved without addressing root causes of trauma and state-perpetrated and -perpetuated harm. It authorizes the creation of the Office of Community-Based Initiatives within the CA Health and Human Services Agency and establishes the Interagency Council on Community Healing and Violence Prevention to coordinate statewide efforts.</p> <p>Together, these entities are tasked with advancing a vision of safety grounded in healing rather than punishment, which is accomplished through a combination of grantmaking, technical assistance, evaluation support, and systems coordination.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Creation of the Office of Community-Based Initiatives (OCBI), which is a permanent office to administer, align, and expand statewide grants and technical assistance for violence prevention and healing initiatives <ul style="list-style-type: none"> ○ All programs administered by the Office must reflect trauma-informed, culturally responsive, and healing-centered principles. The office is directed to prioritize organizations that are survivor-led, youth-led, and rooted in historically marginalized communities • State-administered funding streams across multiple agencies (including CDPH, CalVIP, and CDCR reentry grants) must incorporate trauma-informed service delivery, promote workforce wellness, and ensure that supported organizations demonstrate experience with relational, restorative, and culturally grounded practices

			<ul style="list-style-type: none"> ○ Programs paid for by the grant program in the bill must show capacity to mitigate the impacts of trauma, violence, and incarceration ● Mandates the development of learning and evaluation models that move beyond punitive or pathology-based frameworks. Instead, it supports the use of community-defined evidence, nonclinical indicators of healing, relational accountability models, and qualitative metrics of safety and resilience. The bill explicitly authorizes the inclusion of narrative, ritual, and peer-based feedback mechanisms. ● Funding streams are directed to support training and capacity-building for a workforce that includes peer leaders, formerly incarcerated individuals, and survivors of violence. The bill highlights the importance of relational healing practices and cultural continuity in workforce development. ● The Interagency Council is charged with aligning prevention, reentry, and healing investments across departments, creating a unified framework to reduce harm and promote equity. This includes attention to multigenerational trauma, structural racism, and historical state violence. ● Requires state-funded programs to demonstrate an understanding of the unique needs of youth and families impacted by incarceration, state violence, and systemic neglect. Trauma-informed and healing-centered engagement is required across program planning, implementation, and evaluation phases. <p>Notably, the term "trauma" appears throughout the bill in reference to systemic, intergenerational, community, and individual levels. The legislation consistently emphasizes the importance of relational repair, culturally rooted healing, and survivor-defined priorities.</p> <p>Although the measure spans a broad set of public safety reforms, not all of which are directly related to a trauma-informed approach, its core orientation toward trauma-informed governance and community-defined healing makes it highly aligned with the principles of trauma-informed policy transformation vs. just a few bullet points in a longer budget bill, as is so often seen, which offers promise in the quest to meaningfully embed trauma-informed principles into institutions and systems.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260SB857</p>
<p>Colorado (Legislative)</p>	<p>House Bill 1097 HB25-1097</p>	<p>Became Law 5/28/25</p>	<p>This measure would require structured, individualized placement transition plans when a child is moved from one family-based out-of-home placement to another or back to their home. It bill seeks to minimize abrupt, destabilizing placement changes that can worsen trauma, disrupt attachments, and harm developmental well-being.</p>

<p>Session: 1/18/25 - 5/7/25)</p>			<p>The bill tasks those in the role of county child welfare caseworkers with creating an Individualized Placement Transition Plan whenever a child moves between foster homes, kinship foster homes, non-certified kinship care, or returns home (unless an emergency dictates an immediate change).</p> <p>Notably, Plans must prioritize the mental, emotional, and physical needs of the child, while also taking into account the needs of the parents and caregivers related to the child’s care. Each plan must address pre-transition logistics, communication frameworks, the physical movement process, timelines for the move, and post-transition communication and support. Plans must be developed collaboratively through a meeting of all relevant parties (including the child when appropriate) unless waived by unanimous agreement.</p> <p>Also noteworthy are the provisions that outline that special care must be taken to ensure a child’s belongings are respectfully packed and transported, that children maintain important connections where possible, and that transitions are handled by familiar adults whenever feasible.</p> <p>Further, when a child has Native lineage, plans must intentionally support maintaining or developing connections to the child’s tribe, consistent with the federal Indian Child Welfare Act.</p> <p>The bill also notably requires trauma-informed training for county caseworkers, incorporating perspectives from individuals with lived experience in foster transitions.</p> <p>https://leg.colorado.gov/bills/hb25-1097</p>
<p>Colorado</p>	<p>House Bill 1146 HB25-1146</p>	<p>Made Law 6/2/25</p>	<p>This measure enacts significant statewide reforms to the state's legal system pertaining to minors, emphasizing trauma-informed, culturally rooted, and developmentally appropriate deflection and community-based support structures over incarceration. It addresses systemic overreach and provides clear guidelines for reducing legal system involvement for youth, particularly those deemed incompetent or whose conduct does not require secure confinement.</p> <p>Key provisions include:</p>

			<ul style="list-style-type: none"> • Every young person in detention must have an individualized case plan that considers the least restrictive placement and explicitly incorporates trauma-informed care, cultural identity, and developmentally-appropriate interventions <ul style="list-style-type: none"> ○ These plans must be co-developed with community partners and reviewed quarterly • The Youth Deflection and Community Investment Grant Program is established to fund community-based, trauma-informed alternatives to youth incarceration <ul style="list-style-type: none"> ○ Funded programs must include: <ul style="list-style-type: none"> ▪ Mental health care ▪ Educational and career support ▪ Restorative justice ▪ Prosocial and recreational activities ▪ Credible messenger programs ▪ Grants are available only to programs that operate within a "mixed-delivery system" as defined in statute as "a system of adolescent development and education support services delivered through a combination of programs, providers, and settings that include partnerships between community-based nonprofit organizations and public agencies and that is supported with a combination of public and private funds" ▪ Updated standards for evaluating youth competency and mandates the timely dismissal of low-level charges for youth found incompetent, reducing harmful, unnecessary entanglement with the justice system • Requires local governments to adopt emergency release policies for youth when detention centers are at or above capacity • Grant recipients must collect outcome data disaggregated by demographics and submit regular public reports <ul style="list-style-type: none"> ○ Notably creates a peer learning collaborative to strengthen implementation • The bill mandates that programs be culturally rooted, gender-responsive, and trauma-informed, with required community input and technical assistance to support small and rural providers <p>Notably, the bill defines "trauma-informed" as "an approach that involves an understanding of ACEs and that responds to symptoms of chronic interpersonal trauma and traumatic stress across the lifespan of an individual."</p>
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			https://leg.colorado.gov/bills/hb25-1146
Colorado	Senate Bill 27 SB25-027	Became Law 6/3/25	<p>This measure establishes a work group to develop best practices for conducting school safety drills using trauma-informed practices and requires statewide recommendations to be issued for school training and emergency preparedness protocols.</p> <p>The Office of School Safety must convene a trauma-informed school safety drills work group, which is tasked with developing best practices for incorporating trauma-informed approaches into safety drills, responses to school safety incidents, and supporting students who experience emotional reactions to drills. Notably, this work group must include representation from public health experts, educators, mental health professionals, students, parents, and others, with a focus on ensuring diverse input reflective of race, socioeconomic status, geography, and ability.</p> <p>Key duties of the work group include:</p> <ul style="list-style-type: none"> • Identifying intended outcomes of trauma-informed school safety practices • Developing best practices for planning, executing, and responding to different types of school safety incidents • Recommending skills and knowledge necessary for school personnel training on trauma-informed practices • Establishing guidance on the frequency of drills, advance notice to families, as well as support for students before, during, and after drills • Identifying state and local resources and potential funding sources needed for implementation <p>The bill defines “Trauma-Informed Practices” as “a systematic approach that recognizes the prevalence of adverse and traumatic experiences of school safety drills and equips school personnel with knowledge to recognize trauma and strategies to support students and school personnel who experience trauma.”</p> <p>https://leg.colorado.gov/bills/sb25-027</p>
Colorado	Senate Bill 43 SB25-043	Dead (Amendments failed in House)	<p>This measure seeks to shift youthful offender sentencing and creating new community-centered pathways for deflection and healing.</p> <p>Key provisions aligned with a TI approach include:</p>

		<p>5/8/25</p>	<ul style="list-style-type: none"> • Emphasizes preparation for re-entry, behavioral health support, accountability without re-traumatization, and the development of healthy peer and adult relationships • Requires Individualized evaluations and treatment plans, taking personal context into account • Updates standards for evaluating competency when young people are charged in adult court settings, and also requires timely dismissal of charges when “incompetency” is found for lower-level offenses, reducing unnecessary and potentially harmful legal system involvement • Creates a grant program supporting trauma-informed, culturally responsive, and developmentally-appropriate services designed to divert young people from formal legal system processing, including: <ul style="list-style-type: none"> ○ Mental health care ○ Credible messenger mentorship ○ Educational support ○ Career development ○ Restorative justice ○ Access to prosocial activities <p>Notably, all programs funded through this initiative must operate through a trauma-informed lens, prioritize healing-centered engagement, and partner with community-based organizations with demonstrated cultural competence.</p> <p>The measure also provides some key definitions to support fidelity to intent of the bill in its application, including:</p> <ul style="list-style-type: none"> • “Trauma-informed” is defined as an approach that involves an understanding of adverse childhood experiences and that response to symptoms of chronic interpersonal trauma and traumatic stress across the lifespan of an individual • “Mixed-delivery system” as defined means a system of adolescent development and education support services delivered through a combination of programs, providers, and settings that include partnerships between community-based nonprofit organizations and public agencies and that is supported with a combination of public and private funds <p>Although this measure passed out of the Senate Judiciary Committee with multiple amendments, it failed to advance beyond the Senate Appropriations Committee on 5/8/25,</p>
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			<p>after the proposed amendments were laid over and not adopted. As a result, the bill did not move forward this session.</p> <p>https://leg.colorado.gov/bills/sb25-043</p>
Colorado	Senate Bill 64 SB25-064	Dead (Amendments failed in House) 5/13/25	<p>This measure requires the Safe2Tell program to issue a Handle With Care notice to a school when a student has been involved in an incident categorized under ACEs. This ultimately helps establish relational and emotional safety as well as facilitates coordination and collaboration to support children following exposure to a traumatic event.</p> <p>If a peace officer responds to an incident meeting this definition, they must report the child’s name and age to Safe2Tell. Upon receipt, Safe2Tell sends a confidential Handle With Care notice to the student’s school, consisting only of the student’s name and the phrase “handle with care,” with no further details disclosed.</p> <p>The school is directed to share the notice only with staff members who need to know, in order to help support the child. Importantly, the school is not required to take any particular action in response to the notice, which helps ensure flexibility and minimizes the risks of re-traumatization, stigmatization, and inappropriate labeling. This demonstrates a trauma-aware effort to alert trusted adults in a child’s daily environment.</p> <p>Deemed lost in House Appropriations on May 13, 2025, after being laid over unamended and failing to advance. The bill had previously passed the Senate (26–9) and received bipartisan committee support, but ultimately did not receive funding or further consideration in the House. Though passed by the Senate and supported with promising trauma-informed intent and cross-agency coordination, the bill failed in the House Appropriations Committee and will not move forward this session. A final fiscal note projected new costs of approximately \$78,000 in FY26–27, rising to \$88,000 by FY27–28, primarily for staffing and IT infrastructure to support the expanded notification system.</p> <p>https://leg.colorado.gov/bills/sb25-064</p>
Colorado	Senate Bill 151 SB25-151	Became Law 4/10/25 https://leg.colorado.gov/sites/default	<p>This measure establishes new statewide systems to prevent and respond to young people running away from residential childcare facilities, with a strong foundation in trauma-informed and safety-centered practice.</p> <p>Notably, the bill requires that every residential child care facility must develop trauma-informed policy outlining how they will respond when a child or young person threatens to or</p>

		<p>/files/2025a_151_signed.pdf</p>	<p>attempts to run away. The policy must include whether physical restraints are used and must incorporate any further trauma-informed standards adopted by the state department via rulemaking.</p> <p>Facilities are required to share their policy with children, young people, and their caregivers/parents/guardians at intake to promote transparency and informed participation.</p> <p>The bill also develops a statewide inventory survey of the physical infrastructure of residential childcare facilities to assess and address safety features that may deter younger people and children from running away.</p> <p>The bill also would require the state’s Dept. of Human Services to collaborate with key parties, including formerly system-involved young people, family members of young people who ran away, residential directors, child protection ombudsmen, and county departments, to shape rules.</p> <p>The bill focuses intentionally on prevention, response, and post-return care for children and young people who run away, seeking to create a continuum that centers safety, minimizes re-traumatization, and promotes repair when disruptions occur.</p> <p>https://leg.colorado.gov/bills/sb25-151</p>
<p>Connecticut (Legislative Session: 1/8/25 - 6/4/25)</p>	<p>House Bill 7077 H.B. No. 7077</p>	<p>Became Law 4/8/25</p>	<p>This measure establishes standards for crisis response drills in Connecticut public schools that align with the principles of a trauma-informed approach.</p> <p>The state’s Dept. of Emergency Services and Public Protection, in collaboration with the Connecticut Center for School Safety and Crisis Prevention at Western Connecticut State University, is directed to establish standardized terminology, response procedures, and debriefing protocols for crises. The process engages participant feedback as a way to improve future procedures and protocols.</p> <p>Notably, the bill outlines that crisis response drills must be conducted using trauma-informed approaches that prioritize both the physical and psychological safety of students and school personnel. Key requirements aligned with this include:</p> <ul style="list-style-type: none"> • Schools must notify students, school personnel, and parents/guardians one week prior to conducting any drill

			<ul style="list-style-type: none"> • Students must receive age-appropriate education and staff must be trained to reduce confusion and emotional distress before the first drill of each year • The purpose and nature of the drills must be explained in accessible language and provided in each student’s, school staff member’s, and caregiver’s/guardian’s native language • Mental health professionals must be actively involved throughout the drill process • Drills involving students may not include active assailant simulations or highly sensorial elements (e.g., fake assailants, gunfire sounds, blood, injuries) <ul style="list-style-type: none"> ○ These simulations are allowed only outside school hours for staff, first responders, and volunteers • Drills must include accommodations for students with cognitive, physical, and/or sensory disabilities • Each drill must be evaluated using the new standardized evaluation template, and school security and safety plans must be made available to the school community upon request, except where prohibited by the Freedom of Information Act <p>https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB07077&which_year=2025</p>
Connecticut	House Bill 7250 H.B. No. 7250	Dead (Tabled, 5/7/25)	<p>This bill implements several recommendations of the state's Juvenile Justice Policy and Oversight Committee (JJPOC), with multiple provisions that align with trauma-informed principles, participatory governance, and structural accountability.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Creation of a new state advisory council within JJPOC to fulfill federal Juvenile Justice and Delinquency Prevention Act requirements, including supporting equitable grant fund distribution <ul style="list-style-type: none"> ○ Membership structure emphasizes youth voice and lived experience, with a requirement that at least 1/5 of members be under 24 years old, and 3+ have direct system experience or be parents/guardians of those who do • Mandated development of a statewide youth diversion policy and diversion training curriculum by 2/2026, with community expertise included in the process and implementation embedded in police certification training <ul style="list-style-type: none"> ○ Promote alternatives to legal system processing, codify upstream diversion, and emphasize relational, developmentally responsive practice

			<ul style="list-style-type: none"> • The Dept. of Children and Families (DCF) is now required to annually report on its implementation of the "Specialized Trauma-Informed Treatment Assessment and Reunification Enhancement Plan" (STTAR Plan), an effort designed to improve group care practices and permanency support for high-needs youth <ul style="list-style-type: none"> ○ Specifies trauma-informed metrics, with an expectation that more will be developed over time • Annual reporting requirements that promote transparency and accountability across agencies, including: <ul style="list-style-type: none"> ○ DCF on trauma-informed STTAR plan implementation ○ State Department of Education on local Attendance Review Team efforts to reduce chronic absenteeism ○ OPM on youth reentry success plan effectiveness ○ Local diversion boards on outcomes for diverted youth, reported to DCF and relevant legislative committees • Youth reentry evaluation is institutionalized with coordination responsibilities shared by OPM and the Court Support Services Division, and an emphasis on restorative justice, housing, education, and trauma-responsive reentry pathways • Expanded committee membership to include new agency voices (e.g., housing, emergency services), more community representation, and a shift from judicially-appointed youth members to a nomination process led by the JJPOC's community expertise subcommittee, increasing alignment with participatory, survivor-led governance <p>The bill was "Tabled for the Calendar" in the House, meaning the bill was placed on the House calendar but not scheduled for further action. Unless it is called for a vote before the end of session, it will not advance. Since the 2025 session has now passed key legislative deadlines, HB 7250 is effectively dead for this session.</p> <p>https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HBO7250&which_year=2025</p>
Connecticut	Senate Bill 521 S.B. No. 521	Pending (Joint Judiciary Com, 1/13/25)	<p>This measure seeks to strengthen the state's legal and policy response to child sex trafficking through a trauma-informed and protective lens. It proposes updates to criminal statutes, policy development, agency procedures, and victim services that recognize the unique vulnerabilities of youth survivors.</p> <p>Key relevant provisions include:</p>

			<ul style="list-style-type: none"> • Updating criminal statutes to explicitly apply to offenses committed against minors, and to include conduct by buyers as well as traffickers • Developing policy guidance to ensure appropriate, trauma-informed responses for foreign national child sex trafficking victims • Requiring child- and family-supporting agencies as well as those supporting young people involved in the legal system to conduct trauma-informed screenings to identify children at risk of commercial sexual exploitation, and mandating the provision of specialized services for those identified through these processes • Allowing victims of commercial sexual exploitation to seek orders of protection against their exploiters • Amending existing law to permit all child victims of commercial sexual exploitation to testify by alternative methods that can reduce re-traumatization • Establishing a system where survivors are assigned a child sex trafficking-specific caseworker, with communications between the child and caseworker treated as privileged and confidential • Mandating statewide training for those working within juvenile legal system and child- and family-supporting system agencies on the identification and trauma-informed response to child sex trafficking <p>https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=SB00521&which_year=2025</p>
<p>Delaware</p> <p>(Legislative Session: 1/14/25 - 6/30/25, with carryover into 2026)</p>	<p>House Bill 213</p> <p>HB No. 213</p>	<p>Pending</p> <p>(House Judiciary Com., 6/11/25)</p>	<p>This measure creates a new legal privilege protecting confidential communications between victims and victim advocates, codifying clear boundaries for disclosure and reinforcing trauma-informed service delivery.</p> <p>The bill defines victim advocates as trained employees or supervised volunteers of a victim services agency who have completed a minimum of 20 hours of advocacy instruction. It outlines a comprehensive list of qualifying victim services, including trauma-informed counseling, safety planning, emergency assistance, and advocacy in medical, legal, and social service contexts.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Prohibits disclosure of any confidential communication between a victim and a qualified advocate, except under specific, limited circumstances • Privilege may be broken only when disclosure is necessary to prevent imminent serious harm OR when mandated by child abuse reporting laws

			<ul style="list-style-type: none"> • Privilege can be asserted by the victim, a qualified guardian, or the advocate themselves. It survives the victim becoming unreachable and ends only upon written waiver or death • Advocates who disclose information in good faith under one of the allowed exceptions are immune from liability, with a legal presumption of good faith <p>By safeguarding survivor-advocate communications, the measure advances trauma-informed practice across systems and helps ensure that victims feel safe accessing support without fear of re-traumatization or unwanted legal exposure. This legislation also reflects growing national trends toward embedding privacy and agency for survivors within statutory frameworks.</p> <p>Notably, the definition of "victim services" explicitly includes trauma-informed counseling and emphasizes holistic, culturally-responsive care.</p> <p>https://legis.delaware.gov/BillDetail?LegislationId=142488</p>
<p>Florida (Legislative Session: 3/4/25 - 5/2/25)</p>	<p>House Bill 1439 & Senate Bill 1620 H1439 & S1620</p>	<p><u>Became Law</u> 5/2/25</p>	<p>These companion measures (HB 1439 / SB 1620) make comprehensive changes to Florida’s behavioral health systems, embedding trauma-informed, person-first, and coordinated care approaches across mental health, substance use, legal, and educational systems.</p> <p>The bill mandates the use of standardized functional assessment tools, enhances mobile crisis services, improves discharge planning, expands access to behavioral health services via telehealth in schools, and promotes workforce development through specialized research centers.</p> <p>Key aligned provisions of the bill include:</p> <ul style="list-style-type: none"> • Mandating use of person-first language and trauma-informed practices across the Dept. of Children and Families • Updating minimum standards for mobile crisis response teams to include crisis diversion, rapid triage, and linkage to services, with specialized considerations for older adults • Strengthening individualized treatment planning by requiring updates every 30 days for patients in facilities (reducing to every 60 days after 24 months pass) • Requiring enhanced discharge planning that addresses access to medication, referrals to care coordination and peer services, and connection to recovery supports

			<ul style="list-style-type: none"> Creating a biennial review of school-based behavioral health access through telehealth, identifying and reporting on service gaps and barriers <p>H1439: https://www.flsenate.gov/Session/Bill/2025/1439/?Tab=BillText S1620: https://www.flsenate.gov/Session/Bill/2025/1620</p>
<p>Georgia</p> <p>(Legislative Session: 1/13/25 - 4/4/25, with carryover to 2026)</p>	<p>House Bill 238</p> <p>HB 238</p>	<p>Became Law</p> <p>5/14/25</p>	<p>This measure requires the state’s Public Safety Training Center to develop and maintain an at-risk adult training course for peace officers, emergency medical personnel, and behavioral health co-responders. The course must specifically address how to respond to individuals with Alzheimer’s disease, other forms of dementia, and related cognitive impairments.</p> <p>Among other required topics, the course must cover survivor-centered, trauma-informed approaches when interacting with people who have experienced abuse, neglect, and exploitation as well as specific skills for interacting with people with Alzheimer’s disease and dementia.</p> <p>https://www.legis.ga.gov/legislation/69843</p>
<p>Hawaii</p> <p>(Legislative Session: 1/15/25 - 5/2/25, with carryover to 2026)</p>	<p>House Bill 237 & Senate Bill 824</p> <p>HB237 & SB824</p>	<p>Pending</p> <p>(Passed in House and Senate; Transmitted to Governor 5/1/25)</p>	<p>This bill appropriates funding to the Family Health Services Division of the state’s Dept. of Health to establish and oversee peer-to-peer support programs for families with children from birth to age 5.</p> <p>Notably, the legislature frames the bill’s rationale around the profound and lasting impacts of early childhood trauma, ACEs, and unmet basic needs on both children and caregivers. The findings acknowledge that families experiencing unmet needs are more vulnerable to depression, mental health challenges, intimate partner violence, substance use, and child abuse or neglect.</p> <p>Notably, the bill points to the disproportionately high rates of abuse and neglect among children under five years old in the state, as well as the broader systemic issues of family adversity (citing that 58% of the state’s children live in families impacted by ACEs).</p> <p>Peer-to-peer support programs are uplifted as a trauma-informed, resilience-building intervention, providing:</p> <ul style="list-style-type: none"> Immediate, accessible community support to caregivers Opportunities for screenings, referrals, and resources Ways to build self-confidence and hope among parents

			<ul style="list-style-type: none"> Prevention strategies to reduce downstream costs associated with child welfare involvement, special education, and incarceration <p>The appropriated funds would support:</p> <ul style="list-style-type: none"> New full-time program specialist positions within the Dept. of Health Service contracts with local, neighborhood-based peer support groups Service contracts for substance use and child-supporting peer programs <p>Notably, the legislature frames the bill’s rationale around the profound and lasting impacts of early childhood trauma, ACEs, and unmet basic needs on both children and caregivers. The bill also anchors a public health approach, emphasizing that early investment in what is outlined in the measure is cost-saving in the longer term, with research suggesting a 7:1 return on investment during the prenatal to 5-year-old period.</p> <p>HB237: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=237&year=2025</p> <p>SB824: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=824&year=2025</p>
Hawaii	House Bill 640 & Senate Bill 1108 HB640 & SB1108	Pending (Passed in House, 3/4/25; Senate Government Operations Com., 3/6/25)	<p>This measure strengthens independent oversight of the state’s child- and family-strengthening system by leveraging the existing capacity of the Office of the Ombudsman to receive, track, and report complaints about the Child Welfare Services (CWS) Branch of the Dept. of Human Services (DHS).</p> <p>In direct response to recommendations from the Malama Ohana Working Group, which called for transformative, trauma-informed reforms centering community partnership and accountability, the bill establishes several new requirements intended to make complaint processes more accessible, transparent, and trauma-responsive.</p> <p>Specifically, the measure:</p> <ul style="list-style-type: none"> Requires specialized training for all Office of the Ombudsman employees, including trauma-informed care, diversity, equity, and inclusion best practices Mandates public reporting <ul style="list-style-type: none"> Senate version (SB1108) requires the Ombudsman to publish quarterly reports detailing the number, nature, and outcomes of complaints

			<ul style="list-style-type: none"> ○ House version (HB640 HD3) requires an annual report with similar information, specifying that the “nature” of complaints must describe the complainant’s relationship to CWS and the type of service at issue ● Requires CWS to notify birth families, children in the foster system, and resource caregivers (at case initiation and at any oral or written complaint) that they may also file a complaint <p>HB640: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=640&year=2025</p> <p>SB1108: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1108&year=2025</p>
Hawaii	House Bill 727 & Senate Bill 526 HB727 & SB526	Pending (Passed in House and Senate; Transmitted to Governor 5/1/25)	<p>This measure builds upon the state’s existing Mohala Wahine Women’s Court Pilot Program (first launched in 2022).</p> <p>Acknowledging the sharp increase in women’s incarceration rates over the past 40 years as well as the distinct pathways that often bring women into involvement with the legal system such as histories of trauma, poverty, substance use disorders, and marginalization, the measure aims to expand trauma-informed and gender-responsive alternatives to incarceration.</p> <p>Notable aspects of the bill aligned with a TI approach include:</p> <ul style="list-style-type: none"> ● Permanently establishes the Mohala Wahine Women’s Court focusing on nonviolent women at high risk of recidivism who require support services such as mental health care, substance use treatment, therapy, and housing assistance ● Expands Women’s Court Pilot Program recognizing the need for trauma-informed, gender-responsive, culturally-appropriate support and diversion options for women ● Requires that all women’s court programs implement trauma-informed and evidence-based practices, offer gender-responsive programming, and integrate services addressing: <ul style="list-style-type: none"> ○ Trauma recovery ○ Mental health ○ Family support ○ Substance use treatment ○ Mentoring ○ Housing

			<ul style="list-style-type: none"> ○ Education ○ Vocational training ● Establishes multiple new court staffing positions, including probation supervisors, peer specialists, social workers, clerks, and judicial support roles ● Requires annual reporting on program participation, outcomes, challenges, and recommendations <p>HB727: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=727&year=2025</p> <p>SB526: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=526&year=2025</p>
Hawaii	House Bill 943 & Senate Bill 1628 HB1438 & SB1628	Pending (Passed in both House and Senate; Transmitted to Governor, 5/1/25)	<p>This measure directs the Dept. of Health to establish a Homeless Triage and Treatment Center Program within its Alcohol and Drug Abuse Division to support people those who are unhoused or who are deemed at-risk of becoming unhoused who have substance use and/or mental health challenges.</p> <p>The program is required to:</p> <ul style="list-style-type: none"> ● Provide trauma-informed, culturally-responsive life skills groups ● Offer emergency access to food, shelter, and supportive services ● Facilitate medical assessments, withdrawal management services, substance use disorder treatment, and behavioral health care services ● Collaborate with hospitals, law enforcement, rehabilitation programs, and outreach providers to ensure continuity of care <p>This bill seeks to fill a gap in the behavioral health system by offering trauma-informed, community-based stabilization services that provide immediate access to detoxification, behavioral health support, housing navigation, and other basic needs. Notably, it builds upon the successful model piloted by The Institute for Human Services, which demonstrated the importance of addressing the intersection of substance use, mental health, and housing instability.</p> <p>HB943: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=943&year=2025</p>

			<p>SB1628: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1628&year=2025</p>
Hawaii	<p>House Bill 1079, Senate Bill 950, & Senate Bill 1398</p> <p>HB1079, SB950, & SB1398</p>	<p>Pending (Engrossed 2/28/25; Conference Committee 4/24/25)</p>	<p>This measure directs the Office of Wellness and Resilience to design, implement, and administer trauma-informed organizational assessments and a comprehensive training curriculum for the state’s Child Welfare Services branch. It seeks to address the impact of trauma both on system-involved families and on the workforce itself.</p> <p>Notably, the legislature acknowledges that children and families that become systems-involved often experience significant trauma, and that the system must seek to avoid re-traumatization through the adoption of trauma-informed practices. The measure cites the National Child Traumatic Stress Network’s framework of TIC and builds upon recommendations from the state’s existing Malama Ohana Working Group for transformative system change.</p> <p>The bill requires the organizational assessments and training curriculum to include:</p> <ul style="list-style-type: none"> • Evidence-based tools to evaluate system policies and procedures for their impact on trauma-impacted families • Assessment tools that specifically measure how well the system supports the wellbeing of workers, including responses to the impacts of the work such as vicarious trauma, secondary traumatic stress, and burnout • The creation of a cohort of trained mentors who can provide ongoing guidance • A branch-wide trauma-informed curriculum paired with technical assistance to support sustainability of its implementation • Specialized supervisor training to embed trauma-informed leadership practices • Engagement of a child welfare services expert to support the implementation of assessment findings <p>The Office of Wellness and Resilience is authorized to contract with public or private entities to assist in this work, and it is funded with \$425,000 each fiscal through 2027.</p> <p>The inclusion of identical language and spirit across HB1079, SB1398, and SB950 demonstrates the legislature’s strong commitment to establishing a trauma-informed child- and family-strengthening system in Hawaii.</p>

			<p>In late April 2025, following disagreement over Senate amendments, the measures entered a conference committee, indicating active negotiation and strong bicameral interest in advancing the legislation.</p> <p>HB1079: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1079&year=2025</p> <p>SB950: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=950&year=2025</p> <p>SB1398: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1398&year=2025</p>
Hawaii	<p>House Bill 1080, House Bill 1383, Senate Bill 952, & Senate Bill 1399</p> <p>HB1080, HB1383, SB925, & SB1399</p>	<p>Pending</p> <p>(House appointed conferees, 4/25/25)</p>	<p>These bills together establish a coordinated set of 5-year pilot programs aimed at transforming how the state supports child and family wellbeing, directly responding to the recommendations of the Malama Ohana Working Group to reimagine the state’s approach through trauma-informed, healing-centered, community-based practices.</p> <p>Across these measures, the legislature demonstrates a strong and unified commitment to a public health and prevention-centered strategy, investing in upstream supports to increase protective factors, strengthen families, and reduce the risk of child welfare system involvement.</p> <p>The Family Resilience Pilot Program mentioned in each (and related diversion efforts) demonstrate a commitment to a trauma-informed, culturally responsive vision that centers community access points, reduces stigma, and uplifts lived experience leadership.</p> <p>Core elements shared across the measures include:</p> <ul style="list-style-type: none"> • Providing trauma-informed peer support navigators with lived experience navigating social services, who assist families with enrollment in public benefits, family-strengthening programming, and engagement with cultural and community-rooted supports • Delivering direct financial assistance and concrete resource supports to families, addressing basic needs such as food, housing, child care, transportation, hygiene, and household supplies to reduce stressors that often drive system involvement

			<ul style="list-style-type: none"> • Establishing a data and referral tracking system to coordinate services, ensure confidentiality, and monitor progress in alignment with federal and state law • Developing comprehensive implementation and evaluation plans, including SMART goals, to ensure transparency, accountability, and learning throughout the pilot period <p>Distinctions within the overall framework:</p> <ul style="list-style-type: none"> • House Bill 1383 enriches the Family Resilience Pilot by explicitly incorporating a trauma-informed parenting intervention component, strengthening caregiver-child relationships through: <ul style="list-style-type: none"> ○ Teaching positive communication skills ○ Coaching caregivers on child behavior responsivity ○ Supporting emotional regulation strategies for both caregivers and children • Senate Bill 952 focuses more specifically on diversion and intervention for families already involved, at-risk of involvement, or at-risk of re-involvement with Child Welfare Services <p>All of the measures allocate funding to support program development, administration, and service delivery, primarily through the Office of Wellness and Resilience (or, in the case of SB952, in partnership with the Dept. of Human Services). Supports within the bill are designed to be delivered through community- and school-based organizations, recognized as trusted, accessible spaces for families seeking support.</p> <p>In late April 2025, the bill was in conference committee, indicating active negotiations to reconcile House and Senate versions.</p> <p>HB1080: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1080&year=2025</p> <p>HB1383: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1383&year=2025</p> <p>SB 952: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=952&year=2025</p>
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			<p>SB1399: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1399&year=2025</p>
Hawaii	<p>House Bill 1081 & Senate Bill 1400</p> <p>HB1081 & SB1400</p>	<p>Pending</p> <p>(House Finance Com., 2/10/25; Senate Health and Human Services Com., 1/27/25)</p>	<p>This measure updates the functions of the Office of Wellness and Resilience, including creating a permanent structure for advancing trauma-informed and trauma-responsive practices across the state’s public systems.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Establishing a Wellness and Resilience Advisory Board composed of 11 members, including key department directors, judiciary, university, nonprofit, law enforcement, and community representatives • Tasking the Advisory Board with creating a statewide framework for trauma-informed and trauma-responsive practice, including: <ul style="list-style-type: none"> ○ A clear definition of trauma-informed and trauma-responsive practice ○ Principles for care applicable across sectors ○ Implementation examples across leadership, workforce development, decision-making, and evaluation ○ Strategies to address and prevent secondary traumatic stress among professionals ○ Integration of Native Hawaiian cultural practices that build resilience and wellness ○ An implementation and sustainability plan ○ Evaluation metrics <p>Within the bill, the Office of Wellness and Resilience is directed to: Provide training and technical assistance to executive state agencies on trauma-informed policies, practices, and systems change</p> <ul style="list-style-type: none"> • Maintain a social determinants of health dashboard to baseline and track population wellness needs • Seek funding solutions across federal, state, and private sectors to sustain and expand trauma-informed efforts • Facilitate cross-sector collaboration and integration of funding streams <p>The bill defines TIC as “an approach to understanding, recognizing, respecting, and responding to the pervasive and widespread impacts of trauma on a person’s ability to</p>

			<p>connect with themselves and others, the person’s place and the elements around them, and the person’s ways of being.”</p> <p>HB1081: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1081&year=2025</p> <p>SB1400: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1400&year=2025</p>
Hawaii	<p>House Bill 1438 & Senate Bill 1508</p> <p>HB1438 & SB1508</p>	<p>Became Law</p> <p>4/23/25</p>	<p>This bill is a statutory revision measure, which is essentially a type of legislative housekeeping bill intended to correct technical errors, update references, clarify language, and remove obsolete provisions across various sections of the state’s law. Although it is primarily procedural, it contains substantive affirmations and clarifications related to TIC in a few notable places.</p> <p>Notably, the bill updates language in relation to the Wellness and Resilience Advisory Board which:</p> <ul style="list-style-type: none"> • Clarify the board’s role in developing and adopting a statewide trauma-informed and responsive practice framework • Affirm that TIC principles apply across sectors, including: <ul style="list-style-type: none"> ○ Education ○ Healthcare ○ Law enforcement ○ Community organizations ○ State agencies interacting with children and younger people • Reaffirm the board’s duties to: <ul style="list-style-type: none"> ○ Develop prevention and response strategies for secondary traumatic stress ○ Identify best practices, including Native Hawaiian cultural practices for resilience ○ Coordinate data collection and funding efforts to sustain trauma-informed work statewide <p>Essentially, this measure ensures continued consistency and operational clarity for the Office of Wellness and Resilience and its Advisory Board, safeguarding the trauma-informed work already underway vs. creating new mechanisms.</p>

			<p>HB1438: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&billnumber=1438&year=2025</p> <p>SB1508: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=1508&year=2025</p>
Hawaii	<p>Senate Bill 453</p> <p>SB453</p>	<p>Pending</p> <p>(Education Com./Human Services & Homelessness Com., 1/21/25)</p>	<p>This measure requires the state’s Dept. of Education to offer comprehensive training for teachers, educational officers, and school-based behavioral health specialists on the prevention of and response to sex trafficking among students.</p> <p>Among other requirements, the training curriculum must address the impact of sex trafficking on physical, social, and mental health as well as trauma-informed response strategies for survivors.</p> <p>Importantly, the bill requires the training itself to be trauma-informed and culturally-sensitive, recognizing that an uninformed or punitive response can re-traumatize survivors. It also allows the Dept. of Education to partner with state agencies, nonprofits, or experts in sex trafficking prevention and victim services to design and deliver the required training.</p> <p>https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=453&year=2025</p>
Hawaii	<p>Senate Bill 544</p> <p>SB544</p>	<p><u>Became Law</u></p> <p>5/29/25</p>	<p>This bill requires courts to consider trauma and developmental factors when sentencing people who are convicted as adults for offenses committed as minors.</p> <p>Key provisions aligned with a TI approach include:</p> <ul style="list-style-type: none"> • Mandating that courts consider a person’s exposure to ACEs and early childhood trauma, including system-involvement • Requiring consideration of whether the person was a survivor of human trafficking or abuse at the time of the offense • Directing courts to factor in developmental science about younger people vs. adults, including culpability, intellectual capacity, and underlying mental health conditions • Allowing courts discretion to reduce mandatory minimum incarceration periods or deviate from sentencing enhancements if warranted based on age, trauma history, and prospects for rehabilitation

			https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=544&year=2025
Illinois (Legislative Session: 1/8/25 - 5/31/25, with carryover to 2026)	House Bill 5 & House Bill 1241 H0005 & H1241	Pending (H0005 in Rules Com., 1/9/25; H1241 in Rules Com., 3/21/25)	<p>These measures would each amend the Unified Code of Corrections to deepen the state’s commitment to trauma-informed, resilience-centered sentencing practices for people who were under 21 years old at the time they are alleged to have committed a criminal offense.</p> <p>Building upon prior laws that focused only on people under 18 as the cutoff age for consideration, these bills demonstrate the legislature’s recognition of the clear evidence of developmental science showing the profound and lasting impacts of trauma, ACEs, and adolescent brain development on behavior, decision-making, and long-term wellbeing.</p> <p>The legislation requires courts to explicitly consider a robust set of trauma-informed mitigation factors when sentencing individuals under 21 at the time of the offense, including:</p> <ul style="list-style-type: none"> • The person’s age, maturity level, impetuosity, and ability to assess risk and consequences at the time of the offense, including any cognitive or developmental disabilities • Exposure to external pressures, including peer influence, family dynamics, or negative environmental factors • Family and home environment, including experiences of parental neglect, physical abuse, domestic violence, sexual violence or exploitation, or other childhood trauma such as ACEs • Educational and social background • Potential for rehabilitation and any evidence of rehabilitation already underway • The specific circumstances of the offense, including the person’s degree of planning and role in the offense • Prior juvenile or criminal legal system involvement and history • Whether the person was able to meaningfully participate in their defense • Prior system involvement, such as with CPS • Results of any comprehensive mental health evaluation by a qualified mental health professional • Any other relevant information the court finds reliable, including expressions of remorse (and, notably, courts are prohibited from using silence if advised by counsel as an aggravating factor) <p>Beyond requiring TI considerations, the bills create critical judicial flexibility as:</p>

			<ul style="list-style-type: none"> Judges are authorized to depart from mandatory minimum sentences, maximum sentences, and firearm-related sentencing enhancements where trauma, ACEs, and survivorship are relevant For defendants who were also survivors of human trafficking, sexual assault, or similar forms of exploitation at the time of offense, courts may transfer cases to juvenile court, suspend portions of sentences, or reduce incarceration time accordingly Courts may not impose any fines, administrative fees, or court costs on minors or their families, recognizing that financial penalties can perpetuate cycles of adversity, instability, and re-traumatization <p>These bills have much in common in that they utilize near-identical language throughout much of their texts to emphasize that young people impacted by trauma ought not be seen not primarily as perpetrators of harm who deserve punishment, but instead as people in need of support, healing, and opportunities for rehabilitation.</p> <p>Key distinctions between the bills include:</p> <ul style="list-style-type: none"> H0005 emphasizes minimum sentencing reform for people under 21 and includes specific references to firearm enhancement flexibility and treatment of survivors H1241 largely mirrors H0005 yet clarifies sentencing discretion more explicitly across offenses while reiterating the mandatory 40-year floor for certain first-degree murder convictions while preserving judicial discretion elsewhere <p>HB0005: https://www.ilga.gov/legislation/BillStatus.asp?DocNum=5&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p> <p>HB1241: https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1241&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	House Bill 1697 & Senate Bill 1295 H1697 & S1295	Pending (Passed in Senate and House 5/22/25; awaiting formal transmittal to Governor)	<p>These measures seek to strengthen training, certification, and ongoing education requirements for Public Safety Answering Point Telecommunicators (PSAPT) and Emergency Medical Dispatchers (EMDs). While not formally listed as companions, S1295 and H1697 are substantively identical and can be read together as part of the same legislative effort.</p> <p>Specifically, the measure requires:</p>

			<ul style="list-style-type: none"> • The Office of the Statewide 911 Administrator, in consultation with the state Attorney General’s Office and the state Law Enforcement Training Standards Board, to develop comprehensive, evidence-based, trauma-informed, and survivor-centered guidelines for handling calls related to sexual assault, sexual abuse, and related emergencies • Mandatory trauma-informed, survivor-centered training for all PSAPT handling emergency calls involving sexual assault, sexual abuse, and human trafficking survivors, before independent call handling is permitted • Biennial continuing education requirements on emergency medical dispatch procedures, trauma-informed response, and 9-1-1 services professionalism for all public safety telecommunicators and supervisors • EMD licensing standards to include trauma-informed, non-discriminatory communication practices <p>This bill’s spirit recognizes the unique role of telecommunicators and dispatchers play as frontline responders who can mitigate or exacerbate trauma from the moment of initial contact.</p> <p>H1697: https://www.ilga.gov/legislation/fulltext.asp?DocName=&SessionId=114&GA=104&DocTypeId=HB&DocNum=1697&GAID=18&LegID=&SpecSess=&Session=</p> <p>S1295: https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1295&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>
Illinois	House Bill 2381 H2381	Pending (Rules Com., 3/21/25)	<p>This bill expands the mandatory 4-hour leadership training required for all voting school board members in the state to include a new focus on LGBTQIA2S+ inclusivity alongside the already required topics of education and labor law, fiduciary responsibility, financial oversight, trauma-informed practices, and improving student outcomes. The measure recognizes that ensuring the safety, belonging, and dignity of LGBTQIA2S+ young people is integral to fostering a healthy, trauma-informed learning environment where all students can thrive.</p> <p>The bill establishes that LGBTQIA2S+ inclusivity training must include specific content relevant to the school board member role, such as:</p> <ul style="list-style-type: none"> • Understanding the distinctions between sex, gender identity, gender expression, and sexual orientation

			<ul style="list-style-type: none"> • Understanding LGBTQIA2S+ youth development • Ensuring familiarity with state laws and policies protecting LGBTQIA2S+ students • Understanding the lived experiences and struggles LGBTQIA2S+ students face • The contributions of LGBTQIA2S+ people across disciplines • The serious risks associated with outing a student without consent <p>The state’s Board of Education is tasked with either developing this training in collaboration with individuals or organizations with recognized expertise in affirming LGBTQIA2S+ young people or adopting existing validated trainings developed by such organizations.</p> <p>The bill continues to reinforce the importance of trauma-informed approaches in education by maintaining prior provisions that school board members receive training on trauma’s impacts on students and staff. It also highlights the critical intersection of trauma, bias, and systemic inequity by requiring school board members to understand how implicit and explicit bias can affect the recognition of trauma among students, particularly across different racial, socioeconomic, gender, and sexual orientation identities.</p> <p>The bill also defines “trauma” as “physical or emotional harm resulting from an event, series of events, or set of circumstances that has led to lasting adverse effects on an individual’s mental, physical, social, emotional, and spiritual wellbeing,” drawing from SAMHSA’s 3Es framework.</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2381&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	House Bill 2967 H2967	Pending (Passed in House and Senate; awaiting governor's signature, 5/31/25)	<p>This bill advances the trauma-informed infrastructure established under the previously-enacted Preventing Sexual Violence in Higher Education Act by strengthening protections for student survivors and deepening institutions’ commitments to trauma-informed practice.</p> <p>More specifically, the measure would require all public and private postsecondary institutions in the state to conduct a sexual misconduct climate survey of all students biennially, with additional safeguards designed to promote emotional safety, informed participation, and systemic learning.</p>

			<p>The measure requires that all questions in the statewide base survey must be trauma-informed, must not require disclosure of personally identifying information, and must offer respondents an option to decline to answer.</p> <p>The legislation embeds a statutory definition of “trauma informed,” framing it as “an understanding of the complexities of sexual violence, domestic violence, dating violence, or stalking through training centered on the neurobiological impact of trauma, the influence of societal myths and stereotypes surrounding sexual violence, domestic violence, dating violence, or stalking, and understanding the behavior of perpetrators.”</p> <p>Importantly, the bill also prohibits any use of survey data to identify individual students or initiate disciplinary or legal action, further emphasizing emotional safety and the non-punitive nature of the process.</p> <p>The bill also expands the composition and role of the Task Force on Campus Sexual Misconduct Climate Surveys to include students, survivor advocates, public health experts, and representatives from marginalized communities. The Task Force develops and updates the base survey, ensuring that it remains aligned with trauma-informed principles, captures the diverse experiences of campus communities, and is accessible and appropriate for survivors.</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2967&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	House Bill 3332 H3332	Died in Committee 4/10/25	<p>This measure creates a new sentencing review process for people who were under 21 years of age at the time they are convicted of having committed an offense.</p> <p>After serving 10 years (non-murder offenses), 20 years (first-degree murder), or 30 years (for certain life sentences), eligible individuals may petition for a sentencing review.</p> <p>At this review, courts must consider mitigating factors grounded in developmental and trauma science, including evidence of childhood trauma, ACEs, cognitive or developmental disabilities, and rehabilitation since incarceration. To this point: the measure explicitly recognizes ACEs and trauma as relevant mitigating factors.</p>

			<p>The process emphasizes restorative justice approaches, provides opportunities for victim impact statements, and authorizes courts to depart from mandatory minimums where appropriate. The Act also applies retroactively to currently incarcerated individuals.</p> <p>Status note: Although this measure did not ultimately pass, as it failed on third reading in the House, losing closely at 49 - 51, it represents a strong trauma-informed policy effort grounded in TIC, NEAR science, restorative approaches, resilience, and other allied concepts.</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3332&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	House Bill 3632 H3632	Pending (Rules Com., 4/11/25)	<p>“Homicide Victims’ Families’ Rights Act” - this measure would establish a trauma-informed process for families of homicide victims to request case file reviews and full reinvestigations for unresolved murders.</p> <p>In addition to outlining the specifics of the requirements and procedures, family liaison officers who are involved in the process must receive training in survivor-centered, trauma-informed investigation practices through the state’s Law Enforcement Training Standards Board. Duties that those in this role perform include:</p> <ul style="list-style-type: none"> • Maintaining ongoing contact with families • Providing timely updates • Gathering information in a sensitive manner • Helping families understand investigative procedures • Ensuring continuity of communication <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3632&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	House Bill 3689 H3689	Pending (Rules Com., 4/11/25)	<p>This bill seeks to strengthen trauma-informed protections and institutional accountability for student survivors by expanding the scope of existing law to explicitly cover digital sexual harassment, doxing, and retaliation against survivors. It requires institutions to update their comprehensive policies, prevention programming, training requirements, and complaint resolution procedures to address these additional forms of sex-based harassment.</p> <p>Notably, the bill establishes a right for survivors to pursue civil action against a higher education institution that fails to exercise due diligence in responding to sexual violence,</p>

			<p>domestic violence, dating violence, stalking, doxing, digital sexual harassment, or other forms of harassment. The bill also outlines the remedies available.</p> <p>Key provisions aligning with a TI approach include:</p> <ul style="list-style-type: none"> • Requiring survivor-centered, trauma-informed definitions of consent, retaliation, and survivor rights • Ensuring access to both confidential advisors and advisors for complaint resolution processes • Prohibiting mutual no-contact orders that penalize survivors • Establishing early dismissal procedures for retaliatory claims made against survivors • Protecting survivors’ privacy rights in the handling of digital sexual harassment evidence • Mandating enhanced annual training for campus officials, with emphasis on cultural responsiveness, the neurobiological impacts of trauma, and legal protections • Expanding interim accommodations even when no formal complaint is filed • Requiring timely and clear survivor notification of rights, options, protections, and supportive measures <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3689&GAID=18&DocTypeID=HB&SessionID=114&GA=104</p>
Illinois	Senate Bill 274 S0274	Pending (Assignments Com., 1/24/25)	<p>This measure creates a distinct track of training for law enforcement “basic training candidates,” which are people enrolled in basic law enforcement training who are not yet full-time or part-time law enforcement officers, strengthening the state’s standards for trauma-informed, culturally-responsive police training.</p> <p>The bill requires the state’s Law Enforcement Training Standards Board to:</p> <ul style="list-style-type: none"> • Develop and certify schools to provide basic training for basic training candidates, probationary law enforcement officers, and court security officers • Establish curriculum and minimum basic training requirements specific to basic training candidates, who have not yet assumed sworn officer roles <p>Importantly, the bill expands and specifies minimum curriculum standards for this training for all certified law enforcement training academies, with notable TIC content embedded, including:</p>

			<ul style="list-style-type: none"> • Courses on procedural justice, civil rights, constitutional policing, human rights, and crisis intervention • Specialized training modules focused on trauma-informed, survivor-centered, and survivor-sensitive responses to: <ul style="list-style-type: none"> ○ Domestic violence ○ Sexual assault of adults and children ○ Child abuse and neglect ○ Elder abuse, neglect, and financial exploitation ○ Human trafficking ○ Training in cultural competency, including implicit bias, racial and ethnic sensitivity ○ Instruction in autism-informed law enforcement responses and other developmental disability interactions, emphasizing reducing barriers to reporting and interacting with survivors/witnesses with disabilities ○ Explicit training on trauma-informed handling of situations where a child is present during the arrest of a parent or family member, including understanding children’s trauma reactions and applying de-escalation tactics ○ Peer-based officer wellness and mental health training, including recognizing cumulative stress, trauma, and suicide prevention strategies among law enforcement <p>While not exactly considered a companion bill as there are key differences, S1195 closely mirrors/complements S0274's spirit, intent, and some provisions. SB1195 places special emphasis on trauma-informed, survivor-centered practices across sexual assault, sexual abuse, human trafficking, and child-involved cases. Together, these measures reflect a unified legislative effort represented among the Senate to embed trauma-informed, resilience-centered, culturally-responsive practices into the state's law enforcement training and standards.</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=274&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>
Illinois	Senate Bill 1195 S1195	Pending (Passed in Senate and House	This measure strengthens and expands trauma-informed training standards across law enforcement basic and in-service education, with a particular emphasis on supporting survivors of sexual assault, sexual abuse, human trafficking, and child-involved trauma cases.

		<p>5/21/25; Awaiting formal transmittal to Governor)</p>	<p>Specifically, the bill requires that the Illinois Law Enforcement Training Standards Board:</p> <ul style="list-style-type: none"> • Update the basic training curriculum for all probationary law enforcement officers to include expanded blocks of instruction on trauma-informed responses and survivor-centered practices • Require that training cover trauma-informed programs, procedures, and practices designed to minimize re-traumatization of survivors across all stages of investigation and interaction • Reinforce trauma-informed instruction within in-service training every three years, ensuring officers maintain up-to-date skills in supporting survivors in culturally-responsive and developmentally-appropriate ways <p>Notably, the expanded curriculum must include:</p> <ul style="list-style-type: none"> • Recognition of trauma symptoms and the understanding of trauma’s impact on survivors’ behavior and communication • Techniques for compassionate, nonjudgmental victim interactions, from the first contact onward • Trauma-informed, age-sensitive, victim-centered interviewing techniques • Culturally-responsive and bias-informed approaches to address common myths and cultural perceptions around sexual assault and abuse • Clear, comprehensive communication to survivors about their rights under state and federal law • Peer-support-informed mental health awareness for officers, including identification of cumulative work-related trauma • Specific training on responding to victims and witnesses with autism or developmental disabilities, reducing barriers to disclosure and reporting • Training on minimizing trauma to children present during parental arrest, including child-sensitive communication, de-escalation techniques, and inquiry about supervision needs • Specialized training on trauma-informed detection, response, and investigation of human trafficking <p>The bill requires law enforcement agencies to provide ongoing trauma-informed in-service training on these topics at regular intervals to all relevant officers.</p>
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Illinois	Senate Bill 1781 S1781	Pending (Assignments Com., 4/2/25)	<p>This measure strengthens protocols for the investigation of deaths where the decedent has a known history of experiencing intimate partner violence or other forms of family or household violence, aiming to ensure comprehensive, trauma-aware death investigations and to prevent premature conclusions regarding manner of death.</p> <p>This bill reflects trauma-informed, resilience-centered principles by:</p> <ul style="list-style-type: none"> • Requiring law enforcement agencies to conduct thorough, trauma-aware investigations when specific IPV or family violence indicators are present, acknowledging the heightened risk of scene manipulation and coercive control dynamics that can obscure the true circumstances of death • Mandating that sworn investigators maintain current, specialized training in intimate partner violence and household/family violence dynamics, consistent with a trauma-informed understanding of how experiences of control, isolation, and harm shape survivors’ realities and risk patterns • Establishing a framework for interviewing family members and loved ones • Providing pathways for secondary review and independent oversight at the family’s request when investigative findings are contested • Affirming that those impacted by the death of a loved one due to violence are entitled to ongoing access to victim services, support, and rights protections throughout the investigative process <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1781&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>

Illinois	Senate Bill 1823 S1823	Pending (Assignments Com., 2/6/25)	<p>This measure expands protections and pathways to rehabilitation for veterans with service-connected disabilities who are arrested or charged with criminal offenses, with an emphasis on recognizing the role of trauma, PTSD, and related mental health conditions in the context of the alleged offense.</p> <p>Notable elements aligning the bill with the principles of a TI approach include:</p> <ul style="list-style-type: none"> • Creating a rebuttable presumption of eligibility for Veterans and Servicemembers Court participation if evidence exists that the veteran was experiencing PTSD or a related mental health episode at the time of the offense • Mandating that after arrest or charge, eligible veterans must promptly receive evaluation and treatment by qualified medical professionals for PTSD and co-occurring mental health conditions • Requiring courts to order comprehensive clinical needs, mental health, substance use, and risk assessments, grounding program participation in individualized and holistic understandings of the veteran’s needs and healing potential • Authorizing that successful completion of the Veterans and Servicemembers Court program results in a dismissal of the original charges, termination of a sentence, or discharge from further prosecution • Establishing that combat veterans with a disability diagnosis who experience episodes of PTSD must be: <ul style="list-style-type: none"> ○ Taken to a VA hospital for immediate evaluation ○ Allowed to seek VA-based treatment in all cases ○ Provided access to Veterans Treatment Court participation regardless of criminal charges ○ Conditionally protected from felony prosecution as first-time offenders <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1823&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>
Illinois	Senate Bill 1928 S1928	Pending (Passed in Senate and House 5/23/25; Awaiting formal transmittal to Governor)	<p>This measure updates and strengthens the state’s approach to sexual misconduct climate surveys in higher education by ensuring that student experiences related to sexual violence, intimate partner violence, stalking, and other harms are collected through trauma-informed methods, and that elements such as data transparency and student voice are prioritized.</p> <p>The bill advances TI principles by:</p>

			<ul style="list-style-type: none"> Continuing the work of the Task Force on Campus Sexual Misconduct Climate Surveys, which includes survivors, advocates, students, and higher education representatives, to ensure periodic updates and trauma-informed improvements to survey design Requiring all public and private post-secondary institutions to conduct a biennial, trauma-informed sexual misconduct climate survey for all students using a standardized base survey developed by a task force with survivor input Allowing institutions to add campus-specific questions only if they are trauma-informed and do not request personally identifiable information Establishing a formalized complaint process for students who feel that survey questions are inappropriate or traumatizing, reviewed by the Board of Higher Education or the state’s Community College Board in consultation with the Attorney General’s office Mandating that survey data be compiled, publicly reported, and housed within a statewide, easily accessible data repository for transparency and accountability Emphasizing that all survey responses must remain anonymous and cannot be used to initiate investigations or disciplinary actions <p>Notably, the bill defines “trauma-informed” as “an understanding of the complexities of sexual violence, domestic violence, dating violence, or stalking through training centered on the neurobiological impact of trauma, the influence of societal myths and stereotypes surrounding sexual violence, domestic violence, dating violence, or stalking, and understanding the behavior of perpetrators.”</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1928&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>
Illinois	Senate Bill 2323	Pending (Passed in both House and Senate, 5/22/25; Awaiting formal transmittal to Governor)	<p>This bill establishes a comprehensive, statewide, trauma-informed and survivor-centered framework for preventing, detecting, and responding to human trafficking across systems of care and support in the state.</p> <p>The bill requires the Dept. of Human Services to lead the creation of a strategic plan to build a coordinated statewide system for identifying and supporting survivors of both labor and sex trafficking, regardless of age, immigration status, or legal standing. This plan must be developed collaboratively with survivors, human trafficking service providers, state agencies, and partners across multiple systems including health, legal, disability advocacy,</p>

			<p>and child- and family-strengthening systems. The bill sets forth a 2026 deadline by which service standards for organizations providing survivor services must be established, along with a trauma-informed statewide training curriculum for advocates, mental health providers, immigration attorneys, and other key direct service roles that are likely to interface with trauma survivors in their role.</p> <p>The measure embeds trauma-informed standards into legal system reforms by requiring all state law enforcement agencies to develop and adopt written policies detailing how officers will implement survivor-centered, trauma-informed detection, investigation, and response to human trafficking. The State Police must also develop a strategic plan to improve trauma-informed law enforcement response and coordinate the work of multidisciplinary human trafficking task forces statewide. Training for law enforcement, prosecutors, and court personnel is required to cover trauma impacts, survivor dynamics, culturally responsive practices, and collaborative survivor engagement.</p> <p>Additionally, several agencies are charged with specialized trauma-informed mandates:</p> <ul style="list-style-type: none"> • The Dept. of Children and Family Services must establish and maintain a dedicated human trafficking unit to coordinate services, provide screening during youth intake assessments, develop cross-agency screening protocols, and ensure trauma-informed placement options for young people determined to be survivors or at high risk • Children’s Advocacy Centers must revise their multidisciplinary team protocols to specifically include child trafficking survivors and must ensure trauma-informed training for all staff and team members • The Dept. of Juvenile Justice and the Dept. of Corrections are tasked with screening incarcerated people for trafficking histories, providing access to trauma-informed, survivor-centered specialized services pre-release and post-release, and training intake and reentry staff accordingly <p>The bill also includes meaningful protections for young people charged with offenses as a result of trafficking victimization, establishing an affirmative defense for young people accused of a status offense or misdemeanor that would not be illegal if committed by an adult, recognizing that their actions may have occurred during or because of their victimization. Prosecutors are also specifically tasked with receiving training in trauma-informed, victim-centered strategies for handling trafficking cases.</p>
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Illinois	Senate Bill 2418 S2418	Pending (Passed as amended in House and Senate, 5/31/25; awaiting transmittal to Governor)	<p>This bill establishes a new Youth Nonviolent Crime Resource Program within the state’s Dept. of Juvenile Justice, designed to offer developmentally appropriate, trauma-informed supports to young people under the age of 18 who have been adjudicated delinquent for a nonviolent offense.</p> <p>The bill defines nonviolent crimes for the purpose of eligibility as those that do not involve the use or threat of force against a person, helping to ensure the focus remains on youth whose needs can be best addressed through support rather than punitive approaches.</p> <p>Based on the bill’s provisions, the program is designed to interrupt the cycle of legal system involvement by addressing unmet needs that may have contributed to a young person’s actions in relation to an alleged offense. It requires the Dept. to provide a range of supportive services, including:</p> <ul style="list-style-type: none"> • Mentoring • Access to educational resources (in collaboration with the State Board of Education) • Employment training opportunities • Behavioral health services with an explicit callout to trauma-informed care • Parent support services such as help with applications for public health programs

			<p>The Dept. is authorized to offer these services through existing or new service contracts with community-based agencies, recognizing the importance of grounding service delivery within the community rather than defaulting to state-run models alone.</p> <p>Additionally, courts and probation departments are permitted to refer eligible young people to the program, although in such cases the Dept. is prohibited from supervising court-ordered conditions, ensuring that participation remains rooted in voluntary support rather than surveillance or punishment.</p> <p>The Dept. is also required to publicly post information about the program and its referral processes, increasing transparency and accessibility for families and community partners.</p> <p>https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2418&GAID=18&DocTypeID=SB&SessionID=114&GA=104</p>
<p>Indiana</p> <p><i>(Legislative Session: 1/8/25 - 4/24/25)</i></p>	<p>House Bill 1063</p> <p>HB 1063</p>	<p>Pending</p> <p>(Veterans Affairs and Public Safety Com., 1/8/25)</p>	<p>This bill seeks to address systemic discrimination and promote trauma-informed law enforcement practices by prohibiting discriminatory profiling and pretextual stops based on perceived age, gender, race, or ethnicity.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Requires law enforcement officers to complete cultural diversity and anti-profiling training, including trauma-informed interviewing and neurobiology of trauma • Prohibits discriminatory profiling and pretextual stops statewide • Mandates that every law enforcement agency adopt anti-profiling policies and standards for use of vehicle and body cameras <p>The measure represents a significant structural intervention to reduce community re-traumatization and promote safer, more equitable encounters with law enforcement.</p> <p>https://iga.in.gov/legislative/2025/bills/house/1063/details</p>
<p>Indiana</p>	<p>House Bill 1186</p> <p>HB 1186</p>	<p>Pending</p> <p>(Engrossed 2/19/25; Senate Corrections & Criminal Law)</p>	<p>This bill updates a wide range of statutes relating to law enforcement procedures and training standards across the state. While its primary focus is public safety modernization, several provisions meaningfully incorporate trauma-informed principles, particularly regarding training and response to survivors of trauma and violence.</p> <p>Provisions meaningfully aligned with a TI approach include:</p>

		Committee, 3/3/25)	<ul style="list-style-type: none"> • Mandating ongoing specialized, intensive, and integrative training for law enforcement personnel responsible for investigating sexual assault cases involving adult survivors, which must include: <ul style="list-style-type: none"> ○ The neurobiology of trauma ○ Trauma-informed interviewing techniques ○ Therapeutically appropriate investigative strategies • Requiring that training for all officers include understanding and communicating with people who have experienced trauma, specifically within the context of human trafficking, sexual violence, missing persons, and vulnerable populations • Establishing statewide minimum standards for mental health and wellness training for officers, including: <ul style="list-style-type: none"> ○ Recognizing symptoms of PTSD and suicidal behaviors ○ Healthy coping skills for the stress and trauma of policing ○ Awareness of mental health resources • Reinforcing the integration of de-escalation practices within broader use-of-force training rather than treating de-escalation as a separate or optional topic • Codifying that training must include culturally-responsive practices related to race, religion, gender, national origin, disabilities, and domestic violence <p>Notably, this measure reflects an acknowledgment of secondary trauma and vicarious trauma that law enforcement personnel experience, further aligning it with broader trauma-informed systems thinking.</p> <p>https://iga.in.gov/legislative/2025/bills/house/1186/details</p>
Indiana	House Bill 1241 HB 1241	Pending (Engrossed 2/21/25; Senate Family & Children Services Com., 3/4/25)	<p>This bill establishes the Trauma Informed Care Commission, which is outlined as a temporary commission within the Executive Branch tasked with identifying, evaluating, and recommending evidence-based best practices and research models for assisting children, young people, and families who have experienced ACEs.</p> <p>The TIC Commission is directed to:</p> <ul style="list-style-type: none"> • Identify best practices for trauma-responsive care across multiple child- and family-strengthening systems • Recommend evidence-based research models for settings that interact with children and families affected by trauma • Prepare public reports that include prevention strategies focused on reducing ACEs

			<ul style="list-style-type: none"> Center multigenerational interventions, community-based approaches for underserved areas, and integration of trained nonclinical providers Include at least one Commission member with lived experience as a trauma survivor <p>https://iga.in.gov/legislative/2025/bills/house/1241/details</p>
Indiana	House Bill 1246 HB 1246	Pending (Education Com., 1/9/25)	<p>This bill establishes the Comprehensive Student Support Program for the purposes of forming and staffing school-based and district-level multidisciplinary teams, improving staffing ratios for student support personnel, supporting a collaborative approach to school environment and safety, and providing professional development for student support personnel.</p> <p>Key elements of the measure aligned with a TI approach include:</p> <ul style="list-style-type: none"> Formation of Comprehensive Student Support Teams at the school and district levels that focus on interdisciplinary collaboration, equity, positive school discipline, and equitable access to mental health supports through a multi-tiered system of supports Improved staffing ratios for student support personnel (e.g., counselors, psychologists, social workers, nurses) <ul style="list-style-type: none"> Notably, the bill explicitly ties these investments to reducing out-of-school suspensions, discipline disproportionality, and unnecessary law enforcement involvement in schools Creation and expansion of multidisciplinary teams tasked with addressing the school environment, safety, improvement, and crisis intervention with a trauma-informed, culturally responsive approach to discipline Professional development for student support personnel explicitly includes training in culturally-responsive practices, equity and social justice, implicit bias, trauma-informed practices, and positive discipline strategies Establishment of a Comprehensive Student Support Program State Board that must include experts in trauma-informed practices, restorative justice, culturally responsive education, and mental health, as well as representation from students, parents, and community members who are impacted Protection against misuse: Funds cannot be used to fund unlicensed positions or security roles not aligned with trauma-informed school support goals <p>Notably, funding for grants is contingent upon support plans:</p>

			<ul style="list-style-type: none"> • Improving student support staff ratios • Building sustainable multidisciplinary teams • Using disaggregated data to assess outcomes related to discipline, arrests, school safety, and equitable academic success • Prioritizing culturally responsive, evidence-based interventions and trauma-informed school climate practices <p>It is also noteworthy that the planning, training, intervention, and evaluation phases of the program itself explicitly integrate trauma-informed practices and principles.</p> <p>https://iga.in.gov/legislative/2025/bills/house/1246/details</p>
Indiana	Senate Bill 181 SB 181	Pending (Public Health Com., 3/3/25)	<p>This measure requires the State Board of Nursing to adopt or amend rules to embed TIC into the required curriculum for all nursing education programs in the state.</p> <p>Through this bill, all future nurses in the state would receive foundational training in the principles of a TI approach, ensuring that as they enter the healthcare workforce, they are better prepared to recognize and respond to the impacts of trauma and adversity on the people they support.</p> <p>The bill defines trauma-informed care directly as “an approach used to provide health care to a patient that acknowledges the effects of trauma and adversity on the patient.”</p> <p>By requiring this training during the educational phase, rather than relying solely on continuing education or post-licensure requirements, the bill stands to normalize and integrate trauma-informed principles from the beginning of professional preparation, signaling an institutional commitment to building a healthcare system more attuned to the needs and experiences of trauma-impacted individuals.</p> <p>https://iga.in.gov/legislative/2025/bills/senate/181/details</p>
Indiana	Senate Bill 521 SB 521	Pending (Health and Provider Services Com., 1/16/25)	<p>This measure, while broad in scope in terms of its focus on pregnancy- and childbirth-related matters, notably folds in establishing a Trauma-Informed Care Commission charged with identifying, evaluating, and recommending evidence-based best practices to support children, young people, and families who have experienced or are at risk of experiencing trauma or ACEs.</p>

			<p>The bill emphasizes a multi-sector approach grounded in the science of healthy development, resilience, and healing-centered practice, with a specific focus on building coordinated, system-wide strategies to better support trauma-impacted children, young people, and families across the state.</p> <p>Relevant components significantly aligned with a TI approach include:</p> <ul style="list-style-type: none"> • Establishment of the Trauma-Informed Care Commission tasked with recommending and updating best practices for trauma-responsive approaches across settings, sectors, and systems • Focus on multigenerational interventions to support caregivers, prevent and mitigate secondary trauma, and foster safe, stable, nurturing environments for children and families • Integration of peer support models and partnerships with nonclinical community figures, including mentors, clergy, and other trusted adults, to strengthen trauma-responsive care pathways • Emphasis on culturally-responsive practices, including addressing trauma linked to discrimination, historical oppression, and community-level adversity • Prioritization of prevention and resilience-building strategies, including school-based trauma education, positive discipline practices, and early identification and referral models • Annual reporting and statewide trauma prevention strategy development, with the commission required to submit a comprehensive strategy focused on preventing ACEs by 2027 <p>The above-referenced elements of this measure are similar to HB 1241, which creates a Trauma-Informed Care Commission focused on identifying and recommending best practices. SB 521 is distinctly included in this document as it expands upon this approach by embedding a broader trauma prevention strategy, multigenerational interventions, culturally responsive practices, and structured statewide coordination across systems, and is also a highlight placed in a different bill that may have a different likelihood of becoming law and thus important to uplift.</p> <p>https://iga.in.gov/legislative/2025/bills/senate/521/details</p>
Iowa	House File 801 & House	Dead	HF 908 builds upon and expands HF 801, which was withdrawn and absorbed by HF 908, integrating its trauma-informed screening requirements while introducing broader

<p>(Legislative Session: 1/3/25 - 5/2/25, with carryover to 2026)</p>	<p>File 908 HF 801 & HF 908</p>	<p>(Withdrawn 5/14/25)</p>	<p>protective, restorative, and cross-sector strategies. Together, these measures reflect a coordinated effort to strengthen Iowa’s trauma-informed response to children and young people who are survivors of human trafficking and commercial sexual exploitation.</p> <p>The measures seek to strengthen the state’s trauma-informed response to children and young people who are survivors of human trafficking.</p> <p>Key trauma-informed provisions include:</p> <ul style="list-style-type: none"> • Children and young people who come into contact with the juvenile court system or are the subject of child abuse investigations must be screened for commercial sexual exploitation using a standardized, evidence-based, trauma-informed tool, ensuring earlier identification and appropriate referral to services <ul style="list-style-type: none"> ○ This screening provision was originally introduced in HF 801 and carried forward into this more comprehensive bill • The bill defines commercial sexual exploitation broadly, ensuring that both monetary and non-monetary exchanges for sexual activity are recognized within screening processes <ul style="list-style-type: none"> ○ Screening is positioned at early system entry points to support earlier identification, protective response, and connection to appropriate services • If a minor is engaged in prostitution, the minor may no longer be arrested or prosecuted but instead must be referred for protective services or taken into temporary custody if necessary for safety • The Dept. of Health and Human Services must work with nonprofit providers to expand access to restoration facilities and protective services for juvenile trafficking survivors • The development of networks for young people at high risk of re-exploitation, including out-of-state placements • An annual stakeholder meeting must be held to inform legislative proposals, bringing together public safety, child-supporting systems, health agencies, legal experts, trauma survivors, and community providers to collaboratively shape the state’s human trafficking response <ul style="list-style-type: none"> ○ A former trafficking survivor must be included in the process, ensuring lived experience informs system improvements • The statute of limitations for civil actions related to child trafficking and sexual abuse is extended, recognizing the delayed disclosure common among trauma survivors as well as the threat to safety that can exist
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Iowa	House File 1036 HF 1036	Pending (Appropriations Com., 5/12/25)	<p>This measure strengthens the state’s commitment to trauma-informed protections for survivors of child sex trafficking by allowing prior sexual exploitation to be considered as a mitigating factor in sentencing for younger people.</p> <p>The bill authorizes courts to consider a young person’s history as a survivor of human trafficking, sexual abuse, or other forms of exploitation when determining appropriate disposition for a delinquency adjudication. This includes both formal findings and credible evidence presented by the child, their representative, or a relevant authority.</p> <p>The bill reinforces a trauma-informed framework in juvenile justice by:</p> <ul style="list-style-type: none"> • Acknowledging the role of complex trauma, coercion, and abuse in shaping a child’s behavior and system involvement • Explicitly affirming that survivorship may warrant reduced or non-custodial dispositions, diversion to restorative or treatment-based alternatives, or individualized care planning • Expanding the scope of judicial discretion while avoiding automatic punitive responses to behaviors that may stem from exploitation <p>While narrower in scope than HF 908, this measure complements the broader shift in Iowa’s legislative approach by integrating trauma-informed, survivor-centered considerations into legal system decisions that impact youth who have been trafficked or exploited. Rather than centering service provision or screening protocols, it intervenes at the judicial decision-making stage, deepening alignment with trauma-informed principles.</p> <p>https://www.legis.iowa.gov/legislation/BillBook?ga=91&ba=HF1036</p>
Kansas (Legislative Session: 1/13/25 - 4/11/25, with	Senate Bill 263 SB 263	Pending (Education Com., 3/18/25)	<p>This measure establishes new standards for how active shooter drills must be conducted in the state’s public and accredited non-public elementary and secondary schools.</p> <p>The measure formally integrates the principles of TIC into how drills are designed, delivered, and debriefed:</p>

<p>carryover to 2026)</p>			<ul style="list-style-type: none"> • Drills must be trauma-informed, accessible, developmentally-appropriate, culturally-aware, and accommodate students with disabilities and mental health needs • Sensory or real-life shooting simulations are prohibited during drills with students present • Prior notification to parents and opt-out rights must be provided <ul style="list-style-type: none"> ○ There are no penalties for students who do not participate, though alternative safety education must be provided for students who opt out • Debriefing time and access to mental health supports are required after drills • Students must be explicitly informed that the drill is only practice and that there is no real danger • Schools must annually review drill efficacy and student/staff mental health impacts • Students are given a role in violence prevention planning activities • Evidence-based violence prevention education must be provided annually to students in grades 6 – 12 <p>https://kslegislature.gov/li/b2025_26/measures/sb263/</p>
<p>Kentucky (Legislative Session: 1/7/25 - 3/28/25)</p>	<p>House Bill 48 HB 48</p>	<p>Became Law 4/1/25 https://apps.legislature.ky.gov/law/acts/25RS/documents/0145.pdf</p>	<p>This measure revises and streamlines a broad range of Kentucky education laws, with a focus on reducing administrative burden and compliance complexity on school districts, improving teacher support structures, and enhancing trauma-informed approaches in schools.</p> <p>Relevant trauma-informed provisions include:</p> <ul style="list-style-type: none"> • Reaffirmation and strengthening of trauma-informed team structures in schools to identify and assist students whose learning, behavior, and relationships have been impacted by trauma • Requirements for trauma-informed planning at the school and district levels, including strategies to foster safe, stable, and understanding learning environments • Support for mental health services, encouraging school districts to employ school-based mental health providers and facilitate direct services to students • Professional development and training requirements related to trauma awareness, suicide prevention, child abuse and neglect recognition, and active shooter response • Protection of non-instructional time for teachers to allow for professional development and collaboration, potentially contributing to greater staff resilience and wellness

			<ul style="list-style-type: none"> • Suicide prevention programming expanded through requirements for multiple student-facing lessons per year <p>It is important to note that this bill also repeals some previously mandated trauma-specific reporting requirements. However, this appears to be part of the larger “red tape reduction” effort and does not limit or prohibit the implementation of trauma-informed care practices themselves.</p> <p>https://apps.legislature.ky.gov/record/25RS/hb48.html</p>
Kentucky	House Bill 291 & Senate Bill 118 HB 291 & SB 118	Pending (HB 291 Engrossed, 2/27/25; Senate Families & Children Com., 3/4/25; SB 118 Judiciary Com., 2/12/25)	<p>This measure seeks to minimize the adverse impacts of parental incarceration on children by requiring courts to formally consider a defendant’s role as a primary caretaker of a dependent child when imposing a felony sentence.</p> <p>Notably, the bill draws directly from the science of ACEs and reframes sentencing through a trauma-informed, family-centered lens that emphasizes the preservation of the parent-child relationship whenever safely possible. The legislation also explicitly acknowledges the intergenerational effects of incarceration and prioritizes opportunities for healing, stability, and family integrity without compromising public safety.</p> <p>Key trauma-informed provisions include:</p> <ul style="list-style-type: none"> • Courts must consider whether a defendant is a primary caretaker of a dependent child before sentencing, unless the offense involves violence, child victims, or legally mandated incarceration • Defendants found to be primary caretakers must have an opportunity for the court to consider an alternative sentence that preserves family integrity when appropriate, reducing disruption to caregiving, emotional bonds, and child wellbeing • Courts must review a wide range of trauma-informed and developmentally aware factors when considering alternative sentences, including: <ul style="list-style-type: none"> ○ The caregiving role and involvement of the parent ○ The medical, educational, emotional, and developmental needs of the child ○ The child’s age, with particular attention to infants, preschool, and school-age children ○ Whether the defendant is breastfeeding ○ The likelihood of reduced recidivism with access to treatment and services

			<ul style="list-style-type: none"> • Defendants have the right to present a family impact statement and an alternative sentencing plan to the court, ensuring family and community voice are considered in the process • If an alternative sentence is imposed, courts may require participation in programs aimed at supporting the parent-child relationship and building resilience such as: <ul style="list-style-type: none"> ○ Parenting classes ○ Substance use treatment ○ Housing and transportation support ○ Anger management ○ Vocational training ○ Restorative practices <p>If conditions of the alternative sentence are violated, incarceration may then be imposed, yet incarceration is not the default.</p> <p>HB 291: https://apps.legislature.ky.gov/record/25RS/hb291.html SB 118: https://apps.legislature.ky.gov/record/25rs/sb118.html</p>
Kentucky	House Bill 541 HB541	Pending (Primary & Secondary Education Com., 2/25/25)	<p>This bill updates and strengthens trauma-informed education practices within the state’s public school systems, among many other provisions related to school operations and charter school oversight.</p> <p>Most relevantly, the measure directs each local board of education and board of a public charter school to develop and implement a trauma-informed approach to education, reinforcing and building on prior statutory requirements.</p> <p>Trauma-informed teams at each school (composed of counselors, school psychologists, mental health providers, administrators, and other staff) are tasked with:</p> <ul style="list-style-type: none"> • Identifying and supporting students impacted by trauma • Providing training and consultation for school personnel on recognizing trauma symptoms and implementing supportive interventions • Building resiliency and promoting wellness across the school community <p>The bill preserves the goal that every student should be “known well by at least one adult” within the school setting from prior legislation, and requires school districts and public charter schools to continue developing and updating trauma-informed discipline policies,</p>

			<p>partnering with law enforcement to coordinate around trauma exposure notifications, and fostering positive, safe learning environments for all students.</p> <p>https://apps.legislature.ky.gov/record/25RS/hb541.html</p>
Kentucky	<p>Senate Bill 165</p> <p>SB 165</p>	<p>Pending</p> <p>(Education Com., 2/18/25)</p>	<p>“Kentucky Education Equality Protection (KEEP) Act” - this measure makes sweeping changes to educational policy and administrative practices across the state.</p> <p>This bill is controversial and has drawn public concern, with many arguing that its framing undermines the spirit of TIC and limits the true operationalization of its principles. The ACLU of Kentucky has released a statement opposing the previous measure that brought the legislature to this recalibration, as has the Kentucky Student Voice Team, among others, raising concerns about the chilling effect on honest, important discussions and experiences, as well as highlighting how the provisions as written threaten to make schools less safe and responsive for trauma-impacted students rather than more safe and responsive.</p> <p>Specifically, this bill includes language explicitly restricting the use of diversity, equity, and inclusion (DEI) initiatives within public schools and the state’s Dept. of Education, including eliminating DEI offices, ending contracts with external DEI providers, and prohibiting training programs, hiring practices, or disciplinary policies that account for race, gender, or other protected characteristics.</p> <p>The bill does reaffirm the use of trauma-informed practices in schools, yet explicitly prohibits trauma-informed frameworks from incorporating DEI concepts as defined by the Act, which many argue significantly restricts the ability of public schools and districts to engage in trauma-informed practices.</p> <p>While the bill’s stated purpose is to ensure equal treatment without differential benefits based on race, sex, or religion, it eliminates key structures intended to support students who have experienced trauma and limits school systems’ ability to build safe environments that reduce the likelihood that re-traumatization will occur.</p> <p>Key points of discussion in the conversation include:</p> <ul style="list-style-type: none"> • Removes of trauma-informed team roles, professional development around trauma, and district trauma-informed plans

			<ul style="list-style-type: none"> • Reduces capacity to build safe and supportive school climates, particularly for students from historically marginalized groups who are disproportionately impacted by trauma and adversity • Increased risk of re-traumatization, as systems lose flexibility to acknowledge, adapt to, and support the diverse experiences of students <p>https://apps.legislature.ky.gov/record/25RS/sb165.html</p>
<p>Maine</p> <p>(Legislative Session: 12/4/24 - 3/21/25, with carryover to 2026)</p>	<p>Legislative Document 1328</p> <p>LD 1328</p>	<p><u>Became Law</u></p> <p>6/12/25</p>	<p>This measure establishes a statewide infrastructure for developing trauma-informed, culturally appropriate recovery residences for individuals impacted by substance use disorder. Although the original bill focused specifically on LGBTQIA2S+ populations, amendments broadened the scope to include historically underserved populations more generally, while retaining a strong equity and trauma-informed foundation.</p> <p>The legislation directs the Maine State Housing Authority to fund and oversee the creation of at least two certified recovery residences. These residences must be staffed by individuals qualified through education, training, or lived experience to provide culturally responsive, trauma-informed services. At least two paid peer support workers must be included at each site, trained in intentional peer support or recovery coaching, and compensated at or above a livable wage.</p> <p>Residences are required to offer communal space, individualized recovery services, and a physical environment designed to support healing. One residence must be located in a community with more than 20,000 residents and another in a community with fewer than 20,000, ensuring both rural and urban access.</p> <p>The law defines "trauma-informed and culturally appropriate services" as those that acknowledge, respect, and incorporate the cultural values, beliefs, and practices of individuals and families. These services must be adapted to the specific population served and embedded in the design and staffing of each residence.</p> <p>A non-lapsing fund called the Culturally Appropriate and Trauma-informed Recovery Residence Fund is established within the Housing Authority to support implementation. The Authority is responsible for administering a competitive grant process to distribute funds, ensure fidelity to legislative intent, and support organizations equipped to deliver equity-rooted, TIC.</p>

<p>Maine</p>	<p>Legislative Document 1442 LD 1442</p>	<p>Dead Voted "Ought Not To Pass" by committee 5/28/25</p>	<p>https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1328&snum=132</p> <p>This measure directs the Dept. of Health and Human Services to modify the licensing rules for personal care agencies, removing burdensome operational requirements and strengthening trauma-informed, culturally-responsive supervision practices.</p> <p>Among other provisions, the measure notably:</p> <ul style="list-style-type: none"> • Requires supervision of direct care staff to include trauma-informed and culturally-appropriate observation of service delivery • Expands access to state-provided direct support worker training as a qualification pathway, helping to build a better-prepared, more resilient care workforce • Eases certain administrative burdens that disproportionately affected small or home-based care providers, potentially increasing access to community-based care for people in need of support services <p>https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1442&snum=132</p>
<p>Maine</p>	<p>Legislative Document 1703 LD 1703</p>	<p>Dead Voted "Ought Not To Pass" by committee 5/20/25</p>	<p>This measure establishes the Adverse Childhood Experiences Screening and Resiliency Assessment Pilot Project through the Dept. of Health and Human Services, in collaboration with the Dept. of Education.</p> <p>Key components of the measure include:</p> <ul style="list-style-type: none"> • Voluntary ACEs screening offered confidentially to students accessing school-based health centers, with the goal of identifying young people who may benefit from additional support services • Resiliency assessments administered to all participants, regardless of ACEs score, to assess coping skills, recovery capacity, and emotional growth potential • Training requirements for LCSWs and LMSWs participating in the project, focusing on ACEs science, trauma-sensitive practices, intervention strategies, and cultural competence • Data collection and evaluation of the pilot project's reach, outcomes, and stakeholder feedback, including referrals for support services • Reporting requirement directing the Dept. of Health and Human Services to submit findings and recommendations for future expansion or modification of the program, with an explicit option for legislators to introduce a bill for broader implementation statewide

			<p>Notable definitions provided in the bill include:</p> <ul style="list-style-type: none"> • ACEs are defined as “traumatic events occurring in childhood, such as abuse, neglect, and household dysfunction, that negatively impact long-term health and wellbeing” • “Resiliency Assessment” is defined as “a process for evaluating a child’s ability to cope with stress, trauma, and challenges, and their capacity for recovery and emotional growth” <p>https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1703&snum=132</p>
<p>Maryland (Legislative Session: 1/8/25 - 4/7/25)</p>	<p>House Bill 197 & Senate Bill 68 HB0197 & SB0068</p>	<p>Became Law 5/6/25</p>	<p>This bill is a continuation of Maryland’s previous restorative practices legislation from 2024, serving to strengthen the framework by requiring the State Dept. of Education to develop a comprehensive plan to guide school systems in establishing Restorative Practices Schools.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Defines Restorative Practices with greater specificity, emphasizing communal and culturally-responsive relationship-building approaches, and that they may include: <ul style="list-style-type: none"> ○ Trauma-informed care ○ Conflict resolution ○ Mediation ○ Peer mediation ○ Circle processes ○ Restorative conferences ○ Social emotional learning ○ Positive behavioral intervention supports ○ Personal accountability • Requires that the Dept. consult with experienced practitioners and national experts in restorative practices to shape the statewide plan • Directs the development of a model for identifying and training restorative practice coaches within schools • Creates standards for when a school may be officially designated as a Restorative Practices School • Establishes key outcome metrics, including improvements in disciplinary actions, absenteeism, teacher turnover, mental health indicators, and school climate • Mandates that any county board choosing to establish a Restorative Practices School must use the state’s comprehensive plan

			<p>HB0197: https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0197?ys=2025RS SB0068: https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0068?ys=2025RS</p>
Maryland	<p>House Bill 1198 & Senate Bill 632</p> <p>HB1198 & SB0632</p>	<p>Pending</p> <p>(House Judicial Proceedings Com., 3/17/25; S0632 Engrossed in Senate, House Judiciary Com., 4/7/25)</p>	<p>This measure requires the establishment of a standalone prerelease unit specifically for incarcerated women, with a trauma-informed, gender-responsive approach embedded throughout its services and structure.</p> <p>Among other provisions, the bill mandates comprehensive, gender-responsive prerelease services that are both evidence-based and innovative, including:</p> <ul style="list-style-type: none"> • Trauma-informed counseling • Mental health and substance use treatment • Individualized education and workforce planning • Stable housing coordination at release • Re-entry planning centering women’s voices • Family reunification and support programming • Application assistance for health and social benefits <p>The new facility built per this measure must be designed intentionally to ensure privacy, dignity, and trauma-informed care, with accessible facilities, onsite medical care, educational and recreational spaces, and public transportation access.</p> <p>The bill defines “Gender-Responsive Services” as “programs that recognize and account for the differences between men and women in psychological development, socialization, culture, exposure to trauma, life experiences, and criminogenic risks to support successful reentry, recovery, and recidivism reduction.”</p> <p>HB1198: https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB1198?ys=2025RS S0638: https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0632?ys=2025RS</p>
Maryland	<p>Senate Bill 448</p> <p>SB0448</p>	<p>Pending</p> <p>(Finance Com., 1/27/25)</p>	<p>This measure establishes the Self-Directed Mental Health Services Pilot Program within the state’s Dept. of Health to expand access to person-centered, clinically appropriate, culturally-responsive, and trauma-informed behavioral health services for Medicaid recipients.</p>

			<p>Under the program, participants receive a comprehensive, individualized person-centered plan of service that emphasizes choice, dignity, supported decision-making, community inclusion, crisis prevention, and recovery.</p> <p>Notably, the model explicitly incorporates trauma-informed practices, ensures services are culturally-responsive, and supports resilience-building through access to flexible services such as:</p> <ul style="list-style-type: none"> • Peer respite • Tenancy-sustaining support • Technology for independence • Vocational training • Homemaker services <p>Also noteworthy is that participants retain control over service selection and budgetary decisions, and formal service eligibility is not conditioned on compliance with mental health treatment or demonstration of competency.</p> <p>The pilot prioritizes individuals most underserved by traditional systems, including those with multiple disabilities, severe mental health challenges coupled with trauma-related diagnoses, cultural barriers to accessing care, and/or heightened risk of institutionalization.</p> <p>Within the pilot, participants are offered comprehensive supports aligned with their goals for living independently and thriving in the community, with specific attention to fostering long-term stability, resilience, and emotional wellbeing.</p> <p>The bill also provides key definitions to guide implementation:</p> <ul style="list-style-type: none"> • Person-Centered Plan of Service: “a plan that prioritizes individual control, addresses trauma and crisis prevention needs, supports natural supports and resilience, and aligns services with participants’ preferred lifestyles, health, and informed choices” • Self-Directed Services: “services chosen, managed, and directed by participants to maximize independence, recovery, dignity, and community inclusion” <p>https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0448?ys=2025RS</p>
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<p>Massachusetts</p> <p><i>(Legislative Session: 1/1/25 - 11/19/25, with carryover to 2026)</i></p>	<p>House Bill 289</p> <p>H.289</p>	<p>Pending</p> <p>(Joint Com. on Children, Families, & Persons with Disabilities, 2/27/25)</p>	<p>This measure establishes a special commission to investigate and study experiences of being unhoused among women.</p> <p>Among other provisions, the commission is charged with conducting a community needs assessment and making recommendations to:</p> <ul style="list-style-type: none"> • Proactively prevent people from becoming unhoused • Improve shelter access and quality for women and families • Expand permanent housing opportunities • Enhance data collection and reporting on women who are unhoused • To ensure full access to health care and social services <p>Notably, among other members, the commission must include a service provider with expertise in TIC as well a person with lived experience of being unhoused.</p> <p>https://malegislature.gov/Bills/194/H289</p>
<p>Massachusetts</p>	<p>House Bill 1333</p> <p>H.1333</p>	<p>Pending</p> <p>(Joint Financial Services Com., 2/27/25)</p>	<p>This bill establishes the Maternal Health Justice Fund to expand and manage the doula workforce, among other provisions.</p> <p>Administered by the Dept. of Public Health, the fund would support scholarship awards for doula certification, prioritize applicants from historically marginalized backgrounds, and provide funding to agencies and community-based doula programs supporting workforce development, mentorship, supervision, and fiscal management.</p> <p>The bill defines a perinatal doula as “a trained professional who provides non-medical physical, emotional, and informational support to pregnant individuals, surrogates, foster and adoptive parents during and after pregnancy, labor, childbirth, miscarriage, stillbirth, or loss.”</p> <p>Notably, certification programs eligible for scholarship funding must demonstrate that they address core competencies in anatomy, emotional support strategies, communication, and knowledge of community and healthcare resources.</p> <p>Additionally, programs must include education in critical areas including:</p> <ul style="list-style-type: none"> • Health equity • Implicit bias

			<ul style="list-style-type: none"> • Structural and interpersonal racism • Reproductive and birth justice • Cultural sensitivity and humility • Parental mental health • Disability inclusion • Sexual and gender identity inclusion • Social determinants of health • Trauma-informed care (including for survivors of sexual assault or birth trauma) <p>https://malegislature.gov/Bills/194/H1333</p>
Massachusetts	House Bill 1418 H.1418	Pending (Hearing, 6/6/25)	<p>This bill appropriates a one-time sum of \$1,500,000 to the African Diaspora Mental Health Association (ADMHA) and outlines activities in relation to that appropriation. ADMHA is referred to as the only minority-owned mental health clinic in Western Massachusetts, and it is emphasized that this group is well-positioned to provide culturally-responsive and trauma-informed support to African American and other underserved communities.</p> <p>Funding will support the completion of a new “state-of-the-art” mental health and substance use clinic and expansion of services aimed at addressing urgent public health and safety needs, including opioid use recovery, gang and gun violence prevention, and intergenerational trauma.</p> <p>Specific initiatives supported by the funding include:</p> <ul style="list-style-type: none"> • Creation of culturally tailored mental health and substance use programs, including a specific TIC initiative for survivors of violence • Expansion of implicit bias and cultural competence training for staff • Development of a crisis intervention team in partnership with local law enforcement • Establishment of a youth mentorship and resilience program and a school partnership initiative aimed at disrupting the school-to-prison pipeline • Expansion of outpatient services, family-focused therapy, and wellness programs addressing health disparities • Creation of community resource centers and workforce development initiatives focused on mental health careers for local residents

			<p>For transparency and accountability, ADMHA is required to submit a report demonstrating the use of funds, progress on facility completion, and impacts on community health, safety, and resilience.</p> <p>https://malegislature.gov/Bills/194/H1418</p>
Massachusetts	<p>House Bill 1462</p> <p>H.1462</p>	<p>Pending</p> <p>(Joint Com. on Higher Education, 2/27/25)</p>	<p>This bill would require each public institution of higher education that offers on-campus student housing to establish a college campus recovery-focused housing program designed to provide an alcohol- and drug-free environment for students in recovery from substance use disorders.</p> <p>The bill requires that these programs offer on-site supports including, but not limited to, trauma-informed counseling, mentoring, and peer support services.</p> <p>In addition to housing-focused supports, the bill mandates that all public institutions of higher education must provide overdose response training to students, faculty, and staff, and must make naloxone available on campus for the treatment of opioid overdoses.</p> <p>https://malegislature.gov/Bills/194/H1462</p>
Massachusetts	<p>House Bill 1929 & Senate Bill 951</p> <p>H.1929 & S.951</p>	<p>Pending</p> <p>(Joint Com. on the Judiciary & Joint Com. on Higher Education, 2/27/25)</p>	<p>This bill would increase the number of justices statewide. The measure outlines a structured plan for the assignment and equitable distribution of newly authorized justices, ensuring resources are deployed in ways that address disparities in access to justice with allocations based on population growth, youth demographics, and socio-economic indicators impacting vulnerability and need.</p> <p>Importantly for TIC alignment, the bill requires that all newly-appointed justices working with young people accused of crimes complete comprehensive training in trauma-informed practices, restorative justice approaches, and pertinent legal frameworks.</p> <p>H.1929: https://malegislature.gov/Bills/194/H1929 S.951: https://malegislature.gov/Bills/194/S951</p>
Massachusetts	<p>House Bill 2054</p> <p>H.2054</p>	<p>Pending</p> <p>(Joint Com. on the Judiciary, 2/27/25)</p>	<p>This bill would create a pathway to parole eligibility for people who, at the time of the offense for which they have been convicted, were between the ages of 21 and 25 years and 364 days, recognizing evolving neuroscience that indicates cognitive maturation continues well into the mid-twenties. The measure retroactively and prospectively grants parole eligibility to this</p>

			<p>population, eliminates mandatory life without parole sentencing for young adults, and integrates restorative justice and rehabilitative requirements.</p> <p>Notably, the measure draws on scientific evidence regarding adolescent and young adult brain development, ACEs, the impacts of trauma on neurodevelopment, and the contemporary understanding that executive function and risk assessment are still maturing in early adulthood. It further recognizes systemic inequities, including racial, economic, and class disparities, that contribute to harsher legal and court outcomes for marginalized populations.</p> <p>https://malegislature.gov/Bills/194/H2054</p>
<p>Minnesota (Legislative Session: 1/14/25 - 5/19/25 with carryover to 2026)</p>	<p>House File 1637 & Senate File 3353 HF 1637 & SF 3353</p>	<p>Pending (House Health Finance & Policy Com., 3/3/25; Senate Health & Human Services Com., 4/9/25)</p>	<p>This measure establishes a statewide pilot program to reduce trauma from gun violence and address its root causes.</p> <p>Notably, the pilot program prioritizes investment in community-based organizations that work directly with individuals at high risk of experiencing gun violence or trauma from gun violence. These organizations will be supported in delivering healing services, trauma-informed care, and innovative or evidence-based practices aligned with reducing violence and supporting recovery. The pilot program also specifically requires the establishment of stabilization services for families impacted by gun violence.</p> <p>Under the bill, community members will be trained to serve as trauma navigators. The bill defines “Trauma Navigator” as “a trained community member who uses trauma-informed care and holistic treatment modalities to support families impacted by gun violence and help connect them to stabilization services.”</p> <p>Trauma navigators will assist families in accessing critical resources such as child care, housing, mental health care, physical health care, economic support, and education, recognizing that healing and stability require addressing multiple social determinants of health.</p> <p>Additionally, the measure supports reintegration services focused on helping families learn alternative, nonviolent ways of responding to violence, promoting self-advocacy, healthy relationships, and connection to professional services necessary for healing.</p>

			<p>The bill also calls for public education campaigns using nonviolent language, tailored culturally and linguistically to the communities most impacted.</p> <p>To support implementation, the bill outlines that the Commissioner of Health must convene an advisory panel comprised of people with expertise in trauma recovery, TIC, healing practices, financial skills, and holistic community resource access to advise on program guidelines, review pilot activities, and facilitate ongoing community engagement.</p> <p>A report on the pilot program’s progress is due by in 2027 with evaluation measures tied to reducing trauma and addressing systemic causes of gun violence. The preventive lens that looks at root causes and connects trauma to social determinants of health align with a public health-based, trauma-informed approach.</p> <p>HF 1637: https://www.revisor.mn.gov/bills/text.php?number=HF1637&type=bill&version=0&session=ls94&session_year=2025&session_number=0</p> <p>SF 3353: https://www.revisor.mn.gov/bills/text.php?number=SF3353&version=latest&session=ls94&session_year=2025&session_number=0</p>
Minnesota	House File 2967 & Senate File 3300 HF 2967 & SF 3300	Pending (House Children & Families Finance & Policy Com., 4/1/25; Senate Health & Human Services Com., 4/7/25)	<p>This measure amends the state’s child welfare-related statutes to strengthen oversight of racial disparities in the child protection system and to embed TIC into systemic remediation efforts.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Requires the Commissioner of Children, Youth, and Families to conduct comprehensive annual reviews of cases involving African American children and other disproportionately represented groups • Directs that case reviews must track multiple metrics, including the use of culturally-appropriate, strength-based, and trauma-informed services for children and families • Mandates that any county agency found to have disproportionate or disparate outcomes must work with the Commissioner to develop a formal remediation plan <ul style="list-style-type: none"> ○ Plans are required to include specific strategies for achieving and documenting trauma-informed, positive child well-being outcomes ○ Plans must also identify systemic barriers to reunification, access to culturally-responsive mental health and substance use services, family support access, and any deficiencies in trauma-informed approaches

			<ul style="list-style-type: none"> Strengthens the reporting obligations of the African American Child Well-Being Advisory Council for transparency and accountability <p>HF 2967: https://www.revisor.mn.gov/bills/bill.php?b=House&f=HF2967&ssn=0&y=2025 SF 3300: https://www.revisor.mn.gov/bills/text.php?number=SF3300&version=latest&session=ls94&session_year=2025&session_number=0</p>
Minnesota	Senate File 1953 SF 1953	Pending (House Health Finance & Policy Com., 3/3/25; Senate Health & Human Services Com., 4/9/25)	<p>This measure updates and expands the definitions of qualifying “mental illnesses” under all state law, explicitly integrating complex post-traumatic stress disorder (C-PTSD) and first-episode psychosis into eligibility for intensive mental health services and case management.</p> <p>Also noteworthy is that the bill requires all mental health providers, case managers, and supervisors working with eligible populations to complete TIC training that includes education on:</p> <ul style="list-style-type: none"> ACEs Complex trauma and C-PTSD Secondary traumatic stress Culturally-responsive practices Structural contributors to health disparities <p>The measure also establishes new grant programs to support early intervention for bipolar disorder and first episode psychosis, emphasizing trauma-informed, culturally-responsive, and community-based approaches.</p> <p>Notably, although a House companion bill, HF 2143, was introduced during this session, that version of the bill does not include TIC requirements or the expanded eligibility language for C-PTSD, therefore, SF 1953 represents the more comprehensive, trauma-aligned version advancing through the legislature and is thus featured fully in this document while HF 2143 is not given a distinct entry or included in the tracking process.</p> <p>https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF1953&ssn=0&y=2025</p>
Mississippi (Legislative	House Bill 566 HB 566	Died in Committee 2/4/25	<p>“Mental Awareness Program for Schools Act” - this measure establishes a trauma-informed infrastructure across public K-12 and charter schools.</p>

<p>Session: 1/7/25 - 4/3/25)</p>			<p>More specifically, the bill requires all educator preparation programs in the state to integrate mental disturbance awareness and trauma-informed approaches, defined in alignment with SAMHSA recommendations and described as approaches that foster safe learning environments and ensure each student is well-known by at least one adult.</p> <p>The bill also mandates that every school district and public charter school employ at least one school counselor or school-based mental health services provider for every 250 students. Each school must also create a trauma-informed team composed of counselors, administrators, teachers, and mental health personnel to identify and support students impacted by trauma.</p> <p>Counselors and trauma teams are tasked with providing at least one hour of annual training to all school staff on recognizing trauma symptoms and employing supportive strategies.</p> <p>Additionally, the Dept. of Education, in collaboration with the Dept. of Mental Health, must develop a trauma-informed toolkit and template plans for school implementation.</p> <p>By 2027, each district and charter school must submit a formal trauma-informed plan that includes enhancing awareness, developing trauma-informed discipline policies (with counselor consultation required before serious disciplinary actions), and creating notification protocols for trauma-exposed students.</p> <p>https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0566.xml</p>
<p>Mississippi</p>	<p>House Bill 777 HB 777</p>	<p>Died in Committee 2/4/25</p>	<p>“Children’s Assessment and Mental Health Evaluation Opportunity (CAMHEO) Act of 2025” - this measure would establish a statewide mental health screening, assessment, and intervention framework for K-12 public schools.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Directs the State Board of Education and the Dept. of Mental Health to jointly develop comprehensive frameworks and guidelines for public schools to implement mental health prevention, screening, early intervention, and treatment services • Establishes the Children’s Mental Health Partnership, composed of cross-sector, cross-system collaborators representing multiple state agencies, courts, and community mental health centers, who are responsible for developing mental health screeners and assessments

			<ul style="list-style-type: none"> • Requires public school districts to provide mental health screenings and assessments for students in grades K–12 who exhibit signs of mental distress, incapacity, or who are referred by parents, school staff, or self-referral • Requires districts to develop policies incorporating social and emotional development into education programs, including teaching and assessing social and emotional skills and outlining responses to students experiencing social-emotional or mental health challenges <p>Notably, although no explicit definition section exists, the bill uses clinical and developmental research findings to ground its emphasis on early mental health screening and the effects of childhood adversity.</p> <p>https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0777.xml</p>
Mississippi	Senate Bill 2600 SB 2600	Died in Committee	<p>“Mental Awareness Program for Schools Act” - this measure would expand trauma-informed practices across Mississippi’s public education system.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Requires that educator preparation programs include coursework on school discipline, mental health disturbance awareness, and trauma-informed approaches as a condition of program approval • Mandates that all public school districts and public charter schools: <ul style="list-style-type: none"> ○ Employ at least one school counselor or mental health services provider for every 250 students ○ Require professional school counselors to spend a minimum of 80% of their time delivering direct counseling services to students ○ Create a multidisciplinary trauma-informed team at each school to identify and support students whose learning, behavior, and relationships have been impacted by trauma ○ Require school counselors, in collaboration with trauma-informed team members, to deliver at least one hour of annual training for all staff on recognizing signs of mental disturbance or trauma and using trauma-informed interventions • Authorizes school districts to enter into memoranda of agreement with a nationally recognized social work consortium and state universities to place supervised master’s-level interns in school counselor roles

			<ul style="list-style-type: none"> Requires the State Dept. of Education, in collaboration with the State Dept. of Mental Health, to develop and publish a toolkit to assist districts in implementing trauma-informed teams and practices, and requires each district to submit a trauma-informed implementation plan by 2027 <p>The bill also provides a definition of “mental disturbance awareness and trauma-informed approaches” of “incorporating principles of mental disturbance awareness, trauma awareness and trauma-informed practices, as recommended by the federal Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, in a school in order to foster a safe learning environment for all students and staff, and to ensure that each student is well-known by at least one adult in the school setting.”</p> <p>HB 777 addresses mental health screening at the individual student level without requiring systemic trauma-informed approaches, while SB 2600 mandates schoolwide trauma-informed systems aligned with federal SAMHSA definitions. They target related issues (student well-being), but differ fundamentally in scope, focus, and method, and thus are cited separately in this document despite similar overlapping text and concepts.</p> <p>https://billstatus.ls.state.ms.us/2025/pdf/history/SB/SB2600.xml</p>
<p>Missouri</p> <p>(Legislative Session: 1/8/25 - 5/16/25)</p>	<p>House Bill 1332</p> <p>HB1332</p>	<p>Pending</p> <p>(House Emerging Issues Com., 5/15/25)</p>	<p>This measure proposes the full repeal of Missouri’s Trauma-Informed Schools Initiative and the Trauma-Informed Schools Pilot Program, two laws enacted to support institutionally embedding TIC into the state’s schools.</p> <p>Specifically, the bill would:</p> <ul style="list-style-type: none"> Eliminate the Department of Elementary and Secondary Education’s role in providing trauma-informed resources, training, and guidance to schools Remove the statutory definitions of “trauma-informed approach” and “trauma-informed school” <ul style="list-style-type: none"> “Trauma-informed approach” is “an approach that involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan” “Trauma-informed school” is “a school that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in students, teachers, and staff; responds by fully integrating knowledge about trauma into its policies, procedures, and practices; and seeks to actively resist retraumatization”

			<ul style="list-style-type: none"> • Repeal the (already sunset) pilot program that supported five Missouri schools in trauma-informed implementation <p>This bill is included because it is highly misaligned with the principles of TIC as it removes basic trauma-informed infrastructure without proposing any replacement or update. No empirical evidence is cited to support the repeal, and the language presented does not provide much information about the reasoning or justification for these propositions.</p> <p>https://house.mo.gov/Bill.aspx?bill=HB1332&year=2025&code=R</p>
<p>Montana</p> <p>(Legislative Session: 1/6/25 - 5/3/25)</p>	<p>Senate Bill 318</p> <p>SB318</p>	<p>Dead</p> <p>Died in Committee Process</p> <p>5/23/25</p>	<p>“Child Safety First Act” - this measure would expand the incorporation of trauma-informed principles, household violence recognition, and child abuse prevention within family court proceedings.</p> <p>The bill requires mandatory trauma-informed and culturally-appropriate training for all elected and appointed judges and guardians ad litem in child custody proceedings, with these individuals being required to complete 20 hours of initial training and at least 15 hours of ongoing training every 2 years</p> <p>The measure specifies that the required training must focus on:</p> <ul style="list-style-type: none"> • Child sexual abuse • Physical abuse • Emotional abuse • Coercive control • Implicit and explicit bias (including regarding parents with disabilities) • Trauma impacts • Victim/perpetrator behavior dynamics <p>This measure also expands children’s rights within custody proceedings, including:</p> <ul style="list-style-type: none"> • The right to express their views freely and have those views meaningfully considered based on age and maturity • Protections against forced relationships with parents deemed unfit • Protections against forced reunification treatments unless scientifically validated • Revises the “best interest of the child” standard to prioritize child safety and to account for trauma exposure (vs. just parental rights/preferences)

			<ul style="list-style-type: none"> Updates procedures for parenting plan amendments, including a rebuttable presumption against abusive or convicted parents retaining parenting rights unless proven otherwise <p>Notably, it is required that training rely only on evidence-based, peer-reviewed research, and stated that training and custody considerations must address trauma’s impact in all members of the family impacted, particularly children.</p> <p>https://bills.legmt.gov/#/laws/bill/2/LC0931?open_tab=sum</p>
<p>Nebraska</p> <p>(Legislative Session: 1/8/25 & 6/9/25)</p>	<p>Legislature Bill 48</p> <p>LB48</p>	<p>Made Law</p> <p>6/6/25</p>	<p>This measure establishes a statewide pilot program for Family Resource and Juvenile Assessment Centers, intended to offer 24/7 community-based support, assessment, and early intervention services for young people and families either involved in, or at risk of entering, the juvenile legal and court system.</p> <p>The legislation mandates that the Nebraska Department of Health and Human Services (DHHS) develop and oversee this pilot in partnership with local grassroots organizations, community stakeholders, and advisors with lived experience navigating these systems. Two centers (one in each designated site) will be selected through a rigorous designation process grounded in the national Standards of Quality for Family Strengthening and Support or a similar benchmark framework.</p> <p>Each center must offer a broad range of services including parenting support, youth counseling, early childhood programs, economic support initiatives, conflict resolution, mental health care, and substance use prevention. Services must be provided by professionals trained in trauma-informed care, cultural competency, and the Strengthening Families framework. Additionally, the program requires embedding of community navigators and mentors with lived experience to ensure services are culturally grounded and relationship-based.</p> <p>Centers must also implement robust trauma-informed offerings including therapeutic interventions, anger management, cognitive behavioral therapy, mentoring, youth and family counseling, financial literacy, and substance use services. Wraparound supports such as job readiness training, food and clothing access, and referrals to local businesses for apprenticeships or vocational paths are also required. These supports must be free of charge.</p>

			<p>Youth advisory councils and parent boards are required at each site to ensure continuous feedback and relevance. Outreach partnerships with schools, faith-based groups, and community organizations are expected to create sustained bridges to preventative support.</p> <p>The bill also requires robust data collection systems to measure outcomes and guide continuous improvement, with an emphasis on keeping young people out of the juvenile system and fostering positive life outcomes.</p> <p>Annual evaluations by DHHS are mandated to assess program impact on community trust, system involvement, and family wellbeing. Designated sites may receive up to \$500,000 annually in funding from the Medicaid Managed Care Excess Profit Fund, with strong emphasis on ensuring local investment and program sustainability.</p> <p>https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59016</p>
Nebraska	Legislature Bill 670 LB670	Pending (Education Com., 1/28/25)	<p>This bill makes amendments to the state’s public health and education statutes, focusing on school safety, emergency preparedness, and school-based law enforcement protocols.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Strengthens the powers and duties of the State School Security Director, including: <ul style="list-style-type: none"> ○ Reviewing school district safety plans every three years ○ Conducting security assessments in schools ○ Offering behavioral and mental health training (with a focus on suicide awareness and prevention) ○ Establishing a model safety plan for districts’ use. • Modifies the use and oversight of school resource officers (SROs) and security guards, including: <ul style="list-style-type: none"> ○ Mandating initial evidence-based training for SROs and security guards covering topics such as: <ul style="list-style-type: none"> ○ Trauma-informed responses ○ Conflict de-escalation ○ Teenage brain development ○ Implicit bias ○ Diversity and cultural awareness ○ Preventing violence in school settings ○ Setting policies for student advisement of constitutional rights during interrogations

			<ul style="list-style-type: none"> ○ Establishing required records of student referrals to law enforcement ○ Requiring a parent and student complaint process for concerns about SRO or security guard conduct <p>As a note, while this measure includes some trauma-informed language and does have alignment in the requirements outlined above in some spots, its overall emphasis is on security infrastructure and regulatory compliance. The measure does not embrace a comprehensive TI approach across education systems and largely centers security and law enforcement functions, which some say may conflict with a broader operationalization of TIC and may ultimately increase surveillance and disciplinary responses rather than reduce re-traumatization through the integration of key principles and values.</p> <p>https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59639</p>
Nebraska	Legislature Bill 706 LB706	Pending (Health & Human Services Com., 3/13/25)	<p>This bill would create a new statewide requirement for law enforcement officers in the state to partner with trained APS social workers when responding to calls involving individuals with mental health concerns. It represents an effort to infuse trauma-informed care into frontline crisis response through interdisciplinary collaboration.</p> <p>Among other provisions, the bill requires law enforcement agencies to:</p> <ul style="list-style-type: none"> ● Implement dispatch screening protocols to identify Mental Health Priority calls ● Designate and code Mental Health Priority calls in their dispatch systems ● Ensure that officers responding to identified calls are accompanied by an APS social worker whenever safe and practicable ● Allow the APS social worker to lead the initial contact and intervention using de-escalation strategies and TIC <p>The bill also directs the state’s Commission on Law Enforcement and Criminal Justice to:</p> <ul style="list-style-type: none"> ● Create minimum standards for agency policies on APS accompaniment ● Review law enforcement compliance annually and report findings to the Governor and legislature ● Deny grants, loans, or funding to agencies that exhibit a pattern of noncompliance <p>The bill provides some key definitions including that “trauma-informed care” is “care provided under a framework that involves understanding, recognizing, and responding to the effects of trauma with an emphasis on physical, psychological, and emotional safety, and</p>

			<p>that provides effective mental health services by taking into account an individual’s past experiences with trauma,” as well as that an “APS Social Worker” is “a social worker who has been trained in crisis intervention, trauma-informed care, bias reduction, and cultural sensitivity, and who is approved by the Department of Health and Human Services.”</p> <p>https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=58849</p>
<p>Nevada</p> <p>(Legislative Session: 2/3/25 - 6/2/25)</p>	<p>Senate Bill 54</p> <p>SB54</p>	<p>Became Law</p> <p>6/6/25</p>	<p>This bill would require Medicaid to cover medical respite care services for people who are unhoused, contingent upon the availability of Federal financial participation. The measure emphasizes linking acute and post-acute medical care with trauma-informed, culturally-sensitive supports.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Directs the Director of the Dept. of Health and Human Services to: <ul style="list-style-type: none"> ○ Include coverage of medical respite care for people who are unhoused for up to 90 days per year ○ Apply for any necessary waivers or state plan amendments to secure federal funding • Requires that medical respite facilities seeking Medicaid reimbursement must: <ul style="list-style-type: none"> ○ Operate according to a specific model developed by the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health ○ Be staffed 24/7 by providers trained in: <ul style="list-style-type: none"> ○ Trauma-informed care ○ De-escalation techniques ○ Mental Health First Aid, including crisis intervention and support <p>https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11846/Text</p>
<p>Nevada</p>	<p>Senate Bill 396</p> <p>SB396</p>	<p>Dead</p> <p>After engrossment, Senate chose to take no further action</p> <p>6/3/25</p>	<p>This measure makes a series of amendments to state statutes regarding the administration of emergency mental health holds and the processes for psychiatric evaluation and detention.</p> <p>The bill explicitly references the use of TIC during psychiatric evaluations, including requiring that professionals administering evaluations have training in trauma-informed practices.</p> <p>Having said that, this bill also:</p> <ul style="list-style-type: none"> • Broadens who can initiate an emergency mental health hold to include additional classes of professionals

			<ul style="list-style-type: none"> • Expands the permissible reasons for initiating a mental health hold beyond immediate threats of serious harm to include significant risks of “serious impairment” to mental health, physical health, or safety • Revises processes related to psychiatric evaluations, involuntary admissions, and subsequent treatment referrals <p>The expansion of grounds for initiating emergency mental health holds (to include “serious impairment” rather than solely immediate threats) has raised broader concern in national discourse, as has the potential for misuse of trauma-informed language to justify expanded surveillance, control, and involuntary interventions, often in ways that may disproportionately impact marginalized populations.</p> <p>While the bill’s inclusion of TIC language does align with best practices for responding to people in crisis vs. methods of de-escalation and intervention that are more likely to harm and re-traumatize, it occurs within a framework that also significantly broadens state authority over individuals’ autonomy during mental health interventions. There are varying opinions on this, including that national advocates have cautioned that when trauma-informed frameworks are embedded without clear safeguards for consent, dignity, and relational accountability, there is a risk of trauma-informed rhetoric being used to expand punitive logic rather than restorative, healing-centered approaches that more fully allow for the operationalization of the principles of a TI approach.</p> <p>If signed into law, this measure warrants careful scrutiny to ensure alignment with true trauma-informed principles.</p> <p>https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12702/Text#</p>
<p>New Jersey</p> <p><i>(Legislative Session: 1/14/25 - 12/31/25, with carryover from 2024)</i></p>	<p>Assembly Bill 1639</p> <p>A1639</p>	<p>Pending</p> <p>(Public Safety and Preparedness Com., 1/9/24)</p>	<p>This bill expands trauma-informed training requirements for law enforcement and prosecutors in the handling of sexual assault cases, as well as specifies requirements for county-based rape care advocacy services for survivors.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Requires the Div. of Criminal Justice to ensure that law enforcement officer and prosecutor training includes information on: <ul style="list-style-type: none"> ○ The neurobiological impact of trauma on victim memory, behavior, and reactions ○ The impact of officer decision-making on sexual assault investigations

			<ul style="list-style-type: none"> ○ The influence of societal myths and stereotypes ○ Strategies for building trust and facilitating communication with victims ○ Techniques for delaying judgment on the validity of a case until a thorough investigation is completed ○ Investigative approaches that focus on perpetrator behavior rather than survivor “credibility” <ul style="list-style-type: none"> ● Codifies that the services of county sexual violence programs, including advocacy and counseling support, must remain available to survivors throughout the post-assault healing process ● Outlines the role of rape care advocates, including: <ul style="list-style-type: none"> ○ Explaining options and available resources ○ Providing crisis intervention, emotional support, and follow-up contact ○ Maintaining confidentiality unless waived by the survivor ● Establishes that all healthcare facilities and law enforcement agencies must ensure that sexual assault survivors are informed of and provided access to the services of a rape care advocate through the county’s sexual violence program <ul style="list-style-type: none"> ○ Survivors must be informed of these services as soon as possible, and at minimum, before any sexual assault forensic examination or official statement is taken <p>This measure is a carryover from previous legislative sessions (A328 in the most recent 2022 – 2023 session).</p> <p>Notably, the 2024 version:</p> <ul style="list-style-type: none"> ● Expands the required content of the training curriculum to explicitly reference the neurobiological effects of trauma, societal biases, perpetrator behavior understanding, and survivor-centered investigative strategies ● Clarifies confidentiality obligations for rape care advocates more explicitly than in prior versions ● Strengthens language around proactive notification and engagement of sexual violence services at healthcare and law enforcement entry points <p>https://www.njleg.state.nj.us/bill-search/2024/A1639</p>
New Jersey	Assembly Bill 1945	Pending	This bill seeks to mandate that all teaching staff members and school board members in the state receive annual training on trauma-informed education. The training the bill outlines

	A1945	(Education Com., 1/9/24)	<p>aims to help staff address the long-term effects of ACEs on children’s cognitive, physical, social, emotional, mental, and spiritual well-being.</p> <p>The bill defines “trauma-informed education” as “a school-wide approach that recognizes the signs and symptoms of trauma and integrates policies and practices to mitigate its impact, support resilience, and prevent re-traumatization.”</p> <p>Notably, the bill tasks the Dept. of Education with developing and distributing guidelines on trauma-informed education, including research-based information about the impact of trauma on education, how to identify trauma in students, and best practices for trauma-informed approaches.</p> <p>The measure also emphasizes secondary trauma and its impact on school employees, ensuring that staff also receive support in managing the emotional toll of working with students who have been exposed to trauma.</p> <p>This bill is a carryover bill from the previous session, reinforcing the state’s commitment to addressing the impact of ACEs, promoting resilience, and creating supportive, trauma-informed learning settings and environments.</p> <p>https://www.njleg.state.nj.us/bill-search/2024/A1945</p>
New Jersey	Assembly Bill 2062 AB2062	Pending (State and Local Government Com., 1/9/24)	<p>This measure would require campaign committees to adopt anti-discrimination and anti-harassment policies and mandates training for campaign staff on such policies.</p> <p>The bill also establishes the Office on Discrimination and Harassment Prevention within the state’s Election Law Enforcement Commission. This entity would receive, review, and investigate complaints related to harassment and discrimination in political campaigns.</p> <p>A core component of the bill is ensuring that investigators have expertise in survivor support and trauma-informed interviewing. The bill defines trauma-informed care as an approach that:</p> <ul style="list-style-type: none"> • Recognizes trauma symptoms in individuals • Acknowledges trauma’s role in a person’s life • Integrates trauma knowledge into policies, procedures, and practices • Is guided by the 6 SAMHSA principles of a trauma-informed approach

			<ul style="list-style-type: none"> Actively avoids re-traumatization <p>The bill also includes provisions for penalties for noncompliance with the policy and requires candidates and campaign staff to complete training. The Office will develop a policy to prevent discrimination and harassment, with clear reporting and investigation processes, ensuring that complaints are handled in a trauma-informed manner.</p> <p>This bill is a carryover from the previous legislative session, where it did not progress. It has now been reintroduced, with the intent to address the need for comprehensive anti-discrimination policies and support for survivors within political campaigns, a pressing issue highlighted by prior concerns over harassment in the state’s politics.</p> <p>https://www.njleg.state.nj.us/bill-search/2024/A2062</p>
New Jersey	<p>Assembly Bill 2282 & Senate Bill 2284</p> <p>A2282 & S2284</p>	<p>Pending</p> <p>(Assembly Children, Families, and Food Security Com., 1/9/2024; Senate Health, Human Services, and Senior Citizens Com., 5/20/2024)</p>	<p>This bill seeks to establish the Office of Resilience within the Dept. of Children and Families. The Office would be tasked with addressing the impact of ACEs and promoting TIC strategies throughout the state. Notably, the Office would work with state departments and people in communities who are impacted by shifts with the intent to reduce ACEs, support early childhood providers, and create multi-generational support systems that promote positive childhood experiences (PCEs) while addressing primary and secondary trauma in adults.</p> <p>Key functions of the Office include:</p> <ul style="list-style-type: none"> Developing trauma-informed strategies and sharing them across state agencies and community-based organizations Creating a public awareness campaign on ACEs and TIC Establishing research-based tools to build resilience and support people who have experienced trauma Issuing annual reports to the Governor and Legislature on its activities <p>Notably, the bill defines trauma-informed care as a strengths-based approach that:</p> <ul style="list-style-type: none"> Considers past trauma and coping mechanisms Is grounded in understanding trauma’s impact Emphasizes safety, trustworthiness, and empowerment Actively avoids re-traumatization

			<p>This bill builds on prior efforts from the prior legislature as a carryover bill intended to mitigate the effects of ACEs and trauma in the state.</p> <p>A2282: https://www.njleg.state.nj.us/bill-search/2024/A2282 S2284: https://www.njleg.state.nj.us/bill-search/2024/S2284</p>
New Jersey	<p>Assembly Bill 4021 & Senate Bill 1407</p> <p>A4021 & S1407</p>	<p>Pending</p> <p>(Assembly Aging and Human Services Com., 10/17/24; Reported from Senate Com. on Budget and Appropriations with Amendments, 2nd Reading, 12/9/24)</p>	<p>This measure aims to expand Medicaid coverage for community violence prevention services. The aim is to address the long-term health effects of community violence by providing certified violence prevention professionals with necessary training to help people who have experienced community violence and those who are at risk of further violence.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> ● Medicaid coverage for community violence prevention services to: <ul style="list-style-type: none"> ○ Those who have received medical care for an injury sustained from community-based violence ○ Those referred by a healthcare provider to a certified professional after determining that they are at high risk for injury or retaliation ● Dept. of Health will approve an accredited training and certification program for Certified Violence Prevention Professionals, which will cover: <ul style="list-style-type: none"> ○ 35 hours of initial training on trauma, violence prevention strategies, conflict mediation, case management, and HIPAA requirements ○ 6 hours of continuing education on these topics every 2 years ● Community violence prevention services are defined as evidence-based, trauma-informed, non-psychotherapeutic interventions provided to reduce violence recidivism and promote positive behavioral change ● Entities that hire or contract with Certified Violence Prevention Professionals must maintain documentation of the professional’s certification and ensure services comply with relevant standards <p>A working group, consisting of representatives from the Dept. of Health, human services, violence intervention programs, and health care providers would help guide the implementation of the community violence prevention services and the training programming.</p> <p>This measure is a carryover from the previous legislative session, signaling increased recognition of the importance of the approaches the bill implements to break cycles of violence and support both healing and prevention.</p>

			<p>A4021: https://www.njleg.state.nj.us/bill-search/2024/A4021 S1407: https://www.njleg.state.nj.us/bill-search/2024/S1407</p>
New Jersey	<p>Assembly Bill 4427 & Senate Bill 3297</p> <p>A4427 & S3297</p>	<p>Pending</p> <p>(Assembly Children, Families, and Food Security Com., 5/20/24; Senate Health, Human Services, and Senior Citizens Com., 5/20/24)</p>	<p>This measure seeks to establish a statewide program promoting trauma-informed care to mitigate the negative effects of ACEs and toxic stress. It mandates that the Dept. of Children and Families (DCF) develop and implement a comprehensive program aimed at addressing these issues.</p> <p>Key provisions of the bill include:</p> <ul style="list-style-type: none"> • Develop and distribute a trauma-informed care toolkit, providing resources for trauma awareness and self-care education for state employees <ul style="list-style-type: none"> ○ Toolkit would also focus on increasing the recognition of signs of ACEs and offering effective interventions to help build resilience in people who have experienced trauma • Statewide awareness campaign to educate the public about ACEs and the importance of TIC, which would include holding events during Trauma Awareness Month to further awareness • Mandating that information on ACEs and resilience-building strategies be shared with both state employees and community partners, ensuring that training opportunities related to trauma-informed practices are made available • A recognition program will be established to honor individuals and organizations working on the prevention and treatment of trauma, particularly in early intervention and therapeutic spaces like schools and community health services • DCF will also assess the gaps in available services for children and their caregivers, especially those related to early intervention and the prevention of further trauma • Comprehensive plan to support early intervention for children and families exposed to ACEs, aiming to prevent the long-term negative effects of trauma through early and targeted interventions • Coordination of the collection, evaluation, and reporting of ACEs-related data throughout the state to inform policy and intervention strategies <p>A4427: https://www.njleg.state.nj.us/bill-search/2024/A4427 S3297: https://www.njleg.state.nj.us/bill-search/2024/S3297</p>
New Jersey	<p>Assembly Bill 4637 &</p>	<p>Pending</p>	<p>The bill includes provisions that address the need for more informed and transparent communication with animal owners during the rabies testing process. Notably, the bill also</p>

	Senate Bill 3692 A4637 & S3692	(Assembly Commerce, Economic Development, and Agriculture Com., 6/25/24; Senate Commerce Co., 9/30/24)	seeks to establish a trauma-informed mental health protection training certification program for veterinarians and their staff, which would be optional but impactful in promoting mental health awareness and reducing mental health stigma within the veterinary field. The training centers SAMHSA’s 6 principles of a trauma-informed approach. A4637: https://www.njleg.state.nj.us/bill-search/2024/A4637 S3692: https://www.njleg.state.nj.us/bill-search/2024/S3692
New Jersey	Assembly Bill 4694 & Senate Bill 3530 A4694 & S3530	Pending (Assembly Community Development and Women’s Affairs Com., 9/12/24; Senate Law and Public Safety Com., 6/28/24)	<p>“Female Incarcerated Person’s Rights Protection Act” – This measure seeks to enhance the treatment, supervision, and care of incarcerated women.</p> <p>Notably, the bill emphasizes the development of gender-responsive policies and services tailored to the needs of women who are incarcerated. Among the key provisions, it establishes a system for supporting the mental and physical well-being of incarcerated women, including services to support trauma recovery, parenting skills, and reentry into the community.</p> <p>The bill mandates the development of a gender-responsive risk and needs assessment as a part of the classification process. The assessment would address the impact of gender-specific factors such as substance use, trauma, and mental health challenges, while also ensuring women who are incarcerated have equal access to rehabilitation programs as their male counterparts.</p> <p>Additionally, correctional staff who are responsible for supervising incarcerated women are required to undergo mandatory in-service training on gender-responsive policies, including TIC, that promote safety, dignity, respect, and the recognition of the unique needs women who are incarcerated present with.</p> <p>To this end, the bill would create the Division of Women’s Services within the Dept. of Corrections to oversee the development of policies, programs, and services that address the specific needs of women who are incarcerated.</p> <p>The measure also establishes a Prison Rape Elimination Act Compliance Unit within the Division of Women’s Services to ensure that the department complies with federal standards related to this law and investigates allegations of sexual assault and misconduct.</p>

			<p>The bill also requires carceral settings to provide doula services, allowing a support person to be present during labor and childbirth. Additional support services for being pregnant and giving birth while incarcerated are also mandated, including parenting classes.</p> <p>Notably, the bill establishes a Special Victim’s Unit within the Special Investigations Division to thoroughly investigate allegations of sexual abuse and misconduct in state correctional facilities, which would operate based on trauma-informed, victim-centered investigation practices</p> <p>It is also notable that the bill quite explicitly integrates trauma-informed care as a guiding principle throughout the reforms it proposes, defining TIC as a strengths-based approach that recognizes and responds to the impact of trauma while emphasizing empowerment and cultural sensitivity.</p> <p>A4694: https://www.njleg.state.nj.us/bill-search/2024/A4694 S3530: https://www.njleg.state.nj.us/bill-search/2024/S3530</p>
New Jersey	<p>Assembly Bill 5172 & Senate Bill 4035</p> <p>A5172 & S4035</p>	<p>Pending</p> <p>(Assembly Community Development and Women’s Affairs Com., 1/14/25; Senate Law and Public Safety Com., 1/14/25)</p>	<p>This measure requires that state and county correctional facilities provide feminine hygiene products of varying absorbency levels to inmates who menstruate, free of charge and upon request.</p> <p>The measure builds on existing requirements regarding hygiene products by ensuring that tampons, sanitary pads, and other products are made more accessible in ways that meet the diverse physical and medical needs of incarcerated people.</p> <p>Additionally, the bill reaffirms broader standards from previous reforms, including provisions on:</p> <ul style="list-style-type: none"> • Trauma-informed supports for primary caretaker parents who are incarcerated • Staff training on working with trauma survivors • Banning restraints during pregnancy and postpartum periods • Encouraging family visitation and reentry mentorship • Protecting physical and psychological safety in correctional facilities <p>A5172: https://www.njleg.state.nj.us/bill-search/2024/A5172 S4035: https://www.njleg.state.nj.us/bill-search/2024/S4035</p>

New Jersey	Assembly Bill 3062 A3062	Pending (Judiciary Com., 1/9/24)	<p>This bill requires judicial employees to undergo training on child abuse and ACEs, ensuring that child custody determinations take into account the needs of children and young people through a trauma-informed lens.</p> <p>The bill also mandates that judges consider additional factors, such as the potential for one parent to alienate the child from the other and the overall safety and well-being of the child.</p> <p>The measure also prioritizes the timely resolution of child custody cases, particularly when child abuse proceedings are ongoing, to minimize harm to children.</p> <p>https://www.njleg.state.nj.us/bill-search/2024/A3062</p>
New Jersey	Senate Bill 4586 SB4586	Pending (Judiciary Com., 6/5/25)	<p>This bill establishes a trauma-informed sentencing and resentencing framework for individuals who are survivors of domestic violence and for whom the abuse was a contributing factor to the offense. It also creates a statewide reentry support infrastructure for justice-impacted survivors, emphasizing peer-based, culturally responsive, TIC.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Allows courts to consider a defendant's history of being victimized by violence, including physical, sexual, or psychological abuse, as a statutory mitigating factor at sentencing, even if it was not raised as a defense at trial • Permits reduced sentencing ranges for survivors, with allowable terms adjusted below standard presumptive sentencing guidelines (e.g., 6 months for a fourth-degree crime; 5–10 years for a first-degree crime) • Authorizes incarcerated individuals who have served at least eight years for an eligible offense to petition for resentencing based on a history of experiencing violence. Petitions must include at least two forms of corroborating evidence, such as court records, protective orders, sworn statements, or social services documentation • Creates the "Trauma-Informed Reentry Survivor Support Services Act," requiring the Dept. of Corrections to coordinate with the courts and Office of the Public Defender to offer survivor-informed services. Including: <ul style="list-style-type: none"> ○ Trauma counseling ○ Peer support ○ Vocational training ○ Housing assistance

			<ul style="list-style-type: none"> Establishes a competitive grant program to expand trauma-informed, community-based mental health and reentry services, prioritizing peer-led programs and those that train new professionals to enter the field Requires a statewide report within three years on implementation, use of funds, service accessibility, and outcomes including recovery and recidivism data <p>Modeled in part after New York's Domestic Violence Survivors Justice Act, this measure builds a trauma-informed legal and reentry framework grounded in healing, flexibility, and equity.</p> <p>https://www.njleg.state.nj.us/bill-search/2024/S4586</p>
<p>New Mexico</p> <p>(Legislative Session: 1/21/25 - 3/22/25)</p>	<p>House Bill 534</p> <p>HB 534</p>	<p>Pending</p> <p>(Health & Human Services Com., 2/20/25)</p>	<p>This measure would create a trauma-informed program within the Children, Youth and Families Dept. (CYFD) that uses autobiographical storytelling to promote emotional healing and language development among children and young people in the foster system.</p> <p>Recognizing the impact of trauma on memory formation, identity, and communication, the bill establishes a strengths-based, relational framework to help children tell their own life stories in supportive and developmentally-appropriate ways.</p> <p>More specifically, under the bill, CYFD would be required to:</p> <ul style="list-style-type: none"> Contract with speech-language pathologists to provide training and workshops for families and caseworkers Family experiences in mathematics, science, and history exploration as the foundation for shared storytelling Establish standards for these services Create, implement, and continually evaluate a trauma-informed storytelling framework specifically designed to strengthen autobiographical memory and coherent narrative skills <p>https://www.nmlegis.gov/Legislation/Legislation?chamber=H&legtype=B&legno=534&year=25</p>
<p>North Carolina</p> <p>(Legislative Session: 1/8/25 - 7/31/25,</p>	<p>House Bill 725 & Senate Bill 571</p>	<p>Pending</p> <p>(House Rules Com., 4/3/25;</p>	<p>"North Carolina MOMnibus Act" - this measure would create a multi-pronged legislative framework to reduce maternal mortality, advance birth equity, and expand trauma-informed, culturally responsive supports for pregnant and parenting people, particularly Black birthing people who face disproportionate risks due to racism, structural inequities, and implicit bias in care.</p>

with carryover to 2026)	H725 & S521	Senate Rules Com., 3/26/25)	<p>The bill explicitly defines trauma-informed and culturally respectful care and establishes several large-scale initiatives:</p> <ul style="list-style-type: none"> • Maternal Care Access Grant Program to fund community-based organizations led by and serving Black women, addressing social determinants of health, maternal mental health, perinatal supports, and more <ul style="list-style-type: none"> ○ Special emphasis is placed on programs rooted in lived experience and cultural congruence, such as doula care, peer support, and lactation access • Statewide Implicit Bias Training requirement for all perinatal health professionals, tied to licensure and certification <ul style="list-style-type: none"> ○ The curriculum must address unconscious prejudice, health inequities, trauma-informed communication, and reproductive justice. A statewide rights document for perinatal patients is also mandated • Targeted Investment in HBCUs to create and sustain lactation consultant training programs, increasing provider diversity and service access in underserved areas <ul style="list-style-type: none"> ○ Includes state funding and mandated DHHS technical assistance • Perinatal Education Grant Program to expand prenatal and parenting education in low-wealth, rural, or marginalized communities, again with prioritization of programs led by and for Black women • The "Momni-Bus Initiative" would distribute \$6.5 million annually to expand maternal and infant health supports in areas with no maternity care access, including a directed grant to March of Dimes and competitive grants to community-based organizations <p>H725: https://www.ncleg.gov/BillLookup/2025/H725 S571: https://www.ncleg.gov/BillLookup/2025/S571</p>
North Carolina	House Bill 896 H896	Pending (Engrossed in House 5/7/25; Senate Rules Com., 5/7/25)	<p>“Jesse’s Law” - this bill establishes mandatory trauma-informed training requirements for all court officers and personnel involved in child custody cases where allegations of domestic violence or child abuse are present. It is rooted in the recognition that without specialized knowledge and trauma literacy, courts risk causing further harm and re-traumatization to survivors and children/young people.</p> <p>The scope of personnel required to receive training includes:</p> <ul style="list-style-type: none"> • Judges, magistrates, and judicial officers who hear child custody proceedings • Court personnel such as guardians ad litem, mediators, parent coordinators

			<ul style="list-style-type: none"> • Court-referred professionals involved in reunification treatment processes <p>Training content must comprehensively cover:</p> <ul style="list-style-type: none"> • The dynamics, signs, and impacts of domestic violence, sexual violence, child physical abuse, and coercive control • Long- and short-term impacts of domestic violence and child abuse on children and young people • Victim and perpetrator behavior patterns, including relationship dynamics within the cycle of violence • Key scientific studies, including: <ul style="list-style-type: none"> ○ The Duluth Model (power and control dynamics) ○ The Saunders Study (child custody evaluation and domestic violence research) ○ The ACEs study (linking early trauma to lifelong health and behavioral outcomes) <p>Notably, quality standards for training require:</p> <ul style="list-style-type: none"> • Delivery by professionals with substantial expertise assisting survivors • Inclusion of survivor perspectives when possible • Reliance on evidence-based, peer-reviewed research • Prohibition on unscientific or unsupported theories or belief systems <p>Stated goals of the training include to:</p> <ul style="list-style-type: none"> • Improve the recognition and appropriate response to domestic violence, child abuse, and trauma • Equip court personnel to center child safety and survivor wellbeing in custody decision-making • Federal funding mandate, directing the Administrative Office of the Courts to seek federal grants to support implementation <p>https://www.ncleg.gov/BillLookup/2025/H896</p>
North Dakota (Legislative)	Senate Bill 2220 SB 2220	Dead Died in Committee 1/29/25	This measure requires the creation and implementation of trauma-informed, survivor-centered operational guidelines and mandatory training for law enforcement officers and state’s attorneys handling cases involving human trafficking, prostitution, and the commercial exploitation of children.

<p>Session: 1/7/25 - 5/9/25)</p>			<p>Among other provisions, the bills mandates “trauma-informed, victim-centered” training for new officers (10 hours during law enforcement academy training) and licensed officers (5 hours of ongoing continuing education).</p> <p>https://ndlegis.gov/assembly/69-2025/regular/bill-overview/bo2220.html</p>
<p>Oklahoma (Legislative Session: 2/3/25 - 5/30/25, with carryover to 2026)</p>	<p>House Bill 1911 HB1911</p>	<p>Pending (Health Com., 2/4/25)</p>	<p>This measure formally creates a statewide 988 Suicide and Crisis Lifeline System in the state, ensuring that crisis response is trauma-informed, accessible, and coordinated across the behavioral health care continuum.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> • Integration of TIC principles into the 988 system’s structure, including mobile crisis teams, crisis stabilization services, and follow-up supports • Creation of the 988 Trust Fund, financed through a new telecommunications fee, to sustain 988 call centers, mobile crisis response, and crisis stabilization services statewide • Focus on behavioral health equity, ensuring services are accessible across racial, ethnic, geographic, socioeconomic, and other historically marginalized groups • Requirements for coordination and collaboration across 911 services, law enforcement, community mental health centers, peer-run services, and health care providers <p>Explicit inclusion of TI training requirements, emphasizing:</p> <ul style="list-style-type: none"> • De-escalation • Harm reduction • Recognition of signs of trauma • Cultural and linguistic competency <p>Provides a definition of "trauma-informed" in alignment with SAMHSA's 4Rs: "a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery, recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.</p>

			https://www.oklegislature.gov/BillInfo.aspx?Bill=hb1911&Session=2500
Oklahoma	House Bill 2916 HB2916	Pending (Appropriations & Budget Education Subcom., 2/4/25)	<p>This measure would create the Handle With Care Oklahoma Program, a statewide initiative to notify schools and child care agencies when a student has been exposed to a traumatic event, enabling schools to provide trauma-sensitive support without disclosing specific incident details.</p> <p>Notable elements to uplift include:</p> <ul style="list-style-type: none"> • Formal establishment of the Handle With Care Model statewide, enhancing partnerships between law enforcement, schools, community coalitions, mental health providers, and state agencies • Law enforcement notification requirement when children are present at or exposed to traumatic events, such as: <ul style="list-style-type: none"> ○ Household violence ○ Death of a family member ○ Arrest of a parent or guardian ○ House fires, neighborhood violence, drug overdoses, and similar incidents • Limited, non-detailed notifications to schools (only the child’s name, school, age, and a general statement to “Handle With Care”) • Creation of local multi-disciplinary teams (MDTs) to coordinate support, composed of: <ul style="list-style-type: none"> ○ School staff ○ Law enforcement ○ Youth services ○ Community advocates or clergy • Trauma-informed training requirements for first responders and school personnel on: <ul style="list-style-type: none"> ○ Identifying when to issue a Handle With Care notice ○ Responding appropriately and coordinating early intervention supports ○ Collaborating with families, community providers, and coalitions ○ Annual reporting requirement to state leaders on program progress and outcomes <p>The bill explicitly ties school success to trauma-sensitive responses, recognizing that children must feel safe in order to learn.</p> <p>http://www.oklegislature.gov/BillInfo.aspx?Bill=hb2916&Session=2500</p>

<p>Oregon (Legislative Session: 1/21/25 - 6/29/25)</p>	<p>Senate Bill 695 SB 695</p>	<p>Pending (Joint Ways and Means Com., 4/10/25)</p>	<p>This measure directs the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to adopt a “whole-person maternal health model” for medical assistance recipients, with a focus on improving maternal and infant health outcomes through comprehensive, prevention-oriented supports. The bill embeds an intentional trauma-informed orientation across multiple areas of maternal and early childhood systems of care.</p> <p>Notably, provisions include:</p> <ul style="list-style-type: none"> • Comprehensive needs assessments and behavioral health risk screenings to be conducted at a pregnant person’s first prenatal care visit, demonstrating a commitment to early identification of behavioral health needs and reducing potential barriers to safe, supportive care environments • Interventions and supports for substance use and behavioral health concerns integrated into standard maternal health practices • Facilitation of connections to resources for basic needs such as supplemental nutrition, tax credits, and other benefits • Maternity case management services and access to peer supports, including doulas, nurse home visiting programs, and community parenting resources, ensuring families have voice, choice, and empowerment throughout their care journey • Monitoring key indicators such as cesarean rates, postpartum care follow-up, chronic health conditions, and tobacco cessation, reinforcing a system of accountability centered on whole-person, prevention-focused health • Contraception education and support embedded into care planning, allowing for informed decision-making and reinforcing autonomy over reproductive health. <p>The bill further requires CCOs to collaborate with Early Learning Hubs, federally qualified health centers, public health authorities, and hospitals to conduct community health assessments and to develop community health improvement plans. These plans must prioritize early childhood and maternal health and be explicitly informed by research on ACEs. They must address strategies for early intervention, primary care, behavioral health, oral health, health promotion, and prevention, while emphasizing the importance of the first 1,000 days of life for long-term health outcomes.</p> <p>https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB695</p>
<p>Oregon</p>	<p>Senate Bill 846</p>	<p>Became Law 6/6/25</p>	<p>This bill strengthens the expectations for Coordinated Care Organizations (CCOs) to intentionally and systematically address the health and wellbeing of children and adolescents through their Community Health Improvement Plans (CHIPs).</p>

	<p>SB 846</p>	<p>https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB846/Enrolled</p>	<p>The measure notably:</p> <ul style="list-style-type: none"> • Requires that CHIPs be based on research, including specific research into ACES, ensuring that coordinated efforts to improve child and youth health are rooted in understanding the impact of early adversity • Directs CCOs to create strategies that prioritize: <ul style="list-style-type: none"> ○ Early learning ○ Primary care ○ Behavioral health ○ Oral health ○ Prevention and early intervention efforts for children and adolescent • Emphasizes improved coordination among school-based health centers, school nurses, school mental health providers, community health centers, community mental health providers, hospitals, and public health programs to meet children’s health needs comprehensively • Requires evaluation of school-based resources and system integration to strengthen access points for care, especially for historically underserved communities • Encourages collaboration with community supports such as Early Learning Hubs, relief nurseries, and family support services to build a network of care around young people and their families • Includes requirements to monitor statewide and local progress toward improving equitable access to care and outcomes for children and young people <p>Through this focus, the bill calls for cross-sector, cross-system collaboration, prevention, early intervention, and attention to the broader social determinants of health that shape child, adolescent, and even lifelong wellbeing.</p> <p>https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB846</p>
<p>Oregon</p>	<p>Senate Bill 1120</p> <p>SB 1120</p>	<p>Pending</p> <p>(Joint Ways and Means Com., 4/10/25)</p>	<p>This measure requires the Dept. of Corrections (DOC) to overhaul its policies, leadership, operations, training, and institutional culture to align with trauma-informed, gender-responsive, and evidence-based practices, particularly at the identified correctional facility (Coffee Creek).</p> <p>Recognizing the findings of the state’s Gender Informed Practices Assessment, which identified systemic dysfunction and a culture described within the bill as “paramilitary,</p>

			<p>punitive and retaliatory” and “not trauma-informed, evidence-based, human-centered or appropriate for any justice-involved individual,” the bill frames the traditional carceral model not only as inappropriate but as “antithetical to rehabilitation and reformation.” This bill directs DOC to fundamentally shift away from a punitive paradigm toward one rooted in dignity, healing, and re-entry-focused care.</p> <p>The measure explicitly requires DOC to adopt practices that resist re-traumatization, foster dignity, and acknowledge the significant prevalence of abuse, violence, and trauma histories among incarcerated women and transgender adults in custody.</p> <p>Specifically, the measure mandates the adoption of trauma-informed, gender-responsive rules and operational policies throughout DOC facilities, including:</p> <ul style="list-style-type: none"> • Management approach • Security processes • Commissary practices • Grievance procedures, including to ensure language access, electronic filing, anonymous reporting, robust tracking, and meaningful enforcement against staff retaliation • Disciplinary systems <p>Specific requirements include:</p> <ul style="list-style-type: none"> • Dismantling paramilitary structures such as titles, uniforms, language, and imagery • Implementing policies to address disrespectful, dehumanizing staff behavior • Requiring visible leadership accessibility and multiple avenues for adults in custody to provide feedback without fear of retaliation <p>Notably, comprehensive staff training on trauma-informed practices, staff wellness, and professional conduct is mandated for all individuals impacting facility operations.</p> <p>Hiring and training protocols must also be redesigned to ensure that staff have the competencies necessary to work with trauma-impacted populations, including a clear understanding of trauma dynamics, relational safety, and cultural responsiveness.</p> <p>Restrictions are placed on the use of segregation, unclothed body searches, and punitive discipline, with a strong emphasis on restorative practices, positive reinforcement, and the least restrictive interventions possible.</p>
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<p>Pennsylvania</p> <p>(Legislative Session: 1/7/25 - 12/31/25, with carryover to 2026)</p>	<p>House Bill 774</p> <p>HB774</p>	<p>Pending</p> <p>(Education Com., 3/3/25)</p>	<p>This measure amends the state’s Public School Code to update the required training for school directors.</p> <p>Notably, each newly elected or appointed school director must complete a 14-hour training program during their first year of service, including content on:</p> <ul style="list-style-type: none"> • Instruction and academic programs • Personnel • Fiscal management • Operations

			<ul style="list-style-type: none"> • Governance • Ethics and open meetings requirements • Mandated minimum of one hour of instruction on best practices related to trauma-informed approaches <p>In addition to the initial training, each school director must complete an annual advanced training program including updates on changes to public school law and regulations, fiscal management, and trauma-informed approaches, among other evolving relevant related topics.</p> <p>https://www.palegis.us/legislation/bills/2025/hb774</p>
Pennsylvania	House Bill 1212 HB1212	Pending (Health Com., 4/15/25)	<p>This measure acknowledges that fatherhood engagement plays a critical role in improving maternal health care, addressing maternal mortality and morbidity, and supporting positive child development, and makes provision related to this.</p> <p>The bill cites research that, when fathers are engaged during pregnancy milestones, mothers are one and a half times more likely to receive prenatal care in the first trimester, contributing to healthier outcomes for both mothers and infants.</p> <p>In relation to these findings, the bill requires the development of a public awareness campaign to encourage fatherhood involvement during pregnancy, labor and delivery, and postpartum care, including culturally-responsive and linguistically-appropriate outreach.</p> <p>The measure also directs the issuance of guidance to maternal care providers on best practices to encourage father participation without coercion, including how to navigate issues of consent, safety, and the complex dynamics that may impact family engagement.</p> <p>Notably the bill also acknowledges the relationship between early family support, prevention efforts, and addressing factors associated with ACEs.</p> <p>https://www.palegis.us/legislation/bills/2025/hb1212</p>
Pennsylvania	Senate Bill 219 SB219	Pending (Judiciary Com., 4/23/25)	<p>This bill establishes the School-Based Youth Court Pilot Program to support local education agencies and institutions of higher education in organizing peer-driven youth courts as an alternative to traditional exclusionary discipline.</p>

			<p>The program framework centers on restorative, developmentally-appropriate approaches to youth behavior, including:</p> <ul style="list-style-type: none"> • Providing peer-led mentorship and tutoring • Facilitating mediated conversations between conflicting parties • Developing individualized goal-setting tasks • Allowing customized dispositions based on the specific needs of the youth respondent <p>Youth court sanctions are designed to cultivate accountability through relational repair rather than by way of punishment, offering young people an opportunity to reflect, make amends, and build skills for future success. The bill’s emphasis on empowering youth voice, promoting peer support, fostering positive community connection, and creating non-punitive responses to behavioral challenges aligns with key elements of a trauma-informed, healing-centered model.</p> <p>The Department of Education will oversee the program, administer grants, and maintain the Youth Court Program Account to support the implementation and evaluation of pilot projects.</p> <p>https://www.palegis.us/legislation/bills/2025/sb219</p>
Pennsylvania	House Bill 1279 HB1279	Pending (Education Com., 4/22/25)	<p>This bill amends and expands the state’s statutory framework for addressing sexual misconduct at institutions of higher education and private licensed schools.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> • Updating the definition of “education program” to require that sexual misconduct prevention initiatives be both evidence-based and trauma-informed • Creating new definitions, including “reporting party,” “sex-based discrimination,” and “sexual exploitation,” to ensure more expansive protection for students and employees across multiple axes of identity and experience • Expanding institutional responsibilities for education, prevention, response, and follow-up to reports of sexual misconduct, with a trauma-informed lens • Establishing a Task Force on Postsecondary Sexual Misconduct to study and recommend improvements in institutional policies and practices • Requiring climate surveys on sexual misconduct at postsecondary institutions, allowing for regular assessment of campus culture and responses

			<ul style="list-style-type: none"> • Providing for confidential resource advisors to support survivors and improving data reporting standards to ensure accountability • Including new enforcement mechanisms and penalties for non-compliance by institutions <p>The bill's direct requirement that education and response programs must be trauma-informed is notable and marks a shift toward embedding TI principles structurally into higher education prevention and response frameworks. The focus on trauma-informed, survivor-centered supports in definitions, reporting, response, and institutional policies reflects a growing understanding of the long-term impacts of trauma and the need for healing-centered institutional cultures.</p> <p>https://www.palegis.us/legislation/bills/2025/hb1279</p>
Rhode Island (Legislative Session: 1/7/25 - 6/30/25)	House Bill 5390 & Senate Bill 258 HB5390 & S0258	Pending (House Finance Com., 4/24/25; Senate Finance Com. Heard, 5/15/25)	<p>This measure would establish the Victims of Crime Trauma Informed Mobilization (VICTIM) Fund to provide competitive grants to nonprofit victim service organizations across the state.</p> <p>The bill explicitly recognizes the critical need for trauma-informed mobilization to support victims of violent crime, including survivors of child abuse, sexual assault, domestic violence, elder abuse, human trafficking, and community and gun violence.</p> <p>Key elements aligned with a TI approach include:</p> <ul style="list-style-type: none"> • Establishing a dedicated grant program for settings that provide victim advocacy or direct survivor services • Prioritizing grants to organizations proposing innovative, culturally specific, or underserved population-focused programs, with an emphasis on trauma-informed service delivery • Prohibiting funds from supplanting existing funding streams, ensuring that this initiative supplements and strengthens the field of survivor services • Requiring annual reporting on allocations, service outcomes, and use of funds to ensure transparency and accountability <p>Notably, the legislative findings affirm the economic and public health benefits of investing in trauma recovery: reducing emergency room visits, mental health service demands, shelter use, and potential criminal activity while fostering healthier and more economically stable communities.</p>

			<p>Status Note: HB5390 was held for further study by the Committee. SB0258 remains active as of the last update.</p> <p>H5390: https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H5390.pdf S0258: https://webserver.rilegislature.gov/BillText/BillText25/SenateText25/S0258.pdf</p>
<p>South Carolina (Legislative Session: 1/14/25 - 5/8/25, with carryover to 2026)</p>	<p>House Bill 4068 & Senate Bill 430 H 4068 & S 0430</p>	<p>Pending (House Education & Public Works Com., 3/6/25; Senate Education Com., 3/6/25)</p>	<p>This measure would prohibit the suspension or expulsion of children enrolled in publicly-funded preschool programs (except in cases where a serious safety threat remains despite the full implementation and exhaustion of supportive services).</p> <p>The bill outlines a framework to limit exclusionary discipline practices and build a trauma-informed, developmentally appropriate response system for young learners, including requiring schools to:</p> <ul style="list-style-type: none"> • Exhaust trauma-informed interventions, multi-tiered systems of support strategies, mental health referrals, and behavioral supports before suspending or expelling a student • Ensure that if a child has an IEP or 504 Plan, a meeting is convened to review whether supports are adequate before any disciplinary removal is considered • Revise student codes of conduct to distinguish developmentally appropriate preschool behavior from older student conduct expectations, ensuring that discipline for young children is age-appropriate • Provide preservice and in-service professional development to administrators, teachers, and staff, including training in trauma-informed practices, recognizing the impacts of trauma on behavior, and navigating challenging behavior in ways that maintain enrollment • Make resources available to families about community services that may assist children exhibiting challenging behavior linked to trauma or unmet developmental needs • Collect, document, and report data on all suspensions and expulsions for preschoolers, disaggregated by program and district, with annual reporting to state oversight bodies • Implement technical assistance supports to help districts build internal capacity for trauma-informed frameworks and evidence-based strategies to prevent challenging behavior

			<p>Notably, the measure explicitly names TIC as a required strategy for maintaining participation and preventing suspension, and embeds trauma-informed training and system-level practices across all publicly funded preschool programs.</p> <p>H 4068: https://www.scstatehouse.gov/billsearch.php?billnumbers=4068&session=126&summary=B</p> <p>S 0430: https://www.scstatehouse.gov/billsearch.php?billnumbers=0430&session=126&summary=B</p>
<p>Tennessee (Legislative Session: 1/14/25 - 4/25/25, with carryover to 2026)</p>	<p>House Bill 792 & Senate Bill 906 HB 0792 & SB 0906</p>	<p>Pending (House Criminal Justice Subcom., 3/26/25; Senate Judiciary Com., 3/31/25)</p>	<p>“Tennessee Sexual Violence Justice Act” - this measure would establish a comprehensive trauma-informed, survivor-centered framework for the investigation and response to sexual assault in the state. The bill mandates systemic reforms across law enforcement training, forensic evidence processing, victims’ compensation eligibility, and accountability structures.</p> <p>Notable provisions aligned with a TI approach include:</p> <ul style="list-style-type: none"> • Requiring all law enforcement personnel involved in investigating sexual assaults to complete at least 16 hours of annual sensitivity training that is developed in collaboration with survivor advocates, healthcare providers, and sexual violence prevention organizations <ul style="list-style-type: none"> ○ Must emphasize evidence-based approaches that recognize the impact of trauma, prioritize survivor safety and empowerment, and minimize re-traumatization • Directing the TN Bureau of Investigation to clear all backlogged sexual assault evidence collection kits and to process new kits within 90 days of receipt <ul style="list-style-type: none"> ○ When unable to meet these deadlines, kits must be outsourced to accredited private laboratories to ensure timely processing • Extending the statute of limitations for crime victim compensation claims to 12 years in certain sexual violence cases in recognition of the realities of trauma and the delayed manifestations of sexual harms • Explicitly prohibiting invasive or re-traumatizing questioning as part of the claims process • Expanding the authority of Sexual Assault Response Teams to conduct audits and reviews of sexual assault case handling by law enforcement and require annual reporting on compliance

			<p>HB 0792: https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=HB0792&ga=114</p> <p>SB 0906: https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB0906&ga=114</p>
<p>Texas</p> <p>(Legislative Session: 1/14/25 - 6/2/25)</p>	<p>House Bill 222</p> <p>HB 222</p>	<p>Pending</p> <p>(Passed in House, 4/17/25; Received in Senate, 4/22/25)</p>	<p>This bill would amend the uses of the existing School Safety Allotment under the Foundation School Program.</p> <p>One notable aspect of the bill is the it allows school safety funds to be used for:</p> <ul style="list-style-type: none"> • Mental and behavioral health services • Hiring of licensed counselors, social workers, and chaplains. • Programs for suicide prevention and intervention • Restorative justice programs • Culturally-relevant instruction • Prevention and treatment efforts related to ACEs <p>The bill explicitly includes the use of TI practices to address behavioral health and prevent violence, including providing professional development for educators in classroom behavioral management and trauma-informed strategies. It also requires that schools have a system in place to recognize early warning signs of student mental health concerns and develop threat reporting systems.</p> <p>Notably, while HB 222 reflects an important acknowledgment of the impact of trauma and ACEs on students, it does so by expanding the school safety framework, positioning mental health and trauma-related supports alongside traditional law enforcement and security measures. This framing is distinct from HB 1728, which would create a dedicated mental health allotment centered specifically on student wellbeing, prevention, and resilience-building rather than security. The difference in framing has important implications for how trauma-informed approaches may ultimately be operationalized under each bill.</p> <p>https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=89R&Bill=HB222</p>
<p>Texas</p>	<p>House Bill 1441 & Senate Bill 57</p>	<p>Pending</p> <p>(Passed in House and Senate 6/1/25;</p>	<p>This measure would require updates to the state’s model training curriculum for school district peace officers and school resource officers, specifically integrating a stronger trauma-informed and grief-informed focus.</p> <p>The bill includes requiring that learning objectives address:</p>

	HB 1441 & SB 57	Sent to Governor 6/1/25)	<ul style="list-style-type: none"> • The effects of mental health conditions, including grief and trauma, on student behavior • Evidence-based strategies that are grief-informed and trauma-informed • The ways these strategies contribute to creating a safer school environment and protecting the mental health of students affected by grief and trauma <p>Existing training topics such as child and adolescent development, positive behavioral interventions and supports, conflict resolution, de-escalation techniques, and mental health crisis intervention are retained and expanded through this bill.</p> <p>HB 1441: https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=HB1441 SB 57: https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=SB57</p>
Texas	House Bil 1728 HB 1728	Pending (Public Education Com., 3/14/25)	<p>This measure would establish a new mental health allotment within the state’s Foundation School Program, entitling school districts to additional annual funding for each student enrolled, specifically designated to strengthen student mental health supports. Districts would be required to use at least 85% of these funds to build and maintain appropriate mental health infrastructures, including hiring counselors, social workers, and mental health-focused staff.</p> <p>The bill would require districts to implement evidence-based programs that:</p> <ul style="list-style-type: none"> • Promote a positive school climate • Teach conflict resolution and relationship-building skills • Prevent suicide and substance use <p>The bill also requires developing early intervention services for students exhibiting signs of distress such as grief, anger, anxiety, or sadness, as well as treatment services for student mental health needs. The measure speaks to creating family and student resource supports, building teacher and staff capacity to recognize early warning signs of mental health concerns, and establishing equitable referral processes for accessing mental health care.</p> <p>Interestingly, the bill explicitly directs districts to implement ACEs screenings as well as screenings for anxiety beginning at age 8, using tools selected based on professional guidance.</p> <p>https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=HB1728</p>

Texas	House Bil 3853 HB 3853	Pending (Human Services Com., 3/27/25)	<p>This measure would require all foster parents who care for children and young people in the conservatorship of the Dept. of Family and Protective Services to complete a specialized training program on TIC.</p> <p>Notably, the training must include education on the symptoms and impacts of trauma, as well as the effects of trauma and adversity on child development, emotional regulation, memory, behavior, and decision-making.</p> <p>Also notably, the bill acknowledges the importance of attachment and the harm that can result from disrupted attachment, the role of trauma-informed approaches in fostering connection and emotional safety, and the development of resilience.</p> <p>Importantly, the bill recognizes the significance of screening for trauma, the risks of mislabeling children without proper trauma-informed assessment, and the potential for inappropriate treatment, including psychotropic medication when not aligned with best practices in such contexts.</p> <p>Additionally, foster parents would be trained on available research-supported, non-pharmacological trauma interventions and strategies for advocacy to increase children’s access to trauma-informed mental and behavioral health services.</p> <p>Finally, the bill explicitly names ACEs and connects the training to building resilience, addressing ACEs, and the operationalization of TI principles across multiple domains.</p> <p>https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=HB3853</p>
Texas	House Bill 4459 HB 4459	Pending (Human Services Com., 4/3/25)	<p>This measure would integrate trauma-informed care into the delivery of Medicaid managed care services for recipients who are survivors of family violence.</p> <p>Under the bill, Medicaid managed care organizations (MCOs) would be required to ensure access to trauma-informed health care, mental and behavioral health services, and related supports for these recipients, coordinated through partnerships with licensed family violence services providers.</p> <p>Notable provisions to uplift include:</p> <ul style="list-style-type: none"> • Requiring all providers in a managed care network to conduct evidence-based, trauma-informed screenings to identify survivors of family violence, using personnel

			<p>specifically trained in TIC, family violence awareness, and culturally-responsive practices</p> <ul style="list-style-type: none"> • Mandating MCOs to establish clear, streamlined referral pathways to trauma-informed domestic violence services, ensuring continuity of care and minimizing re-traumatization • Requiring integration of trauma-informed family violence services with other health and mental health services based on survivors’ individual needs • Ensuring survivors have access to targeted mental and behavioral health interventions, including individual counseling, support groups, and long-term mental health supports • Mandating specialized training for Medicaid service coordinators on trauma-informed and culturally-responsive practices • Embedding strong accountability mechanisms, including detailed annual reporting requirements for MCOs and required annual performance audits by the state to assess delivery and quality of TIC for survivors <p>It is worth noting that this approach is distinct for embedding trauma-informed care as a Medicaid contractual obligation, with specific performance metrics, rather than leaving it to discretionary program development. This positions it as a model for structural change in trauma-informed service delivery.</p> <p>https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=HB4459</p>
Texas	Senate Bill 197 SB 197	Pending (Education K-16 Com., 2/3/25)	<p>This measure would require that all public school board members and superintendents in the state complete a Texas Education Agency-approved course on adopting and administering a trauma-informed school standard.</p> <p>The course must cover topics including:</p> <ul style="list-style-type: none"> • Recognition and care for trauma in both students and educators • The relationship between educator wellness and student learning • The effects of trauma on student behavior and learning • The prevalence of trauma, with attention to higher-risk student populations • How implicit and explicit biases affect the recognition of trauma across different racial and ethnic groups • Effective district- and campus-level policies and practices that mitigate trauma’s negative impacts and promote educator emotional wellness

			<p>Districts would have the ability to propose their own courses for agency approval, and both in-person and online trainings would be eligible. The bill also invites partnerships with community-based nonprofit organizations with expertise in trauma-informed school practices.</p> <p>The State Board of Education would be required to propose rules allowing school board members and superintendents to apply this training toward existing continuing education requirements.</p> <p>https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&Bill=SB197</p>
<p>Utah</p> <p><i>(Legislative Session: 1/21/25 - 3/7/25)</i></p>	<p>House Bill 66</p> <p>H.B. 66</p>	<p>Became Law</p> <p>3/25/25</p>	<p>This measure would expand the state’s trauma-informed sexual assault response training for law enforcement to include recognition of sexual assault committed during a ritual, as well as understanding the specific impact of ritualized abuse on survivors. It requires that advanced training for officers investigating sexual assault cases incorporate identifying indicators of ritual abuse.</p> <p>The bill also establishes a new aggravating factor in sentencing for a broad range of child abuse and sexual offenses if they were committed as part of, or to facilitate, a ritual.</p> <p>Notably provisions include:</p> <ul style="list-style-type: none"> • Explicit integration of ritual abuse impacts into trauma-informed investigative training standards • Expansion of the definition of trauma-informed and survivor-centered interviewing to include cases involving ritual abuse indicators • Creation of a new sentencing enhancement to recognize the profound harm inflicted through ritualized abuse dynamics <p>https://le.utah.gov/~2025/bills/static/HB0066.html</p>
<p>Vermont</p> <p><i>(Legislative Session: 1/8/25 - 5/9/25, with carryover to 2026)</i></p>	<p>House Bill 219</p> <p>H.219</p>	<p>Pending</p> <p><i>(Passed in House, 3/20/25; Senate Appropriations Com., 4/24/25)</i></p>	<p>This bill would establish a Family Support Program within the state’s Dept. of Corrections (DOC) to provide free, trauma-informed family support services for incarcerated parents and guardians.</p> <p>The measure directs the DOC to initially implement the program at particular facilities, offering services tailored to both men and women, with a strong focus on fostering meaningful family connections.</p>

			<p>Notably, the measure explicitly seeks to address the trauma that parental incarceration causes for children and families, stating that services and programming under the bill would include:</p> <ul style="list-style-type: none"> • Strengthening the parenting knowledge and skills of incarcerated parents and guardians • Providing individualized planning and communication supports between incarcerated parents and their children or children’s caregivers • Creating safe, child-friendly visitation spaces (both in-person and virtual) • Building cross-system collaboration to connect families with needed services • Offering re-entry preparation support focused on family reconnection and stability <p>Importantly, the bill also explicitly requires the DOC to fund and sustain these trauma-informed services annually through the budgeting process, reflecting a systemic commitment rather than a one-time pilot or project, which bodes well for sustainability.</p> <p>https://legislature.vermont.gov/bill/status/2026/H.219</p>
Vermont	House Bill 259 H.259	Became Law 4/29/25	<p>This measure would require hospitals to develop and implement a comprehensive security plan to prevent workplace violence and manage aggressive behaviors, integrating trauma-informed approaches throughout.</p> <p>Key trauma-aligned components include:</p> <ul style="list-style-type: none"> • Mandatory presence of at least 1 staff member trained in de-escalation strategies at all times in emergency departments and other patient care areas • Designation of a hospital employee trained in TIC and survivor support to liaise with law enforcement and support staff following violent incidents • Required annual training for relevant staff on topics such as TIC strategies, clinician wellbeing, crisis intervention, and de-escalation techniques • Establishment of clear policies regarding law enforcement presence with violent patients, jointly developed between healthcare providers and law enforcement • Creation of a workplace violence incident reporting system with mandatory tracking and analysis to improve safety, including data on incidents reported to law enforcement and resulting criminal charges • Protections for staff against retaliation for reporting incidents or participating in investigations • Clear public postings asserting zero tolerance for threatening or aggressive behavior and highlighting legal consequences for assaulting healthcare workers

			<p>Notably, although the initial version of the bill included robust trauma-informed infrastructure requirements and systems accountability language, it was vetoed by the Governor, who cited concerns related to cost, operational feasibility, and regulatory burden. The administration objected particularly to provisions mandating capital improvements, expansive data reporting, and broader workforce protections, arguing that these measures imposed undue constraints on hospitals without sufficient funding. In response, legislative leaders advanced a narrowed version that stripped several systemic mandates while preserving core trauma-informed elements such as required training, designated liaison staff, de-escalation standards, and reporting protections. The final law, Act 9, reflects a negotiated compromise, advancing trauma-informed workplace safety within healthcare while illustrating the continued political friction around fully codifying trauma-responsive systems change.</p> <p>https://legislature.vermont.gov/bill/status/2026/H.259</p>
Vermont	Senate Bill 63 S.63	Became Law 6/12/25	<p>This bill restructures and streamlines several responsibilities of the Green Mountain Care Board (GMCB) and related health care regulatory frameworks in the state.</p> <p>Among other provisions, the bill emphasizes the importance of integrated care models, coordination with community-based services, and investments that support prevention, mental health, social determinants of health, and addressing ACEs.</p> <p>The measure also highlights the expectation that ACOs incentivize systemic strategies that reduce health disparities and trauma impacts, including strengthening partnerships with primary care and community service providers.</p> <p>Importantly, while the final legislation nods to the importance of addressing ACEs in ACO planning and population health strategies, nearly all trauma-informed language from earlier drafts was stricken or softened prior to passage. As adopted, the law reflects a shift toward structural oversight of health care governance but stops short of codifying any substantive TIC implementation frameworks.</p> <p>https://legislature.vermont.gov/bill/status/2026/S.63</p>
Virginia (Legislative)	House Bill 1734	Became Law 3/24/25	<p>This bill renames the existing “Sex Trafficking Response Coordinator” within the Dept. of Criminal Justice Services as the “Human Trafficking Response Coordinator,” reflecting an</p>

<p>Session: 1/8/25 - 2/22/25, with carryover from 2024)</p>	<p>HB1734</p>		<p>expanded focus beyond “just” sex trafficking to also expand considerations that include attending to the needs of survivors of labor trafficking.</p> <p>To that point: the bill updates statutory language to encompass survivors of all forms of human trafficking and reaffirms trauma-informed, survivor-centered approaches within multidisciplinary response protocols.</p> <p>The bill reinforces the following TIC-aligned components:</p> <ul style="list-style-type: none"> • The Coordinator must continue to create statewide plans for identification and response to trafficking survivors • Development of standards and guidelines for treatment programs must explicitly center TIC, particularly recognizing the unique needs of survivors of both sex and labor trafficking • Coordination with a broad network of people who are impacted and who interface with survivors is required, including health care providers knowledgeable in trauma services, sexual assault crisis centers, public defenders, survivor voices, labor unions (for labor trafficking issues), immigrant-serving social workers, and other key groups <ul style="list-style-type: none"> ○ Mandates the participation of at least 1 human trafficking survivor in ongoing multidisciplinary team meetings • Annual meetings coordinated must include discussion of protocols for trauma-informed, survivor-centered evidence collection and care • The updated annual report must summarize activities and make recommendations for continuing to address human trafficking within the state, with a public transparency requirement <p>https://lis.virginia.gov/bill-details/20251/HB1734</p>
<p>Virginia</p>	<p>House Bill 2260 HB2260</p>	<p>Became Law 3/18/25</p>	<p>This measure expands the definition of a “child in need of services” under state law, in a manner that reflects a deeper understanding of trauma, coercion, and vulnerability to exploitation.</p> <p>More specifically, under this bill, a child will be considered a “child in need of services” if the child “deserts, abandons, or remains away from their family or lawful custodian on one occasion and is demonstrably at risk of coercion, exploitation, abuse, or manipulation, or has been lured away by means of trickery, misrepresentation, or false pretenses.”</p>

			<p>The bill reflects an important shift from requiring multiple instances of leaving or abandonment to recognizing that even a single episode, in the presence of identified risk factors, can warrant supportive intervention. It aligns with trauma-informed care principles by acknowledging that young people who flee are often acting in response to manipulation or abuse, rather than as “bad actors” or “delinquents.”</p> <p>Notably, this measure supports earlier intervention and a more protective lens for youth who may otherwise be further victimized if their situation is not addressed promptly, and reminds us how much framing/language that shapes how people are conceptualized by themselves as well as providers they interface with as well as broader society matters to reduce the likelihood of re-traumatization occurring.</p> <p>https://lis.virginia.gov/bill-details/20251/HB2260</p>
Virginia	House Bill 1869 & Senate Bill 883 HB1869 & SB883	Died by Veto 4/2/25	<p>This measure would expand the state’s firearm possession prohibitions following certain misdemeanor convictions for assault and battery by broadening the legal definition of who qualifies as a “family or household member” to include intimate partners.</p> <p>More specifically, the bill recognizes within this category individuals with whom a person has had a romantic, dating, or sexual relationship within the prior 12 months, with consideration for the length, nature, frequency, and type of interaction.</p> <p>The bill would prohibit people convicted of assault and battery against an intimate partner from purchasing, possessing, or transporting a firearm for 3 years following conviction, aligning protections more closely with those currently available to survivors of violence involving spouses or cohabitants.</p> <p>Although the bill passed both chambers, it was ultimately vetoed by Governor Youngkin, who reiterated his concerns raised in previous sessions when similar measures were introduced and voted to be signed into law by the Legislature.</p> <p>In his veto explanation, the Governor’s words emphasize support for punishing acts of domestic violence yet express opposition to extending firearm prohibitions based on what the Governor described as a “vaguely defined” standard of intimate partner relationships. The Governor further raised concerns that changing the family or household member definition would have broader impacts across multiple areas of law beyond firearm restrictions, including criminal gang statutes and custody proceedings. As a note, this is a</p>

			<p>Democrat-sponsored bill in a state with a Republican governor, with some advocates suggesting partisanship has motivated vetoes of bills like this and others.</p> <p>Despite this barrier, the bill’s passage in both chambers demonstrate ongoing momentum around TI approaches to intimate partner violence and firearm safety protocols.</p> <p>The measure’s aim to recognize dating partners within the scope of firearm prohibitions reflects a growing national recognition of the serious risks posed by non-cohabiting intimate partner violence. Research consistently demonstrates that access to firearms significantly increases the risk of homicide for survivors of intimate partner violence, regardless of marital or cohabitation status.</p> <p>While VA law already provides some mechanisms for firearm removal through protective orders and felony convictions, HB1869/SB883 would have more explicitly closed the “dating partner loophole,” a gap many states have worked to address in alignment with evidence-based violence prevention practices.</p> <p>Governor’s Veto Memo: https://lis.virginia.gov/bill-details/20251/SB883/text/SB883VG HB1869: https://lis.virginia.gov/bill-details/20251/HB1869 SB883: https://lis.virginia.gov/bill-details/20251/SB883</p>
Virginia	House Bill 2269 HB2269	Became Law 3/24/25	<p>This measure requires that all hospitals in the state develop and implement a workplace violence incident reporting system to document, track, and analyze acts of violence or threats against health care providers and staff.</p> <p>The bill defines “workplace violence” broadly to include any physical attack, threat, use of a weapon, or threat of harm that occurs while an employee is performing work duties. Hospitals must retain detailed records for at least 2 years, including the nature of the incident, location, perpetrator type (patient, visitor, staff, or other), and any resulting policy changes or law enforcement involvement.</p> <p>Hospitals must also submit annual, de-identified data reports to the VA Dept. of Health beginning in 2026, and internal quarterly reports must be shared with hospital leadership. Protections against retaliation for reporting incidents are also required, aligning with labor protections under state law.</p>

			<p>Notably, the bill explicitly requires that hospital security protocols and staff training include “trauma-informed approaches,” particularly for responding to individuals experiencing a mental health crisis or substance use-related emergency with the intent to equip staff with skills that both enhance safety and reduce re-traumatization risks.</p> <p>This training must cover:</p> <ul style="list-style-type: none"> • De-escalation techniques • Defensive tactics • Appropriate use of restraints and seclusion • Crisis intervention <p>Although the measure’s focus remains primarily on the protection of hospital employees rather than a broader trauma-responsive environment for patients, visitors, and staff collectively, the integration of TI principles and concepts into workplace violence prevention represents a meaningful acknowledgment of the complexity of behavioral escalations and the need for sensitive, human-centered responses.</p> <p>https://lis.virginia.gov/bill-details/20251/HB2269</p>
Virginia	<p>House Bill 2196 & Senate Bill 1262</p> <p>HB2196 & SB1262</p>	<p>Died in Committee</p> <p>2/5/25</p>	<p>This measure would establish the Restorative Schools in Virginia Pilot Program to promote the implementation of evidence-based restorative practices in public schools statewide. The purpose of the program is to address school discipline issues by shifting toward healing-centered, evidence-based practices that center community, repair, resilience, and equity.</p> <p>Administered by the state’s Dept. of Education, the program would award grants to eligible school divisions (those where at least 40% of students are eligible for free or reduced-price meals or that receive Title I funding) in each superintendent’s region.</p> <p>Participating school divisions would be required to develop a comprehensive plan through a learning collaborative, engaging with educators, administrators, practitioners, and community-based organizations with demonstrated experience in restorative practices.</p> <p>Plans would be required to:</p> <ul style="list-style-type: none"> • Promote whole-school, evidence-based restorative practice models • Integrate culturally-responsive teaching and TIC approaches throughout daily and disciplinary practices • Provide incentives for training in restorative practices

			<ul style="list-style-type: none"> • Establish standards for the designation of an “evidence-based restorative practice school division” • Develop integrated frameworks for multi-tiered systems of support and positive behavioral interventions • Outline sustainability strategies, including funding maximization for long-term implementation <p>The bill includes some notable definitions to support implementation of the provisions captured in the measure, including:</p> <ul style="list-style-type: none"> • “Restorative practices” is defined as “a system of dispute resolution tools that are communally and culturally-responsive and aim to allow all parties of a dispute to be involved in defining the harm and devising remedies while giving appropriate consideration to the perspectives of all parties involved, the needs and values of the community, the needs of those who have been harmed, and the need for taking accountability and responsibility for one’s actions,” including: <ul style="list-style-type: none"> ○ Conflict resolution ○ Mediation, including peer mediation ○ Circle processes ○ Restorative conferences ○ Social-emotional learning ○ Positive behavioral intervention supports ○ Rehabilitation ○ Trauma-informed care • “Culturally-responsive teaching” is defined as a method of teaching that involves the following: <ul style="list-style-type: none"> ○ A focus on student learning and academic success ○ Developing the cultural competence of students to assist them in developing positive ethnic and social identities ○ Supporting the critical consciousness of students and their ability to recognize diversity and critique disparity <p>The bill also specifies evaluation metrics, including monitoring changes in suspension and expulsion rates, absenteeism, truancy, academic performance, student mental health indicators, and teacher retention rates. Data collection would be disaggregated by race, ethnicity, gender, disability status, free/reduced lunch eligibility, and English language</p>
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			<p>proficiency, which would help align the process with equity-focused, systemic understandings of school climate and outcomes.</p> <p>As a note, HB2196/SB1262 were introduced as companion measures, and while the underlying intent and structure of the two bills were aligned from the outset, multiple substitutes were offered in both chambers in the process of moving through the Legislature, with each chamber engaging refinements to implementation details.</p> <p>Ultimately, despite the strong alignment with evidence-based and trauma-informed educational practices, the bills ultimately failed to advance. Analysis from the committee reports from each chamber cite funding challenges, particularly the need for new general fund appropriations. This, combined with competing legislative priorities and systemic underinvestment in restorative and prevention-based educational practices likely contributed to the promising program’s failure to pass. As is somewhat common with TI provisions not being enacted, the barriers appear to be fiscal and procedural based on information provided.</p> <p>HB2196: https://lis.virginia.gov/bill-details/20251/HB2196 SB1262: https://lis.virginia.gov/bill-details/20251/SB1262</p>
Virginia	Senate Bill 1260 SB1260	Became Law 3/24/25	<p>This measure would require all hospitals with emergency departments throughout the state to develop a formal security plan based on a security risk assessment, with specific attention to trauma-informed approaches in staff training.</p> <p>Hospitals would be required to ensure that security personnel receive training on:</p> <ul style="list-style-type: none"> • Defensive tactics • De-escalation strategies • Physical restraint and seclusion techniques • Trauma-informed approaches to interacting with patients, families, and visitors experiencing mental health crises or substance use issues <p>While this measure makes an important step forward by requiring that TI approaches be integrated into security personnel training in hospital emergency departments (a setting where individuals are often in acute crisis and highly vulnerable), however, the bill speaks to physical restraint and seclusion techniques without simultaneously embedding clear standards for their minimization or for emphasizing least-restrictive alternatives. Research consistently finds that restraint and seclusion can cause profound psychological harm,</p>

			<p>particularly for individuals with histories of trauma, and can undermine the goals central to TI systems of care.</p> <p>Leading TI advocacy organizations typically recommend that restraint and seclusion be treated only as measures of absolute last resort, accompanied by robust and specific de-escalation protocols, continuous monitoring, training protocols, and post-incident debriefing processes. While the training elements represent progress to celebrate, stronger TI alignment would require hospitals to frame restraint and seclusion training explicitly within a restraint-reduction or elimination strategy vs. the more vague and open way the bill offers broad training on seclusion/restraint techniques, as this would help ensure that all staff are equipped first and foremost with skills to prevent escalation and prioritize non-coercive interventions.</p> <p>https://lis.virginia.gov/bill-details/20251/SB1260</p>
<p>Washington (State)</p> <p>(Legislative Session: 1/13/25 - 4/27/25, with carryover to 2025)</p>	<p>House Bill 1028 & Senate Bill 5386</p> <p>HB 1028 & SB 5386</p>	<p><u>Became Law</u></p> <p>4/21/25</p>	<p>This measure updates and expands the state’s statutory definitions related to Children’s Advocacy Centers (CACs) and child forensic interviews to better align with trauma-informed, research-based best practices. The bill modernizes key language to reflect the evolution of CAC models evolution over the past two decades and acknowledges the critical role of TI approaches in supporting children who have experienced abuse or who have been exposed to violence.</p> <p>Key aspects aligned with a trauma-informed approach include:</p> <ul style="list-style-type: none"> • Recognizing children’s exposure to violence as a significant ACEs and, taken together, a public health crisis • Explicit emphasis on how trauma impacts development • Modernizing the definition of a child forensic interview to center developmental sensitivity, cultural responsiveness, non-leading techniques, and the use of a multidisciplinary team approach within a TI framework • Establishing confidentiality protections for peer review of forensic interviews, ensuring quality assurance processes reinforce TI practice while protecting the dignity and privacy of child victims and witnesses <p>Within the bill, a CAC is defined as “a child-focused, trauma-informed, facility-based program that provides a safe, neutral location for child forensic interviews, facilitates a coordinated and comprehensive approach to addressing the needs of children traumatized by abuse and those who have witnessed, or been exposed to, violence, follows national</p>

			<p>accreditation standards, and is in good standing with the children's advocacy centers of Washington,” with the addition that “Children's Advocacy Centers support a coordinated multidisciplinary response to allegations of abuse that promotes efficient interagency communication and information sharing, ongoing collaboration of key individuals, and a network of support for children and families. Children's advocacy centers coordinate access to services including, but not limited to: Medical evaluations, advocacy, therapy, and facilitation of case review.”</p> <p>HB 1028: https://app.leg.wa.gov/billsummary?BillNumber=1028&Year=2025&Initiative=false SB 3586: https://app.leg.wa.gov/billsummary?BillNumber=5386&Year=2025&Initiative=false</p>
Washington (State)	House Bill 1651 & Senate Bill 5693 HB 1651 & SB 5693	Became Law 5/17/25	<p>This measure would establish new statewide models for teacher preparation, creating both a formal teacher residency model and a teacher apprenticeship model within the state’s education system.</p> <p>Notably, the bill emphasizes integration of evidence-based practices, including competencies explicitly tied to TIC, ACEs, mental health literacy, social-emotional learning, anti-bullying strategies, and culturally-sustaining practices.</p> <p>The legislation articulates that new teachers would receive preparation through a full year of mentored, hands-on classroom teaching alongside concurrent academic coursework, designed in partnership between public schools, teacher preparation programs, and community-based organizations where applicable.</p> <p>https://app.leg.wa.gov/billsummary?BillNumber=5693&Year=2025&Initiative=false</p>
Washington (State)	House Bill 1795 & Senate Bill 5654 HB 1795 & SB 5654	Pending (House Appropriations Com., 2/27/25; Senate Early Learning & K-12 Education Com., 2/13/25)	<p>This measure prohibits the use of chemical restraint, mechanical restraint, and isolation in public educational settings, with very narrow exceptions.</p> <p>The bill seeks to protect students from harmful and traumatic practices, including:</p> <ul style="list-style-type: none"> • Limiting physical restraint to situations involving an imminent likelihood of serious harm - Requiring the use of the least restrictive physical intervention necessary - Mandating immediate cessation of physical restraint once the risk of serious harm subsides

			<ul style="list-style-type: none"> • Establishing comprehensive requirements for post-incident follow-up, including: <ul style="list-style-type: none"> ○ Notification to families ○ Incident reviews ○ Opportunities for student and staff debriefing ○ Development or revision of functional behavioral assessments and behavioral intervention plans • Requiring restraint and isolation practices to be reviewed for compliance, equity impacts, and systems improvement • Creating technical assistance systems and regional coaching structures • Requiring educator preparation programs to integrate foundational behavior management knowledge • Enhancing public accountability through disaggregated data reporting • Mandating statewide staff training in student behavior management and trauma-informed de-escalation practices <p>HB 1795: https://app.leg.wa.gov/billsummary?BillNumber=1795&Year=2025&Initiative=false</p> <p>SB 5654: https://app.leg.wa.gov/billsummary?BillNumber=5654&Year=2025&Initiative=false</p>
Washington (State)	House Bill 1817 & Senate Bill 5386 HB 1817 & SB 5386	Pending (House Rules Com., 3/19/25; Senate Rules Com. "X" File, 3/17/25)	<p>This measure would require school districts to strengthen trauma-informed, survivor-centered practices in their responses to student disclosures of sexual abuse, misconduct, and assault by school employees.</p> <p>More specifically, the bill directs the Office of Superintendent of Public Instruction (OSPI) to create and periodically update staff training materials that promote trauma-informed, survivor-centered approaches, including best practices for working with local sexual assault prevention and response experts.</p> <ul style="list-style-type: none"> • The training must include: <ul style="list-style-type: none"> ○ Trauma-informed response strategies ○ Bystander intervention ○ Survivor-centered handling of disclosures <p>Separately, OSPI would be tasked with developing and updating a culturally-informed student and family guide on sexual harassment and abuse policies, mandatory reporting,</p>

			<p>and survivor rights, to ensure accessible and trauma-sensitive navigation of complaint processes. Notably, the guide must be translated into common non-English languages across the state, following the model language access policies under state law. The bill explicitly requires a focus on cultural relevance, accessibility, and trauma-informed responsiveness across all new materials and processes established under its provisions.</p> <p>Status Note: SB 5386 was placed in the Senate Rules “X” File on 3/17/25, effectively ending its progression for the session. The House version (HB 1817) remains the primary vehicle for this measure to progress.</p> <p>HB 1817: https://app.leg.wa.gov/billsummary?BillNumber=1817&Year=2025&Initiative=false</p> <p>SB 5386: https://app.leg.wa.gov/billsummary?BillNumber=5386&Year=2025&Initiative=false</p>
Washington (State)	House Bill 1925 & Senate Bill 5567 HB 1925 & SB 5567	Pending (House Education Com., 2/10/25; Senate Ways & Means, 2/19/25)	<p>This measure would establish a new state-supported career preparation program connecting high school students aged 14 - 17 to paid, for-credit learning experiences in sustainable natural resource fields.</p> <p>Students participating in the program would engage in a minimum of 90 hours of workforce-connected learning aligned to high school graduation requirements, with opportunities to earn dual credit with community colleges or obtain industry-recognized credentials. Programs must dedicate at least 2/3 of student hours to real-world, work-integrated learning.</p> <p>The bill is framed through a trauma-informed and healing-centered lens by explicitly recognizing that:</p> <ul style="list-style-type: none"> • A connection to nature has been demonstrated to have positive mental and physical health outcomes for young people • Youth Sustainable Natural Resource Systems (YESS) Programs are designed to meet the learning needs of historically marginalized youth • The program aims to increase protective factors for young people who have experienced ACEs <p>The bill outlines the academic content required, outlining that curriculum must be grounded in state standards that center Indigenous knowledge, environmental stewardship, and</p>

			<p>natural resource industry competencies, specifically drawing from the Since Time Immemorial curriculum (https://ospi.k12.wa.us/student-success/resources-subject-area/john-mccoy-lulilas-time-immemorial-tribal-sovereignty-washington-state), environmental and sustainability education frameworks, and workforce-aligned training standards.</p> <p>Prioritization is given to students from historically marginalized communities, including those attending schools in areas with high environmental health disparities.</p> <p>While the bill reflects strong alignment with trauma-informed and healing-centered education by recognizing the importance of nature connection as a mental health protective factor, there are notable limitations, including that there is no requirement that instructors or mentors receive trauma-informed training, and support structures for young people experiencing active trauma symptoms are not explicitly built into the program design despite the targeted students being those who are likely to arrive to the program with trauma histories.</p> <p>HB 1925: https://app.leg.wa.gov/billsummary?BillNumber=1925&Year=2025&Initiative=false SB 5567: https://app.leg.wa.gov/billsummary?BillNumber=5567&Year=2025&Initiative=false</p>
<p>Washington (State)</p>	<p>House Bill 2015 HB 2015</p>	<p><u>Became Law</u> 5/19/25</p>	<p>This measure creates a Local Law Enforcement Grant Program to support local and tribal law enforcement agencies in recruiting, hiring, training, and retaining officers, peer counselors, and behavioral health personnel working in co-response models, with the overarching goal of enhancing community policing and public safety.</p> <p>Key provisions that align with the principles of a TI approach include:</p> <ul style="list-style-type: none"> • Prioritization of hiring and retaining behavioral health personnel and peer counselors to work alongside law enforcement officers in co-response teams, emphasizing diversion, de-escalation, and TI response strategies • Mandates for compliance with crisis intervention and TI, gender-based violence investigation training before agencies are eligible to receive grants • Explicit requirements that agency volunteers must not perform law enforcement duties, including prohibitions on engaging in force, detention, arrest, or pursuit, ensuring role clarity and public safety

			<ul style="list-style-type: none"> • Focus on de-escalation and use of force accountability by requiring alignment with attorney general and commission model policies, including duty to intervene and alternative response models • Allowable grant expenditures include supporting: <ul style="list-style-type: none"> ○ Community outreach ○ Mental health crisis response programs ○ Alternative response teams ○ Emergency management planning • Collection of agency-level data on staffing, training participation, call response times, and case closures, which can inform systemic improvements aimed at reducing adverse outcomes • Creation of a supplemental account to ensure dedicated, non-supplantable funding for grant-supported TIC-aligned initiatives <p>The bill also authorizes a local sales and use tax option for cities and counties that meet specific training and policy benchmarks, with funds required to be spent on broadly defined “criminal justice purposes,” including activities that aim to reduce interaction with the legal and carceral systems such as “domestic violence services, public defense staffing, diversion programs, reentry support, homelessness and behavioral health programs reducing justice involvement, juvenile community placements, and mental health crisis responses such as the recovery navigator program.”</p> <p>https://app.leg.wa.gov/billsummary?BillNumber=2015&Year=2025&Initiative=false</p>
Washington (State)	Senate Bill 5177 SB 5177	Pending (Passed Senate, 3/10/25; House Education Com., 3/18/25)	<p>This measure would require the Office of the Superintendent of Public Instruction to ensure that professional development resources for school staff on key topics are developed with explicit attention to the experiences of historically marginalized and underrepresented groups.</p> <p>These topics include:</p> <ul style="list-style-type: none"> • Social-emotional learning • Trauma-informed practices • Recognition and response to emotional or behavioral distress • Consideration of ACEs • Mental health literacy • Anti-bullying strategies

			<ul style="list-style-type: none"> • Culturally-sustaining practices <p>The bill recognizes that students’ experiences with sensory, mental, and physical disabilities, neurodivergence, gender identity and sexual orientation, housing instability, race and ethnicity, religion, national origin, and immigration status intersect with their emotional and behavioral health needs, increasing the urgency for truly inclusive TI professional development.</p> <p>The bill’s findings section and accompanying reports from the Legislature directly reference data on LGBTQIA2S+ youth suicide risk, mental health disparities among Native American and Black students, and the ways intersectionality compounds risk factors for youth experiencing multiple forms of oppression. Also highlighted is the research linking neurodivergence with higher rates of anxiety, depression, and substance use, creating a clear evidentiary foundation for why expanded, affirming, and inclusive training resources are needed.</p> <p>While the bill does not directly mandate new training models, it represents an important systems-level advance by ensuring that identity and intersectionality are embedded into the resource selection and development process. This is a meaningful shift toward more authentic application of trauma-informed principles across the state’s educational systems.</p> <p>https://app.leg.wa.gov/billsummary?BillNumber=5177&Year=2025&Initiative=false</p>
Washington (State)	Senate Bill 5355 SB 5355	Became Law 4/22/25	<p>This measure prohibits postsecondary institutions from proposing, requesting, or pressuring a student reporting sexual misconduct to enter into a nondisclosure agreement related to the alleged incident. It also requires public 4-year institutions to print the phone number of a regional, 24/7 community-based sexual assault support organization on newly issued and replacement student, faculty, and staff ID cards. Additionally, the bill affirms survivors’ rights to request the preservation of sexual assault kits without charge and to receive notice prior to their destruction or disposal.</p> <p>As originally introduced, this bill proposed a much more comprehensive, explicitly trauma-informed framework for supporting student survivors, including:</p> <ul style="list-style-type: none"> • Mandates for TI training for Title IX employees • Guaranteed access to mental health services • Timely investigation timelines

- Availability of campus-affiliated advocates
- Systemic campus climate improvements through Student Health and Safety Committees
- Trauma-informed principles embedded directly into procedural requirements, aiming to reduce re-traumatization and promote meaningful survivor-centered practices

As the bill moved through the legislative process, however, particularly through the Ways & Means Committee, the TI, survivor-centered implementation requirements were removed.

The rationale for the dilution provided across Legislature reports includes:

- Resource limitations, with concern about the cost and feasibility of implementing mandatory TI training, expanded counseling services, and additional staffing without specific appropriations
- Implementation concerns emphasizing the administrative burden and variability in campus structures, arguing that uniform mandates would not fit all campuses
- Fiscal concerns, with testimony reflecting a tension between the desire to expand protections and the political reality of needing to advance a bill without major fiscal notes attached

As a result of the removal of these provisions, though, there are several noteworthy consequences when it comes to diluting the potential for TI change:

- Without training, survivor support roles, and clear timelines, survivors navigating institutional processes may continue to experience re-traumatization, dismissal, or retaliation, undermining their sense of safety and trust in navigating the system
- Survivors lose access to essential supports (e.g., TI advocates, clear pathways for accommodations, etc.) that would promote self-determination, healing, academic success, and empowerment
- Removing campus health and safety committees, TI training requirements, and climate assessment mandates means institutions are not systematically addressing the root causes of sexual violence and re-traumatization in campus systems, missing a meaningful opportunity for systemic and institutional change

<https://app.leg.wa.gov/billsummary?BillNumber=1795&Year=2025&Initiative=false>

<p>Washington (State)</p>	<p>Senate Bill 5356</p> <p>SB 5356</p>	<p><u>Became Law</u></p> <p>4/22/25</p>	<p>This measure expands and strengthens training requirements for law enforcement officers, investigators, and prosecutors to embed a survivor-centered, trauma-informed approach when responding to sexual and gender-based violence.</p> <p>Notable provisions include:</p> <ul style="list-style-type: none"> • Emphasis on minimizing re-traumatization of survivors throughout investigative and prosecutorial processes • Explicit inclusion of survivors’ diverse needs across special populations • Specialized, intensive, and integrative training for law enforcement officers, investigators, Title IX investigators, and prosecutors, emphasizing: <ul style="list-style-type: none"> ○ The neurobiology of trauma ○ Trauma-informed interviewing ○ Survivor-centered/“victim-centered” response techniques • Mandated training for patrol officers on TI, gender-based violence response • Co-development of training content in consultation with survivor advocacy organizations and experts in trauma, ensuring authentic representation of survivor voices and needs • Ongoing feedback and skills practice embedded into training design, allowing participants to apply TI skills in realistic, supported settings • Consistent cross-system training between law enforcement, prosecutors, and campus Title IX investigators, aiming to reduce inconsistencies, misunderstandings, and re-traumatization <p>https://app.leg.wa.gov/billsummary?BillNumber=5356&Year=2025&Initiative=false</p>
<p>Washington (State)</p>	<p>Senate Bill 5752</p> <p>SB 5752</p>	<p><u>Became Law</u></p> <p>5/20/25</p>	<p>This measure broadly modifies and reauthorizes multiple child care and early childhood development programs across the state, with some direct implications for TI practice in early childhood settings.</p> <p>Key provisions that align with the principles of a TI approach include:</p> <ul style="list-style-type: none"> • Continuing TIC supports for eligible early learning providers, including: <ul style="list-style-type: none"> ○ TI training ○ Mental health consultation ○ Specialized staff compensation • Maintaining and expanding infant and early childhood mental health consultation services statewide, providing reflective supervision and support to child care

			<p>providers (with an emphasis on those serving children with significant behavioral health challenges)</p> <ul style="list-style-type: none"> • Supporting TI approaches through early childhood education initiatives for children under age 3 via expanded Early Childhood Education and Assistance Program models • Affirming that TI supports can be used flexibly, including for screening tools, behavior supports, and staffing to address complex needs among children and families <p>The bill also includes significant infrastructure investments in child care affordability, subsidy systems, and quality improvements, all of which are foundational to building safe, stable, and nurturing environments essential for TI early childhood systems.</p> <p>Notably, “trauma-informed care supports” are not newly defined in this bill but continue to be described operationally as including training, reflective supervision, supports for complex needs, and qualified staffing.</p> <p>https://app.leg.wa.gov/billsummary?BillNumber=5752&Year=2025&Initiative=false</p>
<p>Washington, DC</p> <p>(Legislative Session: 1/2/2025 - 12/31/2025, with carryover to 2026)</p>	<p>Council Bill 260029</p> <p>B26-0029</p>	<p><u>Became Law</u></p> <p>5/2/25</p>	<p>This measure mandates a comprehensive, TI framework for how institutions of higher education respond to sexual misconduct.</p> <p>The bill requires at least two Confidential Resource Advisors (CRAs) at each institution, who are required to:</p> <ul style="list-style-type: none"> • Specifically be trained in TI, survivor-centered responses • Not be tied to the institution’s disciplinary authority • Provide confidential support • Offer information about options without mandating reporting, preserving agency in how survivors move forward • Provide accompaniment through processes if desired <p>Mandatory trauma-informed training for CRAs includes the following topics:</p> <ul style="list-style-type: none"> • The neurobiology of trauma • The impact of myths and stereotypes • Perpetration methods • Sensitive survivor communication

			<p>The bill also outlines privacy protections and confidentiality safeguards for communications with CRAs with very limited exceptions, along with amnesty protections for survivors and witnesses who disclose other-student conduct violations (e.g., alcohol, consensual sexual contact, etc.)</p> <p>Additionally, the bill mandates trauma-informed, primary prevention trainings for undergraduate students at key points in their education, ensuring empowerment through education around consent, incapacitation, the effects of substances, and strategies for bystander intervention. Information and materials must be clear, accessible, and prominently posted and distributed.</p> <p>Mandatory, ongoing TI training is also required for all personnel involved in responding to or adjudicating sexual misconduct cases, helping to reduce re-traumatization and system-induced harm.</p> <p>Data reporting requirements to ensure transparency and accountability in how institutions support survivors and respond to sexual misconduct are included in the measure as well.</p> <p>Notably, the bill defines a “trauma-informed response” as “a response involving an understanding of the complexities of sexual misconduct through training centered on the neurobiological impact of trauma, the influence of myths and stereotypes surrounding causes and impacts of trauma, perpetration methodology pertaining to sexual misconduct, and methods to conduct investigations of sexual misconduct.”</p> <p>https://lims.dccouncil.gov/Legislation/B26-0029</p>
Washington, DC	Council Bill 260052 B26-0052	Pending (Public Hearing Cancelled, 3/26/25)	<p>This measure establishes a multi-pronged, trauma-responsive structure to address gun violence, combining targeted law enforcement efforts with investments in social support, community engagement, and healthcare services that reflect TI principles.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Creates the Group Violence Intervention Initiative (GVI) with an explicit two-pronged approach: <ul style="list-style-type: none"> ○ Focused deterrence enforcement ○ Offering robust social services and supports to individuals at highest risk of violence involvement

			<ul style="list-style-type: none"> • Develops an implementation plan requiring community engagement strategies, service pathways for people identified as “high-risk,” and performance measures • Authorizes Medicaid-funded community violence prevention services to expand access, such as: <ul style="list-style-type: none"> ○ Crisis intervention ○ Mentorship ○ Peer support ○ Trauma recovery support • Creates training and certification standards for “Qualified Violence Prevention Professionals,” requiring competencies in TIC, HIPAA, violence mediation, and case management, with ongoing continuing education requirements • Expands civilian investigators for property and cold-case crimes, freeing up sworn law enforcement to focus on gun violence while embedding a specialized, non-carceral response to lower-level offenses • Presents corrective action framework for properties identified as sites of “criminal blight,” emphasizing the mitigation of systemic community harms (such as exposure to violence and drug activity) through property management, while preserving due process for property owners <p>The measure also includes some key definitions to help support implementation:</p> <ul style="list-style-type: none"> • “Community violence” is defined as “intentional acts of interpersonal violence committed by individuals who are not intimately related to the victim” • “Community Violence Prevention Services” are defined as “evidence-informed, trauma-informed, culturally responsive, supportive, and non-psychotherapeutic services provided by a qualified violence prevention professional for the purpose of promoting improved health outcomes, trauma recovery, and positive behavioral change” • “Qualified Violence Prevention Professionals” are defined as “prevention professionals trained in trauma-informed care, conflict mediation, patient privacy, and community violence prevention strategies” <p>https://lims.dccouncil.gov/Legislation/B26-0052</p>
West Virginia (Legislative Session: 2/12/25)	House Bill 2846 HB2846	Pending (Education Com., 2/24/25)	This bill requires the state Board of Education to implement TI practices in all public schools, grades - 12. It creates a statewide mandate for TI professional development for teachers, paraprofessionals, school leaders, and specialized instructional personnel, and embeds a commitment to culturally-responsive, healing-centered school environments.

<p>- 4/12/25, with carryover to 2026)</p>			<p>More specifically, among other provisions, the bill:</p> <ul style="list-style-type: none"> • Defines “trauma-informed practices” to include evidence-based professional development promoting a shared understanding that: <ul style="list-style-type: none"> ○ Traumatic experiences are common among students ○ Trauma can affect learning, behavior, and relationships ○ Students retain the capacity to meet high academic and life expectations despite trauma ○ Safe, welcoming, and supportive school environments promote student success ○ Services and supports provided to students should be trauma-informed and strengthen student connection to the learning environment • Requires the adoption of disciplinary procedures that: <ul style="list-style-type: none"> ○ Pair disciplinary actions with supportive services to address underlying causes of behavior, including trauma ○ Utilize evidence-based restorative practices to build trust and community ○ Explicitly prohibit discriminatory practices on the basis of race, color, national origin, sexual orientation, gender identity, sex, disability, English proficiency, migrant status, or age • Directs school-based planning activities to: <ul style="list-style-type: none"> ○ Help all students feel safe, supported, and connected to their school community ○ Foster positive relationships with adults and peers ○ Promote emotional regulation, academic success, physical and psychological wellbeing ○ Strengthen teamwork and effective communication among staff, with shared responsibility for the well-being and success of every student ○ Integrate evidence-based social-emotional learning strategies into rigorous academic instruction <p>http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=2846&year=2025&session_type=RS&btype=bill</p>
<p>West Virginia</p>	<p>House Bill 3395 HB 3395</p>	<p>Pending (Finance Com., 3/17/25)</p>	<p>This bill would mandate screening for ACEs as a preventive health measure for children across the state. Notably, the bill:</p>

			<ul style="list-style-type: none"> • Makes legislative findings explicitly connecting ACEs to chronic disease risk, addiction, and long-term health impacts • Defines ACEs as “traumatic experiences occurring in childhood which create real and lasting physiological changes to the brain, immune system, stress response, and behavior patterns, the result of which is higher risk for certain chronic diseases such as obesity, heart disease, respiratory illness, and even lung cancer” • Requires that all public and private health insurance plans in the state cover ACEs screening during preventive child wellness visits <ul style="list-style-type: none"> ○ Establishes that, for uninsured children, the state’s Dept. of Education must develop a school-based ACEs screening program administered through local schools <p>This measure explicitly positions early detection and intervention as key public health and prevention strategies, embedding an understanding of childhood trauma into both the healthcare and educational systems. While the bill does not establish specific guidelines or protocols for best practices in conducting screenings, which is an omission many advocates of TI approaches caution can inadvertently cause harm if not handled carefully, it nonetheless represents a meaningful step toward recognizing the lasting impact of early adversity on health and wellbeing across the lifespan.</p> <p>http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=3395&year=2025&session_type=RS&btype=bill</p>
West Virginia	Senate Bill 220 SB 220	Pending (Rules Com., 3/17/25)	<p>This measure would require annual, age-appropriate education for students and mandatory TI training for public school employees statewide.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Requires that students in grades 3 - 6 receive at least annual instruction on child sexual abuse prevention, personal safety, and assault prevention <ul style="list-style-type: none"> ○ Opt-out rights exist for families for the personal safety and assault prevention component • Requires that students in grades 7 - 12 receive at least annual instruction on dating violence prevention and sexual violence prevention, including recognizing warning signs and building healthy relationships • Requires that all public school employees, upon hire and every 3 years thereafter, complete at least 4 cumulative hours of training focused on:

			<ul style="list-style-type: none"> ○ Recognizing sexually offending behaviors, boundary violations, and indicators of sexual risk in adults ○ Recognizing and responding to sexually inappropriate or abusive behaviors among children and young people ○ Understanding and supporting protective factors to foster student resilience ○ Recognizing verbal and behavioral cues of abuse or neglect ○ Understanding appropriate versus inappropriate social media use ○ Responding consistently and supportively to disclosures of abuse, in compliance with mandated reporting requirements ○ Learning about age-appropriate, evidence-informed prevention education for students ○ Reflecting the research on ACEs and the principles of TIC ● Ensures that training is evidence-informed and aligned with best practices in preventing child sexual abuse and supporting student safety and wellbeing <p>http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=220&year=2025&sessiontype=RS&btype=bill</p>
West Virginia (Legislative Session: 2/12/25 - 4/12/25, with carryover to 2026)	House Bill 2846 HB2846	Pending (Education Com., 2/24/25)	<p>This bill requires the state Board of Education to implement TI practices in all public schools, grades - 12. It creates a statewide mandate for TI professional development for teachers, paraprofessionals, school leaders, and specialized instructional personnel, and embeds a commitment to culturally-responsive, healing-centered school environments.</p> <p>More specifically, among other provisions, the bill:</p> <ul style="list-style-type: none"> ● Defines “trauma-informed practices” to include evidence-based professional development promoting a shared understanding that: <ul style="list-style-type: none"> ○ Traumatic experiences are common among students ○ Trauma can affect learning, behavior, and relationships ○ Students retain the capacity to meet high academic and life expectations despite trauma ○ Safe, welcoming, and supportive school environments promote student success ○ Services and supports provided to students should be trauma-informed and strengthen student connection to the learning environment ● Requires the adoption of disciplinary procedures that: <ul style="list-style-type: none"> ○ Pair disciplinary actions with supportive services to address underlying causes of behavior, including trauma

			<ul style="list-style-type: none"> ○ Utilize evidence-based restorative practices to build trust and community ○ Explicitly prohibit discriminatory practices on the basis of race, color, national origin, sexual orientation, gender identity, sex, disability, English proficiency, migrant status, or age ● Directs school-based planning activities to: <ul style="list-style-type: none"> ○ Help all students feel safe, supported, and connected to their school community ○ Foster positive relationships with adults and peers ○ Promote emotional regulation, academic success, physical and psychological wellbeing ○ Strengthen teamwork and effective communication among staff, with shared responsibility for the well-being and success of every student ○ Integrate evidence-based social-emotional learning strategies into rigorous academic instruction <p>http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=2846&year=2025&session_type=RS&btype=bill</p>
<p>Wisconsin (Legislative Session: 1/6/25 - 12/31/25, with carryover to 2026)</p>	<p>Assembly Bill 156 & Senate Bill 171 AB156 & SB171</p>	<p>Pending (House Rules Com., 5/29/25; Senate Mental Health, Substance Abuse Prevention, Children and Families Com., 5/7/25)</p>	<p>This measure would require all school boards within the state to implement a child sexual abuse prevention instructional program for students in pre-kindergarten through grade 12.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> ● Requires the curriculum to be developmentally appropriate and evidence-informed for each grade level ● Requires instruction on topics including: <ul style="list-style-type: none"> ○ Age-appropriate facts about sexual abuse ○ Anatomically correct terms for body parts ○ How to say no and reject unwanted advances ○ How to set and respect personal boundaries ○ Differences between public and private parts of the body ○ Information about giving and receiving consent ○ How to distinguish between safe and unsafe touch, and between secrets and surprises ○ How to identify trustworthy adults and report incidents of sexual abuse ● Requires schools to provide annual notice to parents or guardians before instruction is offered, including: <ul style="list-style-type: none"> ○ An outline of the specific program for the student’s grade level

			<ul style="list-style-type: none"> ○ Information on how to opt out if desired ○ Facts and clear explanations about topics such as ACEs, trauma, offender characteristics, and the promotion of TI environments and responses <p>HB156: https://docs.legis.wisconsin.gov/2025/proposals/reg/asm/bill/ab156 SB171: https://docs.legis.wisconsin.gov/2025/proposals/reg/sen/bill/sb171</p>
<p>Federal</p> <p>(Legislative Session: 1/3/25 - 12/31/25, with carryover to 2027)</p>	<p>House Bill 2668</p> <p>H.R.2668</p>	<p>Pending</p> <p>(Judiciary Com., 4/7/25)</p>	<p>“Diversion And Rehabilitation Transformation (DART) Act” - this bill would expand the authorized uses of Edward Byrne Memorial Justice Assistance Grant (JAG) funds to explicitly support pre-incarceration diversion, restorative justice, court-based interventions, and post-release rehabilitation initiatives.</p> <p>In alignment with a TI approach, the bill:</p> <ul style="list-style-type: none"> ● Supports pre-arrest and pre-trial diversion and rehabilitation programs that prioritize addressing underlying causes of behaviors underlying legal and carceral system involvement, such as addiction, trauma, and systemic poverty ● Adds funding eligibility for specialty courts and restorative justice programs that center community-based resolutions and survivor/victim involvement ● Establishes a National Diversion and Rehabilitation Clearinghouse to: <ul style="list-style-type: none"> ○ Disseminate best practices ○ Provide technical assistance ○ Support jurisdictions in implementing evidence-based, trauma-informed diversion and rehabilitation efforts ● Prioritizes the use of evidence-based practices ● Mandates attention to TI practices in the design and delivery of diversion programs ● Encourages states and localities to connect individuals with mental health services, peer support, life-skills training, and behavioral health treatment to disrupt cycles of incarceration and support long-term safety and healing ● Authorizes federal funding to support sustainability through FY2031 <p>https://www.congress.gov/bill/119th-congress/house-bill/2668/text</p>
<p>Federal</p>	<p>House Bill 2738 & Senate Bill 1338</p>	<p>Pending</p> <p>(House Education & Workforce Com., 4/8/25; Senate</p>	<p>“Ending PUSHOUT Act” - this measure would aim to significantly reduce the use of exclusionary, discriminatory, and non-trauma-responsive discipline practices in schools, particularly those disproportionately harming students of color, especially Black and Brown girls.</p>

	<p>H.R.2738 & S.1338</p>	<p>Health, Education, Labor, & Pensions Com., 4/8/25)</p>	<p>Among other provisions, the bill notably:</p> <ul style="list-style-type: none"> • Explicitly addresses the intersections of trauma, race, gender, and discipline, aiming to prevent the criminalization and school pushout of students experiencing discrimination, trauma, and unmet mental health needs • Defines and prohibits a range of harmful practices, including: <ul style="list-style-type: none"> ○ Corporal punishment ○ Chemical and mechanical restraints ○ Seclusion ○ Physical restraints that restrict breathing or blood flow • Strengthens data collection on exclusionary discipline (including suspensions, expulsions, school-based arrests, transfers, and law enforcement referrals) • Prohibits suspensions or expulsions for pre-k - grade 5 students unless serious physical injury occurs • Bans suspension/expulsion for insubordination, appearance/grooming violations, truancy, tardiness, or similar nonviolent infractions • Establishes “Healing School Climate Grants” to support schools in: <ul style="list-style-type: none"> ○ Developing TI, student-centered discipline policies in partnership with impacted students and communities ○ Training school staff in: <ul style="list-style-type: none"> ○ TIC ○ Implicit bias awareness ○ Culturally-sustaining practices ○ Positive behavioral supports ○ Implementing multi-tiered systems of support ○ Implementing restorative practices ○ Social-emotional learning programming ○ Supporting trauma-informed responses to behavior ○ Hiring social workers, counselors, and TI professionals ○ Explicitly prohibits the use of funds for hiring or retaining school-based law enforcement • Creates a Joint Task Force to End School Pushout of Girls of Color, comprised of students, educators, parents, researchers, mental health professionals, and civil rights advocates, to study root causes and recommend systemic reforms
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			<ul style="list-style-type: none"> • Authorizes \$500 million annually for Healing School Climate Grants and \$500 million annually to the Office for Civil Rights to monitor and enforce protections against discriminatory school discipline practices <p>H.R.2738: https://www.congress.gov/bill/119th-congress/house-bill/2738/text S.1338: https://www.congress.gov/bill/119th-congress/senate-bill/1338/text</p>
Federal	House Bill 2739 H.R.2739	Pending (Education & Workforce/ Judiciary Coms., 4/8/25)	<p>“Counseling Not Criminalization in Schools Act” - this measure proposes a significant structural shift away from the funding and presence of police in schools and toward an investment in TI, healing-centered, and supportive school environments.</p> <p>Notable provisions aligned with a TI approach within the bill include:</p> <ul style="list-style-type: none"> • Creates a major federal grant program (\$5 billion authorization) to help local educational agencies transition away from policing by: <ul style="list-style-type: none"> ○ Supporting hiring within the schools of: <ul style="list-style-type: none"> ○ Counselors ○ Psychologists ○ Nurses ○ Social workers ○ Credible messengers ○ TI personnel ○ Specialists in de-escalation and anti-bias practices ○ Supporting school-wide implementation of: <ul style="list-style-type: none"> ○ Positive behavioral interventions and supports ○ Restorative justice programs ○ Mediators ○ Social and emotional learning curricula ○ Trauma-informed initiatives ○ Training all school staff in: <ul style="list-style-type: none"> ○ TIC ○ Anti-bias practices ○ Alternatives to punitive discipline • Requires meaningful engagement from community members and those who interface with the education system • Centers the voices of marginalized students and families most impacted by exclusionary discipline and policing in process for co-designing school climate and safety plans

			<ul style="list-style-type: none"> • Prohibits the use of federal funds for the hiring, maintaining, or training of school-based law enforcement officers (including “school resource officers”) • Terminates eligibility for law enforcement funding under programs like the COPS grant program and the Edward Byrne Memorial Justice Assistance Grant program when it is used for police in schools • Explicitly prohibits the use of funds for law enforcement partnerships, surveillance technology (such as facial recognition, social media monitoring, and metal detectors), and arming school personnel • Imposes strong reporting requirements around arrests, referrals to law enforcement, demographic disparities, and the presence of surveillance measures in schools for transparency and accountability purposes <p>It is noteworthy that this measure has been introduced in prior congressional sessions, demonstrating an evolving and growing national conversation around dismantling the school-to-prison pipeline. This session’s version builds on those earlier efforts with important refinements, including:</p> <ul style="list-style-type: none"> • Tighter alignment to TI best practices, referencing the Interagency Task Force on Trauma-Informed Care for guidance in required staff training • Clearer conditions for eligibility for new grant funds • Expanded language around supporting credible messengers and violence interruption personnel • Greater specificity around the prohibition of surveillance-based safety measures that disproportionately harm marginalized students <p>https://www.congress.gov/bil/119th-congress/house-bill/2739/text</p>
Federal	House Bill 2796 H.R.2796	Pending (Judiciary Com., 4/9/25)	<p>"Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act" - this measure would re-authorize and expand provisions under the Trafficking Victims Protection Act of 2000, embedding stronger TI prevention, education, and survivor support strategies into federal anti-trafficking efforts.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> • Renames and expands existing grants as “Frederick Douglass Human Trafficking Prevention Education Grants,” explicitly prioritizing local education agencies in areas with high rates of child trafficking and requiring integration of TI, age-appropriate prevention strategies into K - 12 systems

			<ul style="list-style-type: none"> • Requires funded programs to: <ul style="list-style-type: none"> ○ Engage survivors of trafficking in development processes ○ Promote evidence-based and TI models ○ Use “train the trainer” methods to expand sustainable capacity ○ Develop scalable online resources for national distribution • Promotes cross-sector collaboration by encouraging partnerships between local education agencies, survivor-led organizations, law enforcement, and tech/social media companies to enhance protective training and response efforts • Creates a Frederick Douglass Human Trafficking Survivors Employment and Education Program, offering survivors holistic, TI services to support recovery and reduce risk of re-traumatization and re-exploitation, including: <ul style="list-style-type: none"> ○ Life skills development ○ Employment training ○ Education access ○ Record expungement assistance ○ Mental health support • Emphasizes individualized service planning tailored to survivor goals, acknowledging the intersection of trauma recovery, education, and economic empowerment • Requires public reporting on grant implementation and outcomes for transparency and accountability purposes • Authorizes significant funding increases for federal anti-trafficking programs through 2029, ensuring sustainability and expansion of services under a TI lens <p>https://www.congress.gov/bil/119th-congress/house-bill/2796/text</p>
Federal	House Bill 2957 H.R. 2957	Pending (Education & Workforce/ Judiciary Coms., 4/8/25)	"Services and Trauma-informed Research of Outcomes in Neighborhoods Grants for (STRONG) Support for Children Act of 2025" - This measure would establish a comprehensive federal grant and infrastructure-building program to address childhood trauma in communities with high prevalence of adversity. Reintroduced in the 119th Congress, the bill significantly strengthens the trauma-informed framework first outlined in prior sessions, embedding deeper alignment with public health equity, structural analysis, and community-led, cross-sector responses. The measure centers trauma as both a personal and collective experience with deeply racialized, gendered, and systemic roots—offering a multidimensional public policy strategy grounded in prevention, healing, and reparative care.

			<p>Key components include:</p> <ul style="list-style-type: none"> • Establishment of a trauma-prevention and mitigation program within the U.S. Department of Health and Human Services (HHS), charged with identifying and supporting children and families living in neighborhoods with concentrated exposure to ACEs and other systemic adversities <ul style="list-style-type: none"> ○ The program funds up to five long-term demonstration sites, each tasked with developing data-driven strategies to strengthen care coordination, improve outcomes, and build protective factors across the early childhood lifespan • Use of community-based system dynamics modeling as a primary strategy for data analysis, evaluation, and local capacity-building <ul style="list-style-type: none"> ○ This methodology ensures the inclusion of community voice and context by requiring participatory research models that account for multigenerational trauma, local strengths, and structural barriers ○ Grantees must center cross-sector partnerships and community-defined goals, with particular attention to repairing racial, economic, and gender inequities that shape early childhood environments • Detailed and expansive definitions of adversity and trauma, encompassing abuse, neglect, poverty, incarceration, housing instability, environmental trauma, systemic racism, gender-based violence, and other structural harms • Explicitly includes the impacts of historical and intergenerational trauma, natural disasters, and community disinvestment—expanding the federal recognition of trauma beyond individual and clinical definitions to reflect ecological, policy-driven harm • TIC coordination grants for children aged 0–5 and their caregivers, including prenatal individuals <ul style="list-style-type: none"> ○ These grants must be used to fund reparative, culturally specific, gender-responsive, and trauma-informed supports ranging from wraparound mental health and housing stabilization to parenting programs, early childhood education access, and voluntary substance use services ○ All services must be accessible, strengths-based, and grounded in trust, cultural humility, and harm reduction • Prohibitions on coercive or punitive implementation, including language barring the use of data tools for child welfare investigations or removals, surveillance expansion, law enforcement referrals, or denial of public benefits <ul style="list-style-type: none"> ○ Services must be voluntary and cannot be conditioned on participation or past system involvement
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Federal	House Bill 3121 H.R. 3121	Pending (Judiciary Com., 4/9/25)	<p>"Anna's Law of 2025" - this bill would expand access to trauma-informed training for law enforcement personnel and emergency medical technicians (EMTs) in cases involving sexual assault, domestic violence, dating violence, and stalking. It amends existing law to authorize one-year competitive grants to eligible state, local, and Tribal agencies to implement or enhance such training.</p> <p>The bill defines trauma-informed as follows: "an understanding of the neurological, biological, psychological, and social effects of trauma and violence on an individual" and "an</p>

			<p>understanding of the environment, practices, policies, and infrastructure that may need to be modified to address the prevalence of trauma and its impacts."</p> <p>Training funded under this bill must be trauma-informed, survivor-centered, and evidence-based or grounded in promising practices. Topics must include how trauma affects brain and behavioral responses, how interactions with first responders can cause re-traumatization, how to identify and navigate trauma responses, and how to communicate effectively with survivors.</p> <p>The bill requires a minimum of eight hours of trauma-informed training for academy enrollees and four hours annually for current personnel. It mandates that trainers reflect diverse racial, gender, and professional backgrounds, and that a national database of qualified trainers be made publicly accessible. The Secretary of Health and Human Services is required to report annually to Congress on implementation outcomes, including survivor feedback and prosecution data.</p> <p>https://www.congress.gov/bill/119th-congress/house-bill/3121/text</p>
Federal	House Bill 3527 & Senate Bill 1910 H.R. 3527 & S. 1910	Pending (House Judiciary Com., 5/23/25; Senate Health, Education, Labor, and Pensions Com., 5/22/25)	<p>"Real Education and Access for Healthy Youth Act" - This bill would establish a comprehensive federal grant program to support trauma-informed, culturally responsive, and medically accurate sex education and sexual health services for young people. The measure incorporates an explicitly trauma-informed and resilience-oriented framework throughout, grounded in principles of Reproductive Justice and health equity. It directly acknowledges the historical harms perpetuated through U.S. public health and education systems, including eugenics, forced sterilization, and systemic disinvestment, and centers the needs of young people who are Black, Indigenous, Latiné, LGBTQIA2S+, disabled, system-involved, experiencing houselessness, or otherwise underserved.</p> <p>Notably, the bill includes formal findings by Congress that emphasize how systemic oppression and structural racism continue to shape young people's sexual health outcomes. The bill authorizes competitive grants for K–12 sex education, college-based education and outreach, educator training, including on anti-racist and gender-inclusive pedagogies, and youth-friendly, community-based sexual health services.</p> <p>All programming must be trauma-informed, inclusive, and comprehensive in scope, with funding explicitly barred from supporting abstinence-only or medically inaccurate</p>

			<p>approaches. The bill also repeals Section 510 of the Social Security Act, eliminating the federal abstinence-only funding stream.</p> <p>Grantees must use funds to support implementation, increase access to services, and build youth-serving ecosystems that uphold young people’s right to make decisions about their own bodies, health, and relationships. Evaluation requirements, a public reporting mechanism, and cross-agency coordination are included, with special funding set aside for technical assistance, training, and impact research.</p> <p>The bill defines trauma in alignment with SAMHSA's 3 Es framework, by stating its definition as: "a response to an event, series of events, or set of circumstances that is experienced or witnessed by an individual or group of people as physically or emotionally harmful or life-threatening with lasting adverse effects on their functioning and mental, physical, social, emotional, or spiritual wellbeing."</p> <p>The measure defines "trauma-informed and resilience-oriented" as aligned with SAMHSA's 4Rs framework, stating that this term means: "an approach that realizes the prevalence of trauma, recognizes the various ways individuals, organizations, and communities may respond to trauma differently, recognizes that resilience can be built, and responds by putting this knowledge into practice."</p> <p>H.R. 3527: https://www.congress.gov/bill/119th-congress/house-bill/3527/text S. 1910: https://www.congress.gov/bill/119th-congress/senate-bill/1910/all-info</p>
Federal	House Bill 3601 & Senate Bill 1897 H.R. 3601 & S. 1897	Pending (Judiciary Com., 5/23/25)	<p>"The National ACERT Grant Program Authorization Act" - This measure would create a federally funded grant program to support the establishment and expansion of ACEs Response Teams (ACERT) across the country. These cross-sector teams are designed to intervene early when a child has been exposed to trauma, ensuring immediate connection to services, community-based healing supports, and long-term coordination of care.</p> <p>The ACERT grant program is designed for states, Tribes, local governments, and community-based organizations to implement trauma-informed response protocols. It reflects a structural commitment to integrating mental health, law enforcement, behavioral health, education, and child-supporting systems around a shared goal of reducing trauma impacts and preventing further harm.</p> <p>Notable funded activities include:</p>

			<ul style="list-style-type: none"> • Establishing protocols for trauma-exposed children and youth that prioritize service connection • Creating formal referral agreements between public agencies and behavioral health, recovery, and family support providers • Providing cross-sector training in trauma-informed care for first responders, victim service providers, educators, and other relevant professionals • Integrating mental health, crisis response, and law enforcement supports in community-based settings • Identifying and reducing barriers to accessing trauma-informed services • Supporting coordinated planning across courts, child welfare, emergency medicine, public health, and legal systems <p>Grants may also be used to fund technical assistance, develop infrastructure for long-term service coordination, and provide trauma-informed education to communities experiencing concentrated exposure to violence or structural adversity.</p> <p>If passed, the measure would authorize \$10 million annually from 2026 through 2029 to fund ACERT teams nationwide, which is certainly a meaningful step toward institutionally embedding trauma-informed practice into public safety and service ecosystems and infrastructure.</p> <p>H. 3601: https://www.congress.gov/bill/119th-congress/house-bill/3601/text S. 1897: https://www.congress.gov/bill/119th-congress/senate-bill/1897/text</p>
Federal	Senate Bill 666 S.666	Pending (Health, Education, Labor, & Pensions Com., 2/20/25)	<p>“First Responders Wellness Act” - this bill would significantly expand access to TI, culturally-responsive mental health, behavioral health, and substance use support services for first responders and their families.</p> <p>Among other provisions, the bill notably:</p> <ul style="list-style-type: none"> • Establishes a dedicated national mental health hotline for first responders and their families <ul style="list-style-type: none"> ○ Offers 24/7 live, toll-free voice and text support staffed by culturally competent first responder peer specialists and mental health providers trained specifically in first responder occupational stress, trauma, and confidentiality needs

			<ul style="list-style-type: none"> • Requires collaboration with the 988 Suicide and Crisis Lifeline, the National Domestic Violence Hotline, and the Veterans Crisis Line to ensure real-time, specialized referrals when appropriate • Mandates that hotline staff receive TI and culturally competence training <ul style="list-style-type: none"> ○ Training is developed in consultation with mental health experts and first responder organizations, and must address the unique needs and stressors of emergency personnel • Launches a public awareness campaign to increase visibility and accessibility of the hotline and its services for first responders and their families • Strengthens post-disaster mental health care by authorizing crisis counseling and training assistance to be extended to first responders themselves following major disasters • Directs the development of a report on best practices for deploying mobile, TI crisis support services to emergency response providers during national disasters • Authorizes \$10 million annually through FY2031 in order to sustain and implement the hotline and related services <p>https://www.congress.gov/bill/119th-congress/senate-bill/666/text</p>
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Section II: Resolutions

State/Federal	Measure #	Status	Summary of Trauma-Informed Content
New York	Assembly Resolution 396 & Senate Resolution 557 2025-K396 & 2025-J557	Adopted 3/25/25	<p>This resolution formally recognizes April 30, 2025 as Adverse Childhood Experiences Awareness Day in the state, affirming ACEs as a public health challenge and calling for increased understanding, prevention, and mitigation efforts at the community and policy levels.</p> <p>Notable elements include:</p> <ul style="list-style-type: none"> • Recognition of the lifelong impact of ACEs on individuals’ physical and mental health, educational and employment outcomes, and intergenerational transmission of trauma • Emphasis on resilience building as a critical protective factor, highlighting community roles in fostering: <ul style="list-style-type: none"> ○ Parental resilience ○ Social connections ○ Access to concrete support in times of need

			<ul style="list-style-type: none"> ○ Knowledge of parenting and child development ○ Social and emotional competencies of children ● Call for investment in primary prevention, stating that mitigating ACEs before they cause lasting harm is essential for public health, economic stability, and community well-being ● Framing of ACEs as a preventable public health issue, emphasizing the importance of systemic, trauma-informed response <p>2025-K396: https://www.nysenate.gov/legislation/bills/2025/K396 2025-J557: https://www.nysenate.gov/legislation/bills/2025/J557</p>
New York	Assembly Resolution 459 2025-K459	<u>Adopted</u> 5/8/25	<p>This resolution affirms the State Legislature's recognition of the long-term impacts of trauma and ACEs, emphasizing their connection to lifelong physical, mental, and behavioral health challenges. It acknowledges that TIC is a principle-based approach that promotes prevention, resilience, and early intervention. The resolution names the growing adoption of trauma-informed strategies across multiple state agencies, including OCFS, OMH, DOH, and OASAS, as evidence of this paradigm shift. It encourages expanded trauma-informed implementation across systems, highlighting the role of public, private, and community-based partnerships in creating safe, responsive, healing-centered environments for children, families, and communities.</p> <p>https://www.nysenate.gov/legislation/bills/2025/K459</p>
California	Assembly Concurrent Resolution 14 ACR-14	<u>Adopted</u> 2/24/25	<p>This resolution establishes January 2025 as Positive Parenting Awareness Month.</p> <p>Notably, the measure includes a powerful set of affirmations about the role of parenting and caregiving in promoting public health, child development, and intergenerational healing. The measure names parenting as “sacred work” and explicitly recognizes that children’s social, emotional, behavioral, and physical well-being is deeply shaped by the quality of early caregiving, starting prenatally.</p> <p>The resolution refers to the U.S. Surgeon General’s 2024 advisory entitled “parents Under Pressure” focusing on the mental health and well-being of parents and caregivers, highlighting that nearly half of all caregivers report being overwhelmed by stress and naming this as a public health concern. It explicitly connects parenting to both risk and resilience, and refers to the science of ACEs as well as positive childhood experiences (PCEs/PACEs). The measure states that ACEs are linked to five of the ten leading causes of death in the U.S. and affirms that positive parenting can buffer toxic stress, prevent ACEs, and increase protective factors for children and youth based on the evidence we have.</p> <p>Notably, the resolution affirms a population health approach to parenting supports, noting that families face compounded trauma from racial injustice, climate crisis, youth mental health needs, and economic</p>

			<p>insecurity. It centers the experiences of Black, Indigenous, Latiné, Asian, and other families of color, naming structural racism as a driver of inequity and calling for culturally and racially responsive parenting programs and funding.</p> <p>The resolution encourages expanded investment in early relational health, community-based parenting supports, culturally grounded interventions, and behavioral health promotion efforts that begin in the earliest stages of family formation as a preventative measure. It calls on state and local leaders to prioritize budgetary decisions that honor the important role that parenting plays and commit to caring for caregivers.</p> <p>https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR14</p>
California	<p>Assembly Concurrent Resolution 18 & Senate Concurrent Resolution 9</p> <p>ACR-18 & SCR-9</p>	<p><u>Adopted</u></p> <p>2/24/25</p>	<p>This resolution establishes January 23, 2025, as Maternal Health Awareness Day in the state.</p> <p>The measure uplifts CA’s notable progress in lowering maternal mortality through evidence-based collaborations. It also emphasizes the role of data-informed policy, perinatal quality improvement efforts, and integrated maternal mental health supports as drivers of this change.</p> <p>Importantly, the resolution identifies maternal mental health conditions as contributing factors to mortality, specifically naming postpartum depression and postpartum psychosis. The measure affirms that improved screening, treatment access, and care coordination between obstetric and psychiatric providers are essential to achieving and sustaining health gains in this realm.</p> <p>The measure also explicitly calls upon the state to give deeper attention to addressing racial and ethnic disparities, particularly the inequities experienced by Black birthing people. The resolution notes that, Despite accounting for just 5% of pregnancies, Black Californians represent 21% of pregnancy-related deaths (which equates to a mortality ratio that is three to four times higher than that of other racial groups).</p> <p>The resolution calls for additional supports, culturally-responsive public awareness, and tailored interventions for communities disproportionately impacted by structural racism and historical neglect.</p> <p>The resolution also calls for ongoing screening for substance use, ACEs, intimate partner violence, and infectious disease, embedding a broader trauma-informed lens into prenatal and postpartum care efforts.</p> <p>ACR-18: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR18</p>

			SCR-9: https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SCR9
California	Senate Resolution 10 SR-10	<u>Adopted</u> 5/16/25	This resolution would designate May 2025 as Foster Youth Awareness Month and affirms the state's commitment to supporting children and young people in the foster system, whom the resolution acknowledges experience significant adversity and trauma. The resolution explicitly calls for TIC, speaks to disproportionalities and systemic racism in systems that are theoretically established to support children and families, and commits to building a behavioral health system responsive to family separation and youth trauma. The measure highlights disparities in educational, health, and housing outcomes, and calls for improved services, permanency efforts, and systemic transformation. https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SR10
Colorado	Senate Joint Resolution 7	<u>Adopted</u> 2/19/25	This resolution establishes February 14, 2025 as "Colorado Read to Your Child Day." It emphasizes the foundational impact of reading aloud to children from birth through age five, citing 30+ years of research connecting early exposure to reading to significant improvements in vocabulary, comprehension, brain development, and kindergarten readiness. The resolution also highlights the connection between early literacy and later success in school, health, and economic stability, noting that children who struggle with literacy in early grades are less likely to catch up academically and more likely to face long-term adverse outcomes. It also draws attention to the importance of nurturing caregiver-child bonds formed through reading aloud, notably acknowledging that these relationships foster safety, emotional wellbeing, and can help mitigate the negative effects of ACEs. In alignment with a TI approach, the resolution makes a strong emphasis on early relational health, caregiver bonding, and buffering stress through positive adult-child interactions and experiences. There is also a recognition of how early literacy and nurturing environments are protective factors that can mitigate the impacts of ACEs. The bill also notably takes on a focus on a public health lens by centering prevention and early intervention efforts to promote developmental and lifelong resilience outcomes. https://leg.colorado.gov/bills/sjr25-007
Delaware	House Concurrent Resolution 27 HCR 27	<u>Adopted</u> 4/9/25	This resolution recognizes April 6 - 12, 2025 as "Crime Victims' Rights Week" in the state, in coordination with National Crime Victims' Rights Week. The resolution emphasizes the importance of acknowledging and protecting the rights of people who are harmed by crime across all identities and communities. It highlights the significance of trauma-informed, culturally-responsive, and accessible services to support healing, dignity, and access to justice.

			<p>The resolution affirms that honoring crime victims' rights, including the rights to be heard as well as to be treated with fairness, dignity, and respect, is central to rebuilding trust in the legal system and promoting resilient, thriving communities.</p> <p>It also stresses the value of engaging broader sectors, such as healthcare, faith-based organizations, educators, and businesses, to expand support networks and reduce barriers for historically underserved populations.</p> <p>https://legis.delaware.gov/BillDetail?LegislationId=142063</p>
Georgia	House Resolution 117 HR 117	Pending (Second Readers, 2/4/25)	<p>This measure acknowledges systemic inequity as a public health crisis in the state, with a particular emphasis on its disproportionate impact on BIPOC communities. It highlights the historic and ongoing structural barriers that have contributed to racial and ethnic health disparities, including higher rates of chronic conditions, mental health challenges, and exposure to violence.</p> <p>Notably, the resolution identifies trauma associated with systemic inequities as both a public health and mental health concern, noting that these conditions accumulate across generations and that they are tied to emotional well-being, social connection, and long-term health outcomes.</p> <p>The resolution recognizes the arts broadly as well as art therapy as an effective, culturally-responsive, trauma-informed intervention that fosters resilience, promotes emotional regulation, and addresses symptoms related to PTSD among BIPOC individuals and communities. The resolution urges the incorporation of arts-based solutions into public health policies and programs designed to address racial and systemic disparities. It advocates for funding to support community arts initiatives and art therapy programs in schools, healthcare settings, and organizations serving marginalized communities.</p> <p>https://www.legis.ga.gov/legislation/69732</p>
Georgia	House Resolution 319 HR319	<u>Adopted</u> 2/19/25	<p>This measure recognizes February 19, 2025, as “Reach Out and Read Day” in the state, celebrating the role of early literacy in promoting healthy childhood development.</p> <p>The resolution goes on to describe how Reach Out and Read is an evidence-based early literacy intervention program that has grown considerably in implementing its model, through which pediatric providers incorporate literacy promotion into pediatric care by prescribing daily reading aloud during wellness visits and providing developmentally and linguistically-appropriate books to families.</p> <p>The resolution uplifts that children participating in Reach Out and Read demonstrate a six-month</p>

			<p>developmental edge upon entering kindergarten compared to non-participating peers, supporting strong school readiness. The measure affirms that the program is endorsed by the American Academy of Pediatrics and is supported by an extensive research base confirming its efficacy.</p> <p>Notably, the resolution highlights that positive emotional bonding fostered through shared reading practices helps mitigate the damaging effects of ACEs, positioning early literacy promotion as a resilience-building, trauma-responsive public health strategy. Reach Out and Read sites also report improved compliance with well-child visits during critical early years, further reinforcing preventive public health outcomes.</p> <p>https://www.legis.ga.gov/legislation/70545</p>
Hawaii	<p>House Concurrent Resolution 139, House Resolution 133, Senate Concurrent Resolution 73, & Senate Resolution 56</p> <p>HCR 139, HR133, SCR73, & SR56</p>	<p><u>Adopted</u> 2/19/25</p>	<p>These resolutions collectively request the Office of Wellness and Resilience (OWR) to develop a comprehensive report addressing the unique developmental, social-emotional, and educational needs of children born between 2018 and 2025, whose earliest years were shaped by COVID-19 and syndemic-related crises. Notably, the resolution acknowledges that children from economically disadvantaged, minority, rural, and Native Hawaiian communities were disproportionately impacted by the pandemic and climate disasters and calls for culturally-responsive, trauma-informed measures to address inequities.</p> <p>The legislature acknowledges the profound, layered impacts of pandemic-era disruptions ranging from social isolation and learning loss to toxic stress and economic instability on young children, their families, and the broader care and education workforce. Recognizing these cascading effects, the resolutions call for a trauma-informed, culturally-grounded approach to healing and resilience-building.</p> <p>The requested report must include:</p> <ul style="list-style-type: none"> • Research and trauma-informed practices identifying the nature and impact of early childhood trauma, and strategies to resist re-traumatization • Culturally-grounded and evidence-based recommendations to support children’s transitions into middle school, high school, and adulthood • An outline of existing programs and services addressing pandemic-related social and emotional learning loss • An analysis of services available to children and families impacted by the 2023 Maui wildfires • Information on supports for educators and frontline workers experiencing secondary traumatic stress • Recommendations to strengthen frontline workforce resilience and self-care efforts

			<p>HCR139: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HCR&billnumber=139&year=2025</p> <p>HR133: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HR&billnumber=133&year=2025</p> <p>SCR73: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&billnumber=73&year=20</p> <p>SR56: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&billnumber=56&year=2025</p>
Hawaii	Senate Concurrent Resolution 135 & Senate Resolution 114 SCR135 & SR114	<u>Adopted</u> 4/3/25	<p>These companion resolutions urge all state departments to partner with the Office of Wellness and Resilience (OWR) to establish secure, appropriate data-sharing agreements in order to break down data silos across state agencies to better understand and address community needs through a trauma-informed, evidence-based lens.</p> <p>The measure highlights</p> <ul style="list-style-type: none"> • The purpose of OWR to improve wellness and resilience through trauma-informed strategies • The launch of the state’s Quality of Life and Well-Being Dashboard in December 2024, fulfilling a mandate to track social determinants of health • The challenge that siloed, department-specific datasets pose for cross-sector analysis • The critical role of shared, de-identified, and aggregated data in developing effective programs that address community needs • The emphasis on privacy protections, strict data governance, and maintaining individual confidentiality <p>SCR135: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&billnumber=135&year=2025</p> <p>SR114: https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&billnumber=114&year=2025</p>
Montana	Senate Joint Resolution 49	<u>Adopted</u> 5/6/25	<p>This joint resolution establishes a legislative directive for a comprehensive interim study of Montana’s youth- and family-serving behavioral health prevention systems. Recognizing growing system complexity, unsustainable funding trajectories, and a lack of coordinated oversight, the resolution calls for a statewide review to inform a strategic prevention infrastructure grounded in equity, accessibility, and data-driven decision-making.</p> <p>The resolution highlights the fragmented nature of existing services and funding, as well as the unmet</p>

			<p>need for a unified, trauma-informed, and community-rooted prevention strategy. It positions early intervention as a critical alternative to downstream system contact, emphasizing prevention as both a public health and social justice imperative.</p> <p>Key mandates for the study include:</p> <ul style="list-style-type: none"> • Conducting a statewide inventory of all youth-serving primary prevention programs across school-based, health-based, community, tribal, and faith-based settings • Mapping the prevention workforce, including education, behavioral health, child welfare, mentoring, and healthcare providers • Evaluating the coordination, efficiency, and equity of current prevention funding streams, including state, federal, local, and private sources • Assessing the effectiveness and reach of evidence-based, culturally responsive prevention practices that address mental health, substance use, and ACEs • Identifying duplicative services, critical gaps, and missed alignment opportunities in prevention delivery • Reviewing national models for integrated prevention infrastructure and analyzing their potential adaptation for the state • Generating recommendations for a unified statewide strategic plan, complete with estimated costs, implementation timelines, oversight mechanisms, and accountability infrastructure <p>The study is required to utilize a range of public health and behavioral data, including the Youth Risk Behavior Survey, ACEs data, and the Prevention Needs Assessment, and to include both state and tribal governments, educational institutions, public health departments, community-based organizations, and faith-based stakeholders.</p> <p>This measure reflects a shift toward intentional statewide planning that centers prevention as a cornerstone of wellbeing. While not prescriptive in service delivery, the resolution advances a systems-level trauma-informed orientation, prioritizing upstream investment, interagency coordination, culturally responsive design, and sustainable infrastructure to improve long-term outcomes for youth and families.</p> <p>https://bills.legmt.gov/#/laws/bill/2/LC2098?open_tab=sum</p>
New Jersey	Assembly Joint Resolution 183 &	Pending (Passed in Senate, 5/13/24;	<p>This joint resolution would permanently designate the month of May as Children’s Mental Health and Trauma Awareness Month in the state.</p> <p>The resolution makes many notable acknowledgments, including:</p>

	Senate Joint Resolution 67 AJR183 & SJR67	Assembly Children, Families and Food Security Committee Com., 5/13/24)	<ul style="list-style-type: none"> • The critical importance of mental health to children’s development • The impact of emotional disturbances and mental health challenges on children’s functioning • ACEs as a major factor affecting long-term health and wellbeing • The effects of toxic stress on brain development • The need for enhanced public education, stigma reduction, and improved access to pediatric mental health care <p>By annually observing Children’s Mental Health and Trauma Awareness Month, the state aims to foster greater public understanding of the connection between childhood trauma and mental health outcomes, support trauma-responsive strategies across systems and sectors, as well as promote positive mental health for children as a foundation for overall health and wellbeing.</p> <p>AJR183: https://www.njleg.state.nj.us/bill-search/2024/AJR183 SJR67: https://www.njleg.state.nj.us/bill-search/2024/SJR67</p>
New Mexico	House Memorial 61 HM 61	<u>Adopted</u> 3/22/25	<p>This measure requests that the Children, Youth and Families Dept. study and implement strategies for using autobiographical storytelling as a trauma-informed support for children, particularly those in the foster system.</p> <p>Key requests made by the memorial include:</p> <ul style="list-style-type: none"> • Collaborating with speech-language pathologists and trauma-informed behavioral and mental health providers to deliver language development training for families and caseworkers • Acknowledging the healing potential of narrative therapy-based practices and culturally-rooted storytelling traditions as essential supports across diverse communities • Assisting children in foster care in developing autobiographical narratives as a way to support emotional healing and strengthen coherent language skills • Designing concrete, forward-focused activities with caregivers that build connection • Providing strategies for families to manage potential emergence of traumatic memories • Centering trauma-informed practices in all efforts to foster healing, voice, and resilience <p>This measure is aligned with House Bill 534, which proposes a binding mandate to implement this framework statewide.</p> <p>https://www.nmlegis.gov/Legislation/Legislation?chamber=H&legtype=M&legno=61&year=25</p>
New Mexico	Senate Memorial	Pending	This measure calls for collaborative, proactive steps among the United States, the state of New Mexico, and Native American tribes to protect children, women, and all survivors of sexual violence, and to

	10 SM 10	(Rules Com./Indian, Rural and Cultural Affairs Com., 2/18/25)	<p>ensure that perpetrators are held accountable.</p> <p>Key elements acknowledged in the memorial include:</p> <ul style="list-style-type: none"> • The widespread prevalence of sexual violence, with particular emphasis on the intergenerational and disproportionate burden borne by Native American communities and children • The lasting trauma and adverse effects on survivors’ health, wellbeing, and life outcomes • The underreporting of sexual assault, especially among child and youth survivors, and the need to dismantle barriers to disclosure • The role of ACEs and violence in shaping life trajectories, health risks, and early mortality • The need for more resources, systemic accountability, and reform of statutes of limitations that currently disadvantage survivors <p>https://www.nmlegis.gov/Legislation/Legislation?chamber=S&legtype=M&legno=10&year=25</p>
Pennsylvania	Senate Resolution 31 SR31	Pending (Rules & Executive Nominations Com., 3/6/25)	<p>This resolution formally recognizes the week of January 22 through 26, 2025, as “Gun Violence Survivors Week” in PA.</p> <p>The resolution explicitly acknowledges the far-reaching impacts of gun violence on survivors, noting that:</p> <ul style="list-style-type: none"> • 9 out of 10 survivors report experiencing trauma from the incident • Among those exposed to gun violence within the past year, more than half reported trauma affecting their well-being and ability to function • 2/3 of survivors are identified as needing mental health services, therapy, and support, while nearly half require crime victim legal assistance • Needs for medical care, rehabilitation, surgical equipment, home health services, and funeral expenses are substantial • 59% of American adults have been impacted by gun violence in their lifetime, including 3 million children are affected annually <p>Importantly, the language draws a direct link between the experience of gun violence and ongoing trauma, health inequities, and systemic barriers to recovery. The bill’s text emphasizes the critical need for mental health resources, support systems, and financial and legal assistance.</p> <p>https://www.palegis.us/legislation/bills/2025/sr31</p>
Rhode Island	House Resolution 6193	Adopted 4/8/25	<p>This resolution proclaims April 2025 as “Crime Victims Awareness Month” and reaffirms the state’s commitment to supporting victims and survivors of crime.</p>

			<p>The resolution names the significant impact of crime, the barriers survivors face when navigating the criminal justice system, and the critical importance of survivor-centered approaches, along with other key themes including:</p> <ul style="list-style-type: none"> • Recognition that progress in improving the treatment of crime victims has been driven by survivor advocacy and lived experience leadership • Affirmation that honoring the rights of victims is essential for rebuilding trust in social systems • Acknowledgment of the importance of identifying and reaching all victims, particularly those from historically underserved and marginalized communities • A call to ensure that accessible, appropriate, and trauma-informed services are available for all survivors and their families • Recognition of the essential role of community members, victim service providers, and criminal justice professionals in promoting healing and justice <p>https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H6193.pdf</p>
Washington, DC	Council Resolution 260108 PR26-0108	Pending (Notice of Hearing, 4/22/25)	<p>This measure expresses the Council’s formal position urging the mayor to improve DC’s response to behavioral health crises, prioritizing TIC and community-based stabilization options, championing culturally- and linguistically- competent services, and endorsing minimizing law enforcement involvement.</p> <p>Recognizing that behavioral health emergencies have historically been met with police response rather than therapeutic intervention, this measure identifies systemic gaps in call diversion, mobile crisis response, and crisis stabilization infrastructure based on the present structures, calling for a full-scale shift to a “behavioral health-first” model grounded in the principles of a TI approach, anchoring SAMHSA’s framework for a comprehensive crisis system: “someone to talk to, someone to respond, and somewhere to go.”</p> <p>More specifically, key recommendations include:</p> <ul style="list-style-type: none"> • Strengthening crisis call centers (988 and the Access Helpline) to ensure 90% of diverted calls are answered within 15 - 20 seconds • Ensuring warm handoffs and follow-up after crisis calls • Expanding and resourcing mobile crisis teams to respond within 5 - 9 minutes, paralleling fire and emergency medical service response standards • Investing in crisis stabilization beds, observation units, and respite centers as alternatives to hospitalization or incarceration • Implementing a behavioral health crisis response registry so individuals can specify preferred

			<p>responses to crises</p> <p>Notably, the measure frames behavioral health crisis response as a public health and human rights issue, not a law enforcement issue, and advances a vision for system transformation that centers trauma awareness, relational healing, and equitable access.</p> <p>Also noteworthy is how a TI approach is emphasized in the provision of services as well as in the very design of the system, recognizing that every point of contact during a behavioral health crisis must promote safety, choice, and healing rather than perpetuate fear, coercion, or re-traumatization.</p> <p>https://lims.dccouncil.gov/Legislation/PR26-0108</p>
Federal	House Resolution 284 H.Res.284	Pending (Education & Workforce Com., 4/1/25)	<p>This resolution expresses the House of Representatives’ support for the goals and ideals of National Child Abuse Prevention Month, lifting up the importance of preventing child abuse and ACEs as foundational to building a healthy and thriving society.</p> <p>Notably, the measure:</p> <ul style="list-style-type: none"> • Acknowledges the connection between ACEs and major causes of death, emphasizing that ACEs are not isolated events but foundational public health concerns • Uplifts the role of positive childhood experiences (PACEs/PCEs), explicitly stating that fostering positive environments and nurturing relationships is key to helping every child realize their full potential • Emphasizes the lasting impacts of early trauma on physical and mental health • Recognizes the lifelong consequences of child sexual abuse, including physical and mental health challenges, increased risk of substance use, and suicide without access to appropriate healing services • Highlights the importance of education and awareness around the signs of child abuse as critical components of prevention efforts • Elevates the role of evidence-based programs in providing family supports that reduce recurrence of abuse, promote resilience, and improve outcomes like school readiness and high school graduation • Calls for increased investments and federal legislative efforts to advance prevention, healing, and justice for survivors of childhood abuse and sexual abuse <p>https://www.congress.gov/bill/119th-congress/house-resolution/284/text</p>