



## Trauma-Informed State and Federal Legislative Proposals: Progress in 2025

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Last updated December 31, 2025

### 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 2025.

#### **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 currently pending for any reason are noted as such (e.g., “Became Law,” “Died in Committee”)
  - **“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 measure’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
<p>New York</p> <p><i>(Scheduled Legislative Session: 1/8/25 - 6/12/25, with carryover to 2026)</i></p>	<p>Assembly Bill 296 &amp; Senate Bill 3909</p> <p>A296 &amp; S3909</p>	<p>Pending – carryover to 2026</p> <p>(Assembly Codes Com., 1/8/25; Senate Codes Com., 5/22/25)</p>	<p>This measure advances a survivor-centered, trauma-informed approach to intimate partner violence response by extending statutes of limitation for family offense prosecutions, allowing felony family offenses to be brought within 10 years and misdemeanor family offenses within 5 years, and strengthening required law enforcement training and protocols.</p> <p>Key provisions require trauma-informed survivor interviews, privacy protections during reporting, language access and translation, and culturally-sensitive engagement.</p> <p>The bill also mandates “comprehensive survivor-centered, trauma-informed” training for new and veteran officers that addresses:</p> <ul style="list-style-type: none"> <li>• Coercive control</li> <li>• Technological and economic abuse</li> <li>• Heightened post-intervention risk</li> <li>• Firearm safety</li> <li>• Connections to community-based resources</li> <li>• Documentation standards for capturing the complete history of the parties’ abusive tactics and coercive control behaviors</li> <li>• Increased risk of harm to survivors and children following police intervention</li> <li>• Disproportionalities across system-involvement</li> <li>• “The culturally-specific ways domestic violence can be perpetrated and the need for law enforcement to consider the cultural background and unique issues facing parties when investigating and responding to incidents involving family offenses”</li> </ul> <p>The bill also requires written investigative and intervention policies, developed in consultation with the New York State Coalition Against Domestic Violence, that incorporate historical and current context on racialized violence and incarceration, prioritize victim protection, and standardize trauma-informed response practices across agencies.</p>

			<p>It further specifies that trauma-informed survivor interviews must occur outside the presence of alleged perpetrators and with appropriate sound barriers to prevent being overheard, strengthening both psychological safety and confidentiality during reporting.</p> <p>Notably, the bill explicitly recognizes factors shape survivors' help-seeking decisions including:</p> <ul style="list-style-type: none"> <li>• Fear of reprisal</li> <li>• Fear of eviction</li> <li>• Fear of arrest</li> <li>• Fear of losing custody of their children</li> <li>• Embarrassment</li> <li>• Immigration status</li> <li>• Distrust in government systems related to structural racism and inequity</li> </ul> <p>A296: <a href="https://www.nysenate.gov/legislation/bills/2025/A296">https://www.nysenate.gov/legislation/bills/2025/A296</a>  S3909: <a href="https://www.nysenate.gov/legislation/bills/2025/S3909">https://www.nysenate.gov/legislation/bills/2025/S3909</a></p>
New York	Assembly Bill 719  A719	Pending – Carryover to 2026  (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"> <li>• Declaring the prevention and mitigation of ACEs to be a matter of public concern</li> <li>• Directing the state and its subdivisions to take responsibility for addressing ACEs, with flexibility for the Legislature to determine the appropriate strategies and means</li> <li>• Elevating the issue of ACEs to state constitutional status</li> </ul> <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</p>

			of the government.  <a href="https://www.nysenate.gov/legislation/bills/2025/A719">https://www.nysenate.gov/legislation/bills/2025/A719</a>
New York	Assembly Bill 1242b  A1242b	Pending – Carryover to 2026  (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:</p> <ul style="list-style-type: none"> <li>• A charge to study multiple types of trauma, specifically naming: <ul style="list-style-type: none"> <li>○ Community violence</li> <li>○ Systemic racism and discrimination</li> <li>○ Climate-related trauma</li> <li>○ Technological trauma (including cyberbullying and online harassment)</li> <li>○ Intergenerational trauma (such as that resulting from war, genocide, or other mass traumas)</li> <li>○ Complex trauma (repeated, prolonged trauma)</li> </ul> </li> <li>• A directive to engage major systems in the development of trauma-informed policies and practices aimed at preventing ACEs and promoting whole-family wellbeing</li> <li>• 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 among children</li> <li>• Acknowledgment that a cross-systems, collaborative lens is critical for preventing trauma and mitigating its long-term impacts</li> <li>• A mandate for public engagement as the task force is required to accept public comment, recognizing the importance of including community voices and lived experiences in shaping recommendations</li> </ul> <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. The progression from the A to B version captures this addition of nuance.</p> <p><a href="https://www.nysenate.gov/legislation/bills/2025/A1242/amendment/B">https://www.nysenate.gov/legislation/bills/2025/A1242/amendment/B</a></p>
New York	<p>Assembly Bill 1544 &amp; Senate Bill S2498</p> <p>A1544 &amp; S2498</p>	<p>Pending – carryover to 2026</p> <p>(Assembly Education Com., 1/10/25; Senate, Assembly Education Com., 6/6/25)</p>	<p>This measure would reduce the number of required lock-down drills in schools, allow parents to opt their children out of such drills, and require that the drills that do take place be designed and carried out through a “trauma-informed, developmentally- and age-appropriate” approach.</p> <p>The bill:</p> <ul style="list-style-type: none"> <li>• Reduces the required number of lock-down drills as well as the total number of annual drills overall</li> <li>• Requires parents and guardians receive at least 7 days’ advance notice before a lock-down drill occurs, with the ability to opt out</li> <li>• Requires an announcement at the time of the drill that the activities are a drill</li> <li>• Prohibits the use of props, actors, simulations, or other tactics intended to mimic an incident of violence or other emergency</li> <li>• Requires schools to incorporate strategies and techniques to accommodate students who may need extra support during drills, on an individualized basis</li> <li>• Requires guidance for staff on conducting drills across different classroom contexts and on what should be communicated to students before, during, and after drills, with advance notice to school personnel about timing and expected length</li> </ul> <p>A1544: <a href="https://www.nysenate.gov/legislation/bills/2025/A1544">https://www.nysenate.gov/legislation/bills/2025/A1544</a>  S2498: <a href="https://www.nysenate.gov/legislation/bills/2025/S2498">https://www.nysenate.gov/legislation/bills/2025/S2498</a></p>

New York	Assembly Bill 1842 & Senate Bill 3783  A1842 & S3783	Pending – Carryover to 2026  (Assembly Education Com., 1/14/25; Senate Recommitted and enacting clause stricken, 5/27/25)	<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"> <li>• 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"> <li>○ Understanding and recognizing signs and symptoms of mental and behavioral health challenges</li> <li>○ TIC principles, intervention, and practices</li> <li>○ Safe de-escalation of crisis situations</li> <li>○ The impact of ACEs and the principles of social-emotional learning</li> <li>○ Best practices for “improving the overall learning environment”</li> </ul> </li> <li>• The use of evidence-based training programs, such as Mental Health First Aid</li> <li>• Formal integration of mental health and trauma-informed content into the required 10 hours of continuing education for teachers</li> </ul> <p>In the Senate, in May 2025, the sponsor withdrew support along with a batch of other bills they sponsored.</p> <p>A1842: <a href="https://www.nysenate.gov/legislation/bills/2025/A1842">https://www.nysenate.gov/legislation/bills/2025/A1842</a> S3783: <a href="https://www.nysenate.gov/legislation/bills/2025/S3783">https://www.nysenate.gov/legislation/bills/2025/S3783</a></p>
New York	Assembly Bill 1956  A1956	Pending – Carryover to 2026  (Corrections Com., 1/14/25)	<p>“Shawanna’s Law” – this measure amends the correction law to require mental health re-entry services for incarcerated people, explicitly recognizing and responding to mental health issues related to the trauma of incarceration through required screening, clinically delivered intervention, staff training, and reporting/accountability requirements.</p> <p>Key elements include:</p>

			<ul style="list-style-type: none"> <li>• Requires mental health re-entry services to be included in each person’s transitional accountability plan, beginning in the first week upon admission to a correctional facility</li> <li>• Specifies services must be provided by licensed clinicians in state positions who specialize in trauma and utilize culturally-sensitive techniques</li> <li>• Requires: <ul style="list-style-type: none"> <li>○ Behavioral health screening/assessment</li> <li>○ Mental health and trauma screenings within 60 days</li> <li>○ Clinical intervention for mental health issues related to the trauma of incarceration</li> <li>○ Trauma-oriented therapy when indicated</li> <li>○ Transfer within 7 days if a facility cannot provide proper mental health re-entry services</li> </ul> </li> </ul> <p>The bill also tasks DOCCS to develop training for all personnel on basic competencies in mental health impacts and trauma that arise as a result of incarceration.</p> <p>Notably, in addition to an annual report on the number screened and receiving intervention along with the types of services being provided, the bill requires a special report by EOY 2026 that assesses for the implementation of SAMHSA guidance for a TI approach to mental health across facilities and settings.</p> <p><a href="https://legislation.nysenate.gov/pdf/bills/2025/A1956">https://legislation.nysenate.gov/pdf/bills/2025/A1956</a></p>
New York	Assembly Bill 4617 & Senate Bill 3670  A4617 & S3670	Pending – carryover to 2026  (Assembly Mental Health Com., 2/4/25; Senate Finance Com., 3/5/25)	<p>This measure establishes a statewide framework for public health–based emergency and crisis response for people experiencing mental health, substance use, or alcohol-related crises, grounded in trauma-informed care principles.</p> <p>The legislation requires the development of regional emergency and crisis services plans that prioritize de-escalation, voluntary engagement, and harm reduction, with crisis response delivered by trained, non-police teams composed of peers with lived experience and independent emergency medical technicians.</p> <p>Notably, crisis response systems must operate 24/7 and utilize culturally-competent, trauma-informed, and peer-led training.</p>

			<p>The bill embeds trauma-informed care through explicit statutory requirements, including:</p> <ul style="list-style-type: none"> <li>• Minimizing nonconsensual treatment, transport, and use of force</li> <li>• Maximizing voluntary assessment and referral</li> <li>• Reducing unnecessary criminal legal system involvement during behavioral health crises</li> <li>• Ensuring access to appropriate, timely care</li> </ul> <p>The measure also establishes robust planning, oversight, evaluation, and public reporting mechanisms, including outcome tracking related to safety, service utilization, diversion from emergency departments and incarceration, and equity of access across historically-underserved communities.</p> <p>A4617: <a href="https://www.nysenate.gov/legislation/bills/2025/A4617">https://www.nysenate.gov/legislation/bills/2025/A4617</a></p> <p>S3670: <a href="https://www.nysenate.gov/legislation/bills/2025/S3670">https://www.nysenate.gov/legislation/bills/2025/S3670</a></p>
New York	<p>Assembly Bill 5275</p> <p>A5275</p>	<p>Pending – Carryover to 2026</p> <p>(Health Com., 2/12/25)</p>	<p>This measure concerns health home and primary care providers serving Medicaid enrollees with chronic conditions administering the ACE-IQ instrument as part of health risk assessments.</p> <p>Key provisions of the bill include:</p> <ul style="list-style-type: none"> <li>• Making reimbursement for primary care providers contingent upon the use of the ACE-IQ for patients who use Medicaid</li> <li>• Directing the Commissioner of Health to submit a report with recommendations on: <ul style="list-style-type: none"> <li>○ How trauma-informed care practices could be more widely integrated into health care statewide</li> <li>○ How the ACE Questionnaire and other preventive services could be expanded across the state</li> </ul> </li> <li>• Establishing standards for care coordination that include comprehensive prevention, secure access to personal health information, and collaboration among providers</li> </ul> <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-</p>

			<p>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 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><a href="https://www.nysenate.gov/legislation/bills/2025/A5275">https://www.nysenate.gov/legislation/bills/2025/A5275</a></p>
New York	<p>Assembly Bill 6649a &amp; Senate Bill 6896a</p> <p>A6649a &amp; S6896a</p>	<p>Pending – Carryover to 2026</p> <p>(Assembly Correction Com., 6/9/25; Senate Finance Com. 6/9/25)</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"> <li>• Mandatory PTSD screening for all individuals upon intake to a correctional facility and annually throughout incarceration, conducted by licensed mental health professionals trained in TIC</li> <li>• Required trauma-informed education programs for incarcerated individuals, covering: <ul style="list-style-type: none"> <li>○ Understanding PTSD and its symptoms</li> <li>○ Coping strategies for managing PTSD</li> <li>○ The impact of trauma on mental and physical health</li> <li>○ Available resources for ongoing support</li> </ul> </li> <li>• Integration of trauma-informed rehabilitation programs into correctional education and vocational training, including evidence-based therapies such as: <ul style="list-style-type: none"> <li>○ Cognitive Behavioral Therapy</li> <li>○ Mindfulness-Based Stress Reduction</li> <li>○ Peer support groups</li> <li>○ Programs tailored to veterans, survivors of violence, and other vulnerable populations</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>Annual trauma-informed training for correctional officers, administrators, and facility-based mental health staff, focusing on: <ul style="list-style-type: none"> <li>Recognizing PTSD symptoms</li> <li>De-escalation and trauma-responsive crisis intervention</li> <li>Proper referral pathways for mental health treatment</li> <li>Data collection and reporting requirements</li> </ul> </li> </ul> <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>Compared with the original version of the bill, the A version tightens and clarifies implementation requirements by specifying frequency for PTSD screening (annually vs. “periodically”), adds an explicit opt-out process for screening that requires written information and documentation of declination, and strengthens access to treatment by requiring appropriate treatment based on severity, symptoms, and causes and authorizing contracting to provide PTSD treatment.</p> <p>A6649: <a href="https://www.nysenate.gov/legislation/bills/2025/">https://www.nysenate.gov/legislation/bills/2025/</a>  S6986: <a href="https://www.nysenate.gov/legislation/bills/2025/S6896">https://www.nysenate.gov/legislation/bills/2025/S6896</a></p>
New York	Assembly Bill 6667  A6667	Pending – Carryover to 2026  (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 people who have had particular qualifying traumatic experiences.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> <li>Eligibility criteria for services include: <ul style="list-style-type: none"> <li>Survivors of violent crime, including people who have suffered gunshot wounds</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Survivors of sexual assault, domestic violence, human trafficking, and hate crimes</li> <li>○ Individuals who have had a family member assaulted or killed</li> <li>● Establishment of five regional centers, ensuring geographic distribution across the state to promote equitable access</li> <li>● Comprehensive services provided free of charge, including: <ul style="list-style-type: none"> <li>○ Clinical case management using trauma-informed approaches</li> <li>○ Evidence-based individual, group, and family psychotherapy</li> <li>○ Crisis intervention services</li> <li>○ Medication management</li> <li>○ Legal advocacy and assistance with police reports and access to victim compensation funds</li> <li>○ Relocation support for individuals facing ongoing safety threats</li> <li>○ Transportation assistance for medical appointments, court dates, and related events</li> </ul> </li> <li>● Community education component, requiring centers to collaborate with community partners to promote local trauma-informed awareness and education</li> </ul> <p><a href="https://www.nysenate.gov/legislation/bills/2025/A6667">https://www.nysenate.gov/legislation/bills/2025/A6667</a></p>
New York	Assembly Bill 7285A & Senate Bill 5407A  A4617 & S5407A	Pending – carryover to 2026  (Assembly Mental Health Com., 5/29/25; Senate Mental Health Com., 6/4/25)	<p>This measure would establish a statewide grant program to support peer-to-peer mental health programs for first responders, explicitly grounded in evidence-based, trauma-informed training and support.</p> <p>The program is designed to respond to cumulative occupational exposure by strengthening early access to support, prevention, and connection to care.</p> <p>Grant funding would help eligible entities provide initial and ongoing “evidence-based, trauma-informed” training for first responder peer volunteers on:</p> <ul style="list-style-type: none"> <li>● The effects of trauma and repetitive exposure</li> <li>● Trauma signs and symptoms</li> <li>● Triggers of a traumatic event</li> <li>● Coping strategies</li> <li>● Suicide and self-harm prevention</li> <li>● Available tools, resources, and local mental health services</li> <li>● General mental health literacy</li> </ul>

			<ul style="list-style-type: none"> <li>• Science of addiction and recovery</li> <li>• Resilience of the first responder</li> </ul> <p>The bill embeds trauma-informed safeguards by requiring confidentiality, limiting data collection, and prohibiting the reporting of personally identifying information to the state, employers, or organizations, with narrow exceptions for imminent danger and mandated reporting, while also requiring annual aggregate reporting focused on program activities and reach, without individual identifiers, supporting accountability without surveillance.</p> <p>A7285A: <a href="https://www.nysenate.gov/legislation/bills/2025/A7285/amendment/A">https://www.nysenate.gov/legislation/bills/2025/A7285/amendment/A</a>  S5407A: <a href="https://www.nysenate.gov/legislation/bills/2025/S5407/amendment/A">https://www.nysenate.gov/legislation/bills/2025/S5407/amendment/A</a></p>
New York	Assembly Bill 7453 & Senate Bill 3983  A7453 & S3983	Pending – Carryover to 2026  (Assembly Cities Com., 3/28/25; Senate Mental Health Com., 1/31/25)	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>Key provisions include:</p> <ul style="list-style-type: none"> <li>• Establishment of the TACTIC Council, a formal body composed of members appointed by legislative leaders including a pediatrician, neurologist, child psychologist, behavioral health specialist, 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</li> <li>• Creation of a Department of Child Trauma Informed Care within New York City government to: <ul style="list-style-type: none"> <li>○ Coordinate trauma-informed care initiatives</li> <li>○ Oversee school-based trauma-informed programming</li> <li>○ Assign dedicated trauma-informed care specialists at the borough and district levels</li> </ul> </li> <li>• 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"> <li>○ Understanding the impacts of trauma on student development and behavior</li> <li>○ Recognizing the signs and symptoms of trauma exposure</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Learning best practices for supporting and responding to students who are navigating trauma</li> <li>● 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</li> <li>● Monthly trauma-informed parenting workshops, led by district specialists, to equip parents and caregivers with tools to support children experiencing or recovering from trauma</li> <li>● 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"> <li>○ School engagement levels</li> <li>○ Number of students identified as experiencing trauma</li> <li>○ Teacher certification details</li> <li>○ Trauma incidents within schools</li> <li>○ Parental involvement and support activities provided</li> </ul> </li> </ul> <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: <a href="https://www.nysenate.gov/legislation/bills/2025/A7453">https://www.nysenate.gov/legislation/bills/2025/A7453</a>  S3983: <a href="https://www.nysenate.gov/legislation/bills/2025/S3983">https://www.nysenate.gov/legislation/bills/2025/S3983</a></p>
New York	Assembly Bill 8034 & Senate Bill 1025  A8034 & S1025	Pending – Carryover to 2026  (Assembly Higher Education Com., 4/22/25; Senate Education Com., 1/8/25)	<p>This bill would require that, during each five-year registration period, teachers and school leaders in the state 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"> <li>● Mandating that continuing teacher and leader education include courses, programs, and activities focused on immigrant-focused trauma-informed practices</li> <li>● Requiring a minimum of 10 hours of immigrant-focused trauma-informed education within each five-year registration cycle</li> </ul>

			<ul style="list-style-type: none"> <li>Defining “immigrant-focused trauma-informed practices” as those that “focus on the impact of trauma related to immigration status and the effect such trauma has on physical health, mental health, early childhood or adolescent development and childhood or adolescent traumatic stress”</li> </ul> <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: <a href="https://www.nysenate.gov/legislation/bills/2025/A8034">https://www.nysenate.gov/legislation/bills/2025/A8034</a>  S1025: <a href="https://www.nysenate.gov/legislation/bills/2025/S1025">https://www.nysenate.gov/legislation/bills/2025/S1025</a></p>
New York	Assembly Bill 8861  A8861	Pending – carryover to 2026  (Government Operations Com., 6/9/25)	<p>This measure would establish a Community Accompaniment and Post-Release Support Program within state law to provide grants to qualified community-based organizations serving individuals released from immigration detention.</p> <p>The program is structured to support stabilization, continuity of care, and community reintegration during a period of heightened vulnerability following detention.</p> <p>Eligible services under the program include:</p> <ul style="list-style-type: none"> <li>Case management and individualized service planning</li> <li>Temporary housing assistance and placement services</li> <li>Mental health and trauma-informed care</li> <li>Legal services related to immigration, housing, and employment</li> <li>Job training and employment placement assistance</li> <li>Access to food assistance and other essential needs</li> <li>Language access services and English language instruction</li> <li>Family reunification and community reintegration support</li> </ul> <p>To be eligible for funding, organizations must demonstrate:</p> <ul style="list-style-type: none"> <li>Experience serving immigrant communities</li> <li>Capacity to provide culturally- and linguistically-competent services</li> <li>Geographic diversity to ensure statewide access</li> <li>Demonstrated commitment to trauma-informed and gender-responsive care</li> </ul>

			<p>The bill also requires annual public reporting on program reach, service types, geographic distribution, and outcomes related to housing stability, employment, and legal case resolution, reinforcing accountability and transparency while centering post-release stabilization.</p> <p><a href="https://www.nysenate.gov/legislation/bills/2025/A8861">https://www.nysenate.gov/legislation/bills/2025/A8861</a></p>
New York	Senate Bill 4974  S4974	Pending – Carryover to 2026  (Finance Com., 2/14/25)	<p>This bill creates a Reentry Services and Treatment Fund to support voluntary, community-based services and treatment for people 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"> <li>• Creation of a dedicated Reentry Services and Treatment Fund held in the custody of the State Comptroller and Commissioner of Taxation and Finance</li> <li>• Targeted funding priorities include: <ul style="list-style-type: none"> <li>○ Voluntary, community-based services and treatment for people reentering the community after incarceration</li> <li>○ Regional distribution to ensure adequate geographic disbursement across the state</li> </ul> </li> <li>• Use of funds requirements specify that programs must be: <ul style="list-style-type: none"> <li>○ Culturally, linguistically, and gender competent</li> <li>○ Trauma-informed</li> <li>○ Evidence-based</li> <li>○ Inclusive of lived experience where appropriate</li> </ul> </li> <li>• Regional disbursement emphasis to ensure equitable geographic coverage and address gaps in services at the community level</li> <li>• Mandatory trauma-informed training for peace officers, requiring at least 10 hours annually, covering: <ul style="list-style-type: none"> <li>○ Trauma-informed care and intervention</li> <li>○ Gender-informed care</li> <li>○ Safe de-escalation techniques</li> <li>○ The impacts of ACEs and parental incarceration</li> <li>○ Behavioral health challenges and diagnoses</li> <li>○ Use of evidence-based mental health first aid practices</li> </ul> </li> </ul>

			<p>Notably, the bill appropriates \$500,000,000 to the fund, requires that fund dollars supplement and not supplant existing funding (and that baseline funding not be reduced), and requires a publicly available consolidated dashboard report on fund use and outcomes.</p> <p><a href="https://www.nysenate.gov/legislation/bills/2025/S4974">https://www.nysenate.gov/legislation/bills/2025/S4974</a></p>
<p>Alaska</p> <p><i>(Legislative Session: 1/21/25 - 5/21/25 with carryover to 2026)</i></p>	<p>House Bill 36</p> <p>HB36</p>	<p>Pending – Carryover to 2026</p> <p>(Passed in House, 3/26/25; Senate Finance Com., 5/16/25)</p>	<p>This measure expands access to behavioral and mental health services for young people aged 16+, particularly those who are unaccompanied, unhoused, or in state custody. It allows such young people to independently consent to a limited course of outpatient mental health 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><a href="https://www.akleg.gov/basis/Bill/Detail/34?Root=HB36">https://www.akleg.gov/basis/Bill/Detail/34?Root=HB36</a></p>
<p>Arizona</p> <p><i>(Legislative Session: 1/13/25 – 6/27/25)</i></p>	<p>House Bill 2320</p> <p>HB2320</p>	<p>Dead</p> <p>(Engrossed in Senate, 2/27/25; Held in Senate Rules Com., died at sine die)</p>	<p>This bill appropriates \$1,000,000 from the state’s Consumer Remediation Sub-Account of the Consumer Restitution and Remediation Revolving 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</p>

			<p>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 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><a href="https://apps.azleg.gov/BillStatus/BillOverview/82091">https://apps.azleg.gov/BillStatus/BillOverview/82091</a></p>
Arizona	Senate Bill 1315  SB1315	Dead  (Senate Second Reading, 2/3/25; no further action, died at sine die)	<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 wellbeing, 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><a href="https://apps.azleg.gov/BillStatus/BillOverview/82698">https://apps.azleg.gov/BillStatus/BillOverview/82698</a></p>
Arizona	Senate Bill 1316  SB1316	<a href="#">Became Law</a>  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 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</p>

			<p>tribal, rural, and hospital communities, among others, indicating a commitment to engaging a multidisciplinary, collaborative approach.</p> <p><a href="https://apps.azleg.gov/BillStatus/BillOverview/82699">https://apps.azleg.gov/BillStatus/BillOverview/82699</a></p>
Arizona	Senate Bill 1628  SB1628	Dead  (Senate Second Reading, 2/11/25; no further action, died at sine die)	<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 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><a href="https://apps.azleg.gov/BillStatus/BillOverview/83063">https://apps.azleg.gov/BillStatus/BillOverview/83063</a></p>
<p>Arkansas <i>(Legislative Session: 1/13/25 - 4/16/25)</i></p>	<p>House Bill 1653  HB1653</p>	<p><a href="#">Became Law</a>  4/16/25</p>	<p>This measure restructures the oversight of psychiatric residential treatment facilities (PRTFs) by shifting primary oversight of PRTFs from the Child Welfare Agency Review Board to the Dept. of Human Services (including DHS-administered standards and enforcement) while retaining the role of the applicable licensing authority for licensure actions where required. 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 compliance with federal certification requirements tied to PRTF services. The measure requires trauma-informed programming and related quality-of-care standards, including family-driven care and clinical discharge planning/continuity expectations. 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><a href="https://arkleg.state.ar.us/Bills/Detail?id=hb1653&amp;ddBienniumSession=2025%2F2025R">https://arkleg.state.ar.us/Bills/Detail?id=hb1653&amp;ddBienniumSession=2025%2F2025R</a></p>
<p>Arkansas</p>	<p>Senate Bill 320  SB320</p>	<p><a href="#">Became Law</a>  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</p>

			<p>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 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><a href="https://arkleg.state.ar.us/Bills/Detail?id=sb320&amp;ddBienniumSession=2025%2F2025R">https://arkleg.state.ar.us/Bills/Detail?id=sb320&amp;ddBienniumSession=2025%2F2025R</a></p>
Arkansas	Senate Bill 458  SB458	<a href="#"><u>Became Law</u></a>  4/22/25	<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</p>

			<p>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><a href="https://arkleg.state.ar.us/Bills/Detail?id=sb458&amp;ddBienniumSession=2025%2F2025R">https://arkleg.state.ar.us/Bills/Detail?id=sb458&amp;ddBienniumSession=2025%2F2025R</a></p>
Arkansas	Senate Bill 620  SB620	<a href="#">Became Law</a>  4/22/25	<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>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><a href="https://arkleg.state.ar.us/Bills/Detail?id=sb620&amp;ddBienniumSession=2025%2F2025R">https://arkleg.state.ar.us/Bills/Detail?id=sb620&amp;ddBienniumSession=2025%2F2025R</a></p>
California  (Legislative Session: 12/2/24 - 9/12/25, with	Assembly Bill 29  AB-29	Pending – Carryover to 2026  (Held under submission in	<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</p>

<p>carryover to 2026)</p>		<p>Assembly Appropriations Com., 5/23/25)</p>	<p>services through community health workers, as well as doulas, as qualified Medi-Cal providers eligible for reimbursement for ACEs trauma screenings. As amended, these providers must 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><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260AB29">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260AB29</a></p>
<p>California</p>	<p>Assembly Bill 319 AB-319</p>	<p>Pending – Carryover to 2026  (Held under submission in Assembly Appropriations Com., 5/23/25)</p>	<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</p>

			<p>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><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB319">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB319</a></p>
California	Assembly Bill 348  AB-348	<a href="#">Became Law</a>  10/13/25	<p>This measure strengthens the state’s Full-Service Partnerships (FSPs) with trauma-informed, whole-person provisions that expand access, reduce barriers, and clarify what counties across the state must be prepared to provide to people with complex mental and behavioral health needs who are shown to be at high risk of falling through caps in care (in particular, people who are unhoused, those who experience frequent psychiatric crises, those transitioning from carceral or other institutional settings).</p> <p>Notable TIC-aligned elements include:</p> <ul style="list-style-type: none"> <li>• Requiring FSPs to employ “whole-person approach that is trauma-informed, age-appropriate, and in partnership with families or an individual’s natural supports... provided in a coordinated manner so as to reduce any barriers to services”</li> </ul>

			<ul style="list-style-type: none"> <li>• Prohibiting denying FSP enrollment solely because a person’s primary diagnosis is a substance use disorder</li> <li>• Requiring availability of intensive, evidence-based models (e.g., Assertive Community Treatment (ACT)/Forensic ACT, Individual Placement and Support model of Supported Employment, high-fidelity wraparound services) <ul style="list-style-type: none"> <li>○ Notably, the measure allows integrating community-defined evidence practices as a legitimate, establishing this as a complement to traditional evidence-based practices, explicitly valuing culturally-anchored approaches shaped by community histories and lived experience</li> </ul> </li> <li>• Ongoing engagement services deemed as necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and nonclinical services, including services to support maintaining housing</li> </ul> <p>Notably, the bill grounds these shifts in the state’s commitments and priorities around equity, reduced disparities, and whole-person, trauma-informed care, explicitly linking improved access to fewer crises, avoidable hospital use, and preventable legal system-involvement.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202520260AB348">https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202520260AB348</a></p>
California	Assembly Bill 601  AB-601	Pending – Carryover to 2026  (Passed in Assembly, 6/2/25; held under submission in Senate Appropriations Com., 8/29/25)	<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"> <li>• Definitions of trauma, bias, neglect, and reasonable suspicion</li> <li>• The history and racialized impact of mandated reporting laws</li> <li>• Considerations for vulnerable populations</li> <li>• The effects of reporting on families</li> <li>• Resources that can be offered to families as alternatives to system involvement</li> </ul> <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</p>

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.

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.

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 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.

The bill also requires that counties provide prevention services “using a trauma-informed approach, including one informed by historical and multigenerational trauma.”

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.”

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.

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202520260AB60](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB60)

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California	Assembly Bill 772  AB-772	<a href="#">Became Law</a>  10/11/25	<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 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><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB772">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB772</a></p>
California	Assembly Bill 785  AB-785	<p>Pending – Carryover to 2026</p> <p>(Passed in Assembly, 6/2/25; held under submission in</p>	<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>

		Senate Appropriations Coms., 8/29/25)	<ul style="list-style-type: none"> <li>• Offer evidence-based, focused-deterrence strategies targeting gangs, combining outreach with supportive services to interrupt cycles of violence and gang involvement</li> <li>• 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</li> <li>• Deliver evidence-based trauma interventions for young people impacted by trauma</li> <li>• Expand diversion efforts for young people that emphasize positive development and prevent deeper involvement in the legal system</li> <li>• Support the creation and operation of school-based health centers, offering on-site access to physical, mental, and behavioral health services</li> </ul> <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"> <li>• Those who are unhoused</li> <li>• Those living in poverty</li> <li>• Those displaying symptoms of PTSD and complex trauma</li> <li>• Those from immigrant and refugee communities</li> <li>• Those with exceptional needs</li> <li>• Those who have been involved with the legal system or with child- and family-supporting systems</li> </ul> <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><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB785">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB785</a></p>
California	Assembly Bill 788  AB-788	Pending – Carryover to 2026  (Passed in Assembly,	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.

		6/3/25; held under submission in Senate Appropriations Coms., 8/29/25)	<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><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB788">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB788</a></p>
California	Assembly Bill 896  AB-896	<u><a href="#">Became Law</a></u>  10/10/25	<p>This measure strengthens 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</p>

			<p>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"> <li>• County Placement Transition Policies must be adopted and submitted to the State Department of Social Services to: <ul style="list-style-type: none"> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> <li>○ 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)</li> </ul> </li> <li>• 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</li> <li>• 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</li> </ul> <p>Child and Youth Rights are updated to explicitly include:</p> <ul style="list-style-type: none"> <li>○ The right to have transitions planned in ways that reduce trauma and consider relational, cultural, and developmental needs</li> </ul>
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California	Assembly Bill 898  AB-898	<u><a href="#">Became Law</a></u>  10/13/25	<p>This measure strengthens California’s Family Urgent Response System with a trauma-informed throughline embedded across several provisions that clarify entry, response standards, and county planning expectations, including:</p> <ul style="list-style-type: none"> <li>• Elevates the statewide hotline to the primary entry point for the Family Urgent Responses System, reinforcing a clearer front door for caregivers and current/former foster youth during moments of instability</li> <li>• Requires hotline workers to be specifically trained in de-escalation and conflict resolution tailored to supporting children and youth impacted by trauma</li> <li>• Permits the Dept. to contract with an outside entity with demonstrated experience serving trauma-impacted youth and the capacity to provide 24/7 response that includes mediation, relationship preservation, and a family-centered, developmentally-appropriate approach</li> </ul>

			<ul style="list-style-type: none"> <li>• Makes an explicit commitment to reducing re-traumatization, requiring county plans to specify how mobile response and stabilization teams will provide support in the least intrusive, most child/youth and family-friendly manner so response does not trigger further trauma</li> <li>• Sets clearer standards for county mobile response system capacity, including 24/7 availability and expectations for timely in-person response</li> <li>• Requires specialized training on mobile teams about trauma and the foster system, with an explicit emphasis on including peer partners and people with lived experience and peer partners on the response team when feasible</li> <li>• Defines a trauma-attuned scope of in-home stabilization supports, including: <ul style="list-style-type: none"> <li>○ Face-to-face in-person contact</li> <li>○ Identifying underlying causes and precursors to the situation that led to the instability</li> <li>○ Identifying what caregivers already tried</li> <li>○ Observing caregiver-child interaction</li> <li>○ Diffusing immediate escalation</li> <li>○ Coaching to preserve relationships and maintain placement when possible</li> <li>○ Supporting healthy transition planning when needed</li> </ul> </li> <li>• Builds in continuity and aftercare expectations, including linkage to trauma-informed and culturally- and linguistically-responsive supports and wellness resources, follow-up, and planning/referrals for ongoing needs</li> <li>• Requires county plans to be updated and submitted biennially, and for data from each period to be reported</li> <li>• Allows flexible use of mobile team staff based on local needs when not responding to hotline calls, while requiring prioritization of hotline calls for urgent responses and maintaining sufficient staffing to remain compliant (including use for outreach/education and ongoing support after an initial mobile response, among other uses)</li> </ul> <p><a href="https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202520260AB898">https://leginfo.legislature.ca.gov/faces/billHistoryClient.xhtml?bill_id=202520260AB898</a></p>
California	Assembly Bill 1201	Pending – Carryover to 2026	“ReUNITY Act” - This bill establishes a pilot program administered by the Dept. of Health Care Services (DHCS) that creates voluntary, community-based reentry

	<p>AB-1201</p>	<p>(Passed in Assembly, 6/3/25; Senate Coms. On Human Services and Judiciary, hearing canceled at the request of the author, 7/1/25)</p>	<p>supports for people with behavioral health needs who are at risk of recidivism following incarceration.</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"> <li>• With a history of significant behavioral health needs (including serious mental health or substance use challenges)</li> <li>• Who are at high risk of recidivism or harm post-release</li> <li>• Who agree to voluntarily engage in the program</li> </ul> <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"> <li>• 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”</li> </ul>
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California	Senate Bill 119  SB-119	<u>Became Law</u>  7/29/25	<p>This measure advances a set of prevention and provisions across mandated reporting, family preservation and permanency, and housing-related stabilization supports that express commitment to and demonstrate alignment with the principles of TIC.</p> <p>On mandated reporting, the bill includes provisions standardizing a statewide training curriculum, with a notable structural component being creation of the Mandatory Reporting Advisory Committee. The bill frames the committee’s purpose around shifting mandated reporting toward community-supporting approaches while eliminating disparities in child- and family-supporting systems. Notably, the Legislature explicitly states that current mandatory reporting laws have driven a significant increase in reports without corresponding evidence that children are safer, and it directly speaks to the harm and trauma of unnecessary reporting as falling disproportionately on BIPOC children and families.</p> <p>Training content is required to include content on the following at minimum:</p>

			<ul style="list-style-type: none"> <li>• History of mandated reporting laws, including the impact of structural racism resulting in a disproportionate number of Black and Indigenous families who have been systems-involved</li> <li>• Relevant federal and state laws</li> <li>• Best practice for defining “reasonable suspicion” and “substantial risk”</li> <li>• Differences between levels of neglect in reporting</li> <li>• California child abuse, neglect, and disproportionality data</li> <li>• Definitions of implicit and explicit bias</li> <li>• Definition of trauma</li> <li>• Information on the impact of bias and trauma on families and children, and strategies for recognizing and mitigating their impact</li> <li>• The impact on families of making a child abuse or neglect report to CPS</li> <li>• Considerations for special populations, including people with disabilities, behavioral health, domestic violence, and substance use concerns, as well as the unique factors involved in supporting children 0 to 5 years of age</li> <li>• Decision-making processes and tools for mandated reporters, including case examples of general neglect and severe neglect</li> <li>• Education and information on community resources, community-based organizations, and other government agencies that can provide support to families in need</li> </ul> <p>Notably, the curriculum explicitly must be developed with participation of people with lived expertise.</p> <p>The bill also codifies trauma-informed housing supports and stabilization services, including an explicit intent that housing assistance use evidence-based assistance and prevention practices for supporting people who are currently and/or chronically unhoused. It authorizes a concrete menu of housing supports, including:</p> <ul style="list-style-type: none"> <li>• Individualized housing needs assessment and planning tied to APS case planning (with multidisciplinary coordination when feasible)</li> <li>• Housing navigation and landlord recruitment</li> <li>• Enhanced case management that explicitly includes motivational interviewing and TIC for recovery from abuse/neglect/exploitation</li> <li>• Financial assistance (rent, deposits, utilities, moving, interim housing)</li> </ul>
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California	Senate Bill 476	Pending – Carryover to 2026	This bill amends provisions related to the licensure, standards, and oversight of Short-Term Residential Therapeutic Programs (STRTPs).

	SB-476	(Rules Com., 2/26/25)	<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"> <li>• 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</li> <li>• The required staff training includes extensive education on: <ul style="list-style-type: none"> <li>○ Trauma and its impacts on development, behavior, and emotional regulation</li> <li>○ De-escalation strategies</li> <li>○ Trauma-informed crisis management</li> <li>○ Grief and loss</li> </ul> </li> <li>• 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</li> <li>• Treatment planning must incorporate collaborative processes through child and family teams, emphasizing the inclusion of biological and extended family members and the integration of family connections into care and discharge planning, where appropriate</li> <li>• 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</li> </ul> <p><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SB476">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SB476</a></p>
Colorado  (Legislative Session: 1/18/25 - 5/7/25)	House Bill 1097  HB25-1097	<a href="#">Became Law</a>  5/28/25	This measure requires 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. The bill seeks to minimize abrupt, destabilizing placement changes which have been connected to potentially worsening trauma, disrupting attachments, and harming developmental wellbeing.

			<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, a plan for child-centered, trauma-informed pre- and post-transition communication, the physical movement process, timelines for the move, and post-transition communication and support.</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 the state to create a training on the importance of placement transition plans that emphasizes lived experience, including individuals who have experienced placement transitions (with required completion for new county caseworkers within their first year).</p> <p><a href="https://leg.colorado.gov/bills/hb25-1097">https://leg.colorado.gov/bills/hb25-1097</a></p>
Colorado	House Bill 1146 HB25-1146	<a href="#">Made Law</a> 6/2/25	<p>This measure enacts significant statewide reforms to the state’s legal system pertaining to minors, emphasizing trauma-informed, culturally-rooted, gender-responsive, 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"> <li>• Young people who are deemed to be “incompetent” by a court must have an individualized case plan that considers the least restrictive placement and explicitly incorporates trauma-informed care, cultural identity, gender responsiveness, and developmentally-appropriate interventions <ul style="list-style-type: none"> <li>○ These plans must be co-developed with community partners and reviewed quarterly</li> </ul> </li> <li>• 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"> <li>○ Funded programs must include: <ul style="list-style-type: none"> <li>▪ Mental health care</li> <li>▪ Educational and career support</li> <li>▪ Restorative justice</li> <li>▪ Prosocial and recreational activities</li> <li>▪ Credible messenger programs</li> <li>▪ 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”</li> <li>▪ 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</li> </ul> </li> </ul> </li> <li>• Requires local governments to adopt emergency release policies for youth when detention centers are at or above capacity</li> <li>• Grant recipients must collect outcome data disaggregated by demographics and submit regular public reports <ul style="list-style-type: none"> <li>○ Notably creates a peer learning collaborative to strengthen implementation</li> </ul> </li> <li>• 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</li> </ul>
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Colorado	Senate Bill 27  SB25-027	<u>Became Law</u>  6/3/25	<p>This measure establishes a work group within the Office of School Safety to develop best practices for conducting school safety drills using trauma-informed practices and to produce statewide recommendations to support schools in training personnel and implementing trauma-informed approaches during drills.</p> <p>The Office of School Safety must convene and oversee a work group tasked with developing best practices for incorporating trauma-informed practices into school safety drills, including guidance for how schools plan and execute drills, how schools immediately respond to a school safety incident, and how to best respond to students who have an emotional reaction as a result of drills. The work group must obtain input from parents and students reflecting the diversity of the state across race, ethnicity, immigration status, socioeconomic status, geography, and disability.</p> <p>Key duties of the work group include:</p> <ul style="list-style-type: none"> <li>• Identifying intended outcomes of trauma-informed practices</li> <li>• Developing best practices for planning, executing, and responding to different types of school safety incidents</li> <li>• Determining skills and knowledge necessary for school personnel training on trauma-informed practices</li> <li>• Establishing guidance on the frequency of training and drills</li> <li>• Setting forth practices for advance notice to families, as well as support for students before, during, and after drills</li> <li>• Identifying state and local resources and potential funding sources needed for implementation</li> </ul> <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><a href="https://leg.colorado.gov/bills/sb25-027">https://leg.colorado.gov/bills/sb25-027</a></p>

Colorado	Senate Bill 43  SB25-043	Dead  (Passed Senate Judiciary with amendments; Senate Appropriations 5/8/25 after amendments failed to advance; died sine die)	<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> <ul style="list-style-type: none"> <li>• Emphasizes preparation for re-entry, behavioral health support, accountability without re-traumatization, and the development of healthy peer and adult relationships</li> <li>• Requires Individualized evaluations and treatment plans, taking personal context into account</li> <li>• 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</li> <li>• 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"> <li>○ Mental health care</li> <li>○ Credible messenger mentorship</li> <li>○ Educational support</li> <li>○ Career development</li> <li>○ Restorative justice</li> <li>○ Access to prosocial activities</li> </ul> </li> </ul> <p>Notably, all programs funded through this initiative must operate through a trauma-informed lens 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"> <li>• “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</li> <li>• “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</li> </ul>
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			<p>between community-based nonprofit organizations and public agencies and that is supported with a combination of public and private funds</p> <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, after the proposed amendments were laid over and not adopted. As a result, the bill did not move forward this session.</p> <p><a href="https://leg.colorado.gov/bills/sb25-043">https://leg.colorado.gov/bills/sb25-043</a></p>
Colorado	Senate Bill 64 SB25-064	Dead  (Passed in Senate, 4/25/25; Amendments failed in House 5/13/25; died sine die)	<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 a statutorily defined Adverse Childhood Experience. 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 may 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. Safe2Tell must send the notice before the start of the next school day after receiving a report, and the school must not place the notice in the child's records.</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><a href="https://leg.colorado.gov/bills/sb25-064">https://leg.colorado.gov/bills/sb25-064</a></p>
Colorado	Senate Bill 151 SB25-151	<u>Became Law</u>  4/10/25	<p>This measure strengthens the state's approach to preventing youth from running away from residential child care facilities by requiring trauma-informed facility policy, clearer notice to young people and caregivers, and statewide infrastructure assessment. The bill text provides context that it builds on findings and recommendations from the Timothy Montoya Task Force to Prevent Children from</p>

			<p>Running Away from Out-of-Home Placements and frames this as the first step in building a broader continuum of care for these young people.</p> <p>Notably, each residential childcare facility must develop an efficient, well-structured, trauma-informed policy describing how the facility responds when a child or youth threatens or attempts to run away. The policy must state whether physical restraints are used and must include any additional information the State Dept. adopts through rulemaking. Facilities must provide the policy at intake to the child or youth and their parent, legal guardian, or custodian to support transparency and informed participation.</p> <p>To support implementation fidelity, the bill states there must be consultation with those who are impacted by and involved in decisions made in relation to this topic, including the Office of the Child Protection Ombudsman, a residential child care facility director, a parent or family member of a child or youth who ran away, a young adult with recent lived experience in a residential child care facility, and county departments.</p> <p><a href="https://leg.colorado.gov/bills/sb25-151">https://leg.colorado.gov/bills/sb25-151</a></p>
<p>Connecticut  (Legislative Session: 1/8/25 - 6/4/25)</p>	<p>House Bill 7077  H.B. No. 7077</p>	<p>Dead  (Placed on House Calendar as File o. 598, 4/8/25; no subsequent recorded floor action; died sin die)</p>	<p>This measure establishes statewide protocols for crisis response drills in Connecticut public schools, with an explicit emphasis on preventing emotional harm and supporting psychological safety during emergency preparedness activities, in alignment with 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 requires crisis response drills to be trauma-informed, taking prior traumatic experiences into account and designed to prevent emotional harm while supporting psychological safety, with mental health professionals integrated throughout the drill process.</p> <p>Key requirements aligned with this include:</p>

			<ul style="list-style-type: none"> <li>• Schools must notify students, school personnel, and parents/guardians one week prior to conducting any drill</li> <li>• Students must receive age-appropriate education and staff must be trained to reduce confusion and emotional distress before the first drill of each year</li> <li>• 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</li> <li>• Mental health professionals must be actively involved throughout the drill process</li> <li>• 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"> <li>○ These simulations are allowed only outside school hours for staff, first responders, and volunteers</li> </ul> </li> <li>• Drills must include accommodations for students with cognitive, physical, and/or sensory disabilities</li> <li>• 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</li> </ul> <p><a href="https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&amp;bill_num=HB07077&amp;which_year=2025">https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&amp;bill_num=HB07077&amp;which_year=2025</a></p>
Connecticut	House Bill 7250  H.B. No. 7250	Dead  (Tabled for Calendar 5/7/25 with no subsequent recorded action; died sin die)	<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"> <li>• 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"> <li>○ 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</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• 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"> <li>○ Promote alternatives to legal system processing, codify upstream diversion, and emphasize relational, developmentally responsive practice</li> </ul> </li> <li>• 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"> <li>○ Specifies trauma-informed metrics, with an expectation that more will be developed over time</li> </ul> </li> <li>• Annual reporting requirements that promote transparency and accountability across agencies, including: <ul style="list-style-type: none"> <li>○ DCF on trauma-informed STTAR plan implementation</li> <li>○ State Department of Education on local Attendance Review Team efforts to reduce chronic absenteeism</li> <li>○ OPM on youth reentry success plan effectiveness</li> <li>○ Local diversion boards on outcomes for diverted youth, reported to DCF and relevant legislative committees</li> </ul> </li> <li>• 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</li> <li>• 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</li> </ul> <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>
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Connecticut	Senate Bill 521  S.B. No. 521	Dead  (Joint Judiciary Com, 1/13/25; no further recorded action, died in die)	<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"> <li>• Updating criminal statutes to explicitly apply to offenses committed against minors, and to include conduct by buyers as well as traffickers</li> <li>• Developing policy guidance to ensure appropriate, trauma-informed responses for foreign national child sex trafficking victims</li> <li>• 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</li> <li>• Allowing victims of commercial sexual exploitation to seek orders of protection against their exploiters</li> <li>• Amending existing law to permit all child victims of commercial sexual exploitation to testify by alternative methods that can reduce re-traumatization</li> <li>• 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</li> <li>• 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</li> </ul> <p><a href="https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&amp;bill_num=SB00521&amp;which_year=2025">https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&amp;bill_num=SB00521&amp;which_year=2025</a></p>
Delaware  (Legislative Session: 1/14/25 - 6/30/25,	House Bill 213  HB No. 213	Pending: session recessed with carryover to 2026  (Reported out of	<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</p>

<p><i>with carryover into 2026)</i></p>		<p>House Judiciary On Its Merits; placed on the House Ready List for potential floor action)</p>	<p>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"> <li>• Prohibits disclosure of any confidential communication between a victim and a qualified advocate, except under specific, limited circumstances</li> <li>• Privilege may be broken only when disclosure is necessary to prevent imminent serious harm OR when mandated by child abuse reporting laws</li> <li>• 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</li> <li>• Advocates who disclose information in good faith under one of the allowed exceptions are immune from liability, with a legal presumption of good faith</li> </ul> <p>Notably, the definition of “victim services” explicitly includes trauma-informed counseling and emphasizes holistic, culturally-responsive care.</p> <p><a href="https://legis.delaware.gov/BillDetail?LegislationId=142488">https://legis.delaware.gov/BillDetail?LegislationId=142488</a></p>
<p>Florida <i>(Legislative Session: 3/4/25 - 5/2/25)</i></p>	<p>House Bill 1439 &amp; Senate Bill 1620  H1439 &amp; S1620</p>	<p><u><a href="#">Became Law</a></u>  6/25/25</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"> <li>• Mandating use of person-first language and trauma-informed practices across the Dept. of Children and Families</li> <li>• Updating minimum standards for mobile crisis response teams to include crisis diversion, rapid triage, and linkage to services, with specialized considerations for older adults</li> </ul>

			<ul style="list-style-type: none"> <li>• Strengthening individualized treatment planning by requiring updates every 30 days for patients in facilities (reducing to every 60 days after 24 months pass)</li> <li>• Requiring enhanced discharge planning that addresses access to medication, referrals to care coordination and peer services, and connection to recovery supports</li> <li>• Creating a biennial review of school-based behavioral health access through telehealth, identifying and reporting on service gaps and barriers</li> </ul> <p>H1439: <a href="https://www.flsenate.gov/Session/Bill/2025/1439/?Tab=BillText">https://www.flsenate.gov/Session/Bill/2025/1439/?Tab=BillText</a> (was laid on the table after the companion passed)  S1620: <a href="https://www.flsenate.gov/Session/Bill/2025/1620">https://www.flsenate.gov/Session/Bill/2025/1620</a></p>
Florida	House Bill 475  H475	Pending – Carryover to 2026  (Prefiled, Human Services Subcommittee, 11/24/25)	<p>These companion measures engage the dependency court process as a trigger point for automatic connection to trauma-informed therapeutic services for children in specific circumstances deemed as high risk, particularly when the court is evaluating whether contact with a parent or caregiver may expose a child to further harm, coercion, or re-traumatization.</p> <p>Trauma-informed therapeutic services may be provided through a licensed private provider selected by the child’s legal custodian or guardian ad litem, or through a state-funded or community-based care option administered by the department or a contracted lead agency through a child victim advocacy program.</p> <p>Guardians ad litem and attorneys ad litem involved in the relevant hearings are required to have special training in the dynamics of child sexual abuse and parricide.</p> <p>Any visitation or other contact permitted in these high-risk circumstances must also be supervised by a person with special training in the dynamics of child sexual abuse and parricide, or conducted through a supervised visitation program meeting specified standards. This aligns with harm reduction in a setting where coercion, intimidation, or emotional injury can occur even in “approved” contact.</p> <p><a href="https://www.flsenate.gov/Session/Bill/2026/475">https://www.flsenate.gov/Session/Bill/2026/475</a></p>

<p>Georgia</p> <p><i>(Legislative Session: 1/13/25 - 4/4/25, with carryover to 2026)</i></p>	<p>House Bill 238</p> <p>HB 238</p>	<p><u><a href="#">Became Law</a></u></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 available to peace officers, emergency medical personnel, and behavioral health co-responders, with a focus on responding to adults living with Alzheimer’s disease, dementia, and other cognitive impairments.</p> <p>Among other required topics, the course must include curriculum on 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 living with these diagnoses and experiences.</p> <p><a href="https://www.legis.ga.gov/legislation/69843">https://www.legis.ga.gov/legislation/69843</a></p>
<p>Hawai’i</p> <p><i>(Legislative Session: 1/15/25 - 5/2/25, with carryover to 2026)</i></p>	<p>House Bill 237 &amp; Senate Bill 824</p> <p>HB237 &amp; SB824</p>	<p><u><a href="#">Became Law</a></u></p> <p>7/2/25</p>	<p>This measure 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>Peer-to-peer support programs are uplifted as a trauma-informed, resilience-building intervention, providing:</p> <ul style="list-style-type: none"> <li>• Immediate, accessible community support to caregivers</li> <li>• Opportunities for screenings, referrals, and resources</li> <li>• Ways to build self-confidence and hope among parents</li> <li>• Prevention strategies to reduce downstream costs associated with child welfare involvement, special education, and incarceration</li> </ul> <p>The appropriated funds would support:</p> <ul style="list-style-type: none"> <li>• New full-time program specialist positions within the Dept. of Health</li> <li>• Service contracts with local, neighborhood-based peer support groups</li> <li>• Service contracts for substance use and child-supporting peer programs</li> </ul> <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.</p> <p>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>The bill also 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>HB237:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=237&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=237&amp;year=2025</a>  SB824:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=824&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=824&amp;year=2025</a></p>
Hawai'i	<p>House Bill 640 &amp; Senate Bill 1108</p> <p>HB640 &amp; SB1108</p>	<p>Pending – carryover to 2026</p> <p>(Passed in House, 3/4/25; Senate Government Operations Com., 3/6/25)</p>	<p>These companion measures strengthen 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"> <li>• Requires specialized training for all Office of the Ombudsman employees, including trauma-informed care, diversity, equity, and inclusion best practices</li> <li>• Mandates public reporting <ul style="list-style-type: none"> <li>○ Senate version (SB1108) requires the Ombudsman to publish quarterly reports detailing the number, nature, and outcomes of complaints</li> <li>○ 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</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>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</li> </ul> <p>HB640:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=640&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=640&amp;year=2025</a></p> <p>SB1108:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1108&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1108&amp;year=2025</a></p>
Hawai'i	House Bill 716 & Senate Bill 959  HB716 & SB959	Pending – with carryover into 2026  (House in Conference, Senate conferees appointed, 4/16/25)	<p>These companion bills would establish a Health Information Technology Infrastructure Grant Program within the Dept. of Health, administered by the State Health Planning and Development Agency.</p> <p>The program would fund certified, hosted, and maintained health information technology systems to strengthen equitable access to care and improve public health coordination statewide. The bill notes consideration for settings such as Federally Qualified Health Centers, rural health clinics, Ryan White HIV/AIDS program centers, and Native Hawai'ian health centers, tying eligibility to nonprofit status and participation in public health research efforts serving insured and uninsured populations.</p> <p>Funds appropriated through the program would support acquisition and upgrades of certified electronic health records, related software and hardware, installation services, and ongoing technical assistance and workforce development.</p> <p>Notably, the text emphasizes that a strong health information technology infrastructure is essential for transforming care delivery. It notes that such systems are also critical to practice TIC, noting that coordinated data systems allow providers to share sensitive information securely while reducing re-traumatization by minimizing the need for people to repeatedly recount difficult or painful experiences. The bill's findings also frame this as an equity-driven reform, uplifting how improving coordination and data capacity helps the state identify disparities, track emerging community needs, and respond through data-driven, community-centered strategies.</p>

			<p>HB716:  <a href="https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives.aspx?billtype=HB&amp;billnumber=716&amp;year=2025">https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives.aspx?billtype=HB&amp;billnumber=716&amp;year=2025</a></p> <p>SB959:  <a href="https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives.aspx?billtype=SB&amp;billnumber=959&amp;year=2025">https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives.aspx?billtype=SB&amp;billnumber=959&amp;year=2025</a></p>
Hawai'i	<p>House Bill 727 &amp; Senate Bill 526</p> <p>HB727 &amp; SB526</p>	<p><u>Became Law</u></p> <p>6/26/25</p>	<p>These measures build 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"> <li>• Permanently establishes the Mohala Wahine Women's Court focusing on women charged with nonviolent offenses and are at high risk of recidivism who require support services such as mental health care, substance use treatment, therapy, and housing assistance</li> <li>• Expands Women's Court Pilot Program recognizing the need for trauma-informed, gender-responsive support and diversion options for women</li> <li>• 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"> <li>○ Trauma recovery</li> <li>○ Mental health</li> <li>○ Family support</li> <li>○ Substance use treatment</li> <li>○ Mentoring</li> <li>○ Housing</li> <li>○ Education</li> <li>○ Vocational training</li> </ul> </li> <li>• Establishes drug court probation supervisor position for the Kona pilot</li> </ul>

			<ul style="list-style-type: none"> <li>Requires annual reporting on program participation, outcomes, challenges, and recommendations</li> </ul> <p>HB727:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=727&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=727&amp;year=2025</a>  SB526:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=526&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=526&amp;year=2025</a></p>
Hawai'i	House Bill 943 & Senate Bill 1628  HB943 & SB1628	<u>Became Law</u>  7/7/25	<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"> <li>Provide trauma-informed, culturally-responsive life skills groups</li> <li>Offer emergency access to food, shelter, and supportive services</li> <li>Facilitate medical assessments, withdrawal management services, substance use disorder treatment, and behavioral health care services</li> <li>Collaborate with hospitals, law enforcement, rehabilitation programs, and outreach providers to ensure continuity of care</li> </ul> <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:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=943&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=943&amp;year=2025</a>  SB1628:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1628&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1628&amp;year=2025</a></p>
Hawai'i	House Bill 1079,	Pending – carryover into	“Relating to Trauma-Informed Care” – these measures advance a highly aligned vision for transforming Hawai'i’s child- and family-strengthening systems into a

	<p>Senate Bill 950, &amp; Senate Bill 1398</p> <p>HB1079, SB950, &amp; SB1398</p>	<p>2026</p> <p>(Engrossed 2/28/25; Conference Committee 4/24/25)</p>	<p>trauma-informed model by investing in workforce capacity, organizational assessment, and sustainable implementation supports. Each bill centers the state’s existing Malama ‘Ohana Working Group’s recommendations and treats trauma-informed care as a system responsibility and acknowledge that children and families who have become system-involved have experienced significant trauma and re-traumatization.</p> <p>Across all three measures, a core shift includes the Office of Wellness and Resilience collaborating with the Dept. of Human Services (DHS) to design, administer, and implement a trauma-informed organizational assessment and training program for the DHS Child Welfare Services Branch, either directly or by contract.</p> <p>The required common components across the bills reflect a robust implementation approach, including:</p> <ul style="list-style-type: none"> <li>• Evidence-based organizational assessment tools that evaluate current policies and procedures for how they impact trauma-impacted children and families</li> <li>• Dedicated assessment of worker wellbeing, including potential occupational hazards of doing work within these systems, such as vicarious trauma, secondary traumatic stress, and burnout</li> <li>• A branch-wide TIC curriculum paired with ongoing technical assistance, so training is not a “one-and-done” event</li> <li>• Specialized trauma-informed supervisor training and technical assistance to support sustainability and trauma-informed leadership</li> <li>• Structured internal capacity-building through a cohort model (trainers or mentors, depending on the version)</li> <li>• Engagement of wisdom and expertise from the field throughout implementation</li> </ul>
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Hawai'i	House Bill 1080, House Bill 1383, Senate Bill 952, & Senate Bill 1399  HB1080, HB1383,	Pending – carryover to 2026  (House appointed conferees, 4/25/25)	<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>

	SB952, & SB1399		<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"> <li>• 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</li> <li>• Delivering direct financial assistance and concrete resource supports to families, addressing basic needs such as food, housing, childcare, transportation, hygiene, and household supplies to reduce stressors that often drive system involvement</li> <li>• Establishing a data and referral tracking system to coordinate services, ensure confidentiality, and monitor progress in alignment with federal and state law</li> <li>• Developing comprehensive implementation and evaluation plans, including SMART goals, to ensure transparency, accountability, and learning throughout the pilot period</li> </ul> <p>Notable distinctions across bills:</p> <ul style="list-style-type: none"> <li>• 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"> <li>○ Teaching positive communication skills</li> <li>○ Coaching caregivers on child behavior responsivity</li> <li>○ Supporting emotional regulation strategies for both caregivers and children</li> </ul> </li> <li>• 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</li> </ul> <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 intended to leverage community- and</p>
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			<p>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 with potential for this to be picked up again in 2026.</p> <p>HB1080:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1080&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1080&amp;year=2025</a></p> <p>HB1383:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1383&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1383&amp;year=2025</a></p> <p>SB 952:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=952&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=952&amp;year=2025</a></p> <p>SB1399:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1399&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1399&amp;year=2025</a></p>
Hawai'i	<p>House Bill 1081 &amp; Senate Bill 1400</p> <p>HB1081 &amp; SB1400</p>	<p>Pending-carryover to 2026</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"> <li>• Establishing a Wellness and Resilience Advisory Board composed of members including key department directors, judiciary, university, nonprofit, law enforcement, and community representatives</li> <li>• Tasking the Advisory Board with creating a statewide framework for trauma-informed practice, including: <ul style="list-style-type: none"> <li>○ A clear definition of trauma-informed and trauma-responsive practice</li> <li>○ Principles for care applicable across sectors</li> <li>○ Implementation examples across leadership, workforce development, decision-making, and evaluation</li> <li>○ Strategies to address and prevent secondary traumatic stress among professionals</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Integration of Native Hawai’ian and other cultural practices that build resilience and wellness</li> <li>○ An implementation and sustainability plan</li> <li>○ Evaluation metrics</li> </ul> <p>Within the bill, the Office of Wellness and Resilience is directed to:</p> <ul style="list-style-type: none"> <li>● Provide training and technical assistance to executive state agencies on trauma-informed policies, practices, and systems change</li> <li>● Maintain a social determinants of health dashboard to baseline and track population wellness needs</li> <li>● Seek funding solutions across federal, state, and private sectors to sustain and expand trauma-informed efforts</li> <li>● Facilitate cross-sector collaboration and integration of funding streams</li> </ul> <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 connect with themselves and others, the person’s place and the elements around them, and the person’s ways of being.”</p> <p>HB1081:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1081&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1081&amp;year=2025</a></p> <p>SB1400:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1400&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1400&amp;year=2025</a></p>
Hawai’i	House Bill 1438 & Senate Bill 1508  HB1438 & SB1508	<a href="#">Became Law</a>  4/23/25	<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"> <li>● Clarify the board’s role in developing and adopting a statewide trauma-informed and responsive practice framework</li> <li>● Affirm that TIC principles apply across sectors, including:</li> </ul>

			<ul style="list-style-type: none"> <li>○ Education</li> <li>○ Healthcare</li> <li>○ Law enforcement</li> <li>○ Community organizations</li> <li>○ State agencies interacting with children and younger people</li> <li>● Reaffirm the board’s duties to: <ul style="list-style-type: none"> <li>○ Develop prevention and response strategies for secondary traumatic stress</li> <li>○ Identify best practices, including Native Hawai’ian cultural practices for resilience</li> <li>○ Coordinate data collection and funding efforts to sustain trauma-informed work statewide</li> </ul> </li> </ul> <p>Overall, this measure is notable in that it ensures continued consistency and operational clarity for the Office of Wellness and Resilience and its Advisory Board, safeguarding the trauma-informed work already underway to support sustainability vs. creating new mechanisms.</p> <p>HB1438:  <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1438&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HB&amp;billnumber=1438&amp;year=2025</a></p> <p>SB1508:  <a href="https://www.capitol.Hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1508&amp;year=2025">https://www.capitol.Hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=1508&amp;year=2025</a></p>
Hawai’i	Senate Bill 453  SB453	Pending – carryover to 2026  (Education Com./Human Services & Homelessness Com., 1/21/25)	<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,</p>

			<p>nonprofits, or experts in sex trafficking prevention and victim services to design and deliver the required training.</p> <p><a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=453&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=453&amp;year=2025</a></p>
Hawai'i	<p>Senate Bill 544</p> <p>SB544</p>	<p><a href="#">Became Law</a></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"> <li>• Mandating that courts consider a person's exposure to ACEs and early childhood trauma, including system-involvement</li> <li>• Requiring consideration of whether the person was a survivor of human trafficking or abuse at the time of the offense</li> <li>• Directing courts to factor in developmental science about younger people vs. adults, including diminished culpability, intellectual capacity, and underlying mental health conditions</li> <li>• 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</li> </ul> <p><a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=544&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&amp;billnumber=544&amp;year=2025</a></p>
<p>Illinois</p> <p><i>(Legislative Session: 1/8/25 - 5/31/25, with carryover to 2026)</i></p>	<p>House Bill 5 &amp; House Bill 1241</p> <p>H0005 &amp; H1241</p>	<p>Pending – carryover to 2026</p> <p>(H0005 in Rules Com., 1/9/25; H1241 in Rules Com., 3/21/25)</p>	<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"> <li>• 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</li> <li>• Exposure to external pressures, including peer influence, family dynamics, or negative environmental factors</li> <li>• Family and home environment, including experiences of parental neglect, physical abuse, domestic violence, sexual violence or exploitation, or other childhood trauma such as ACEs</li> <li>• Educational and social background</li> <li>• Potential for rehabilitation and any evidence of rehabilitation already underway</li> <li>• The specific circumstances of the offense, including the person’s degree of planning and role in the offense</li> <li>• Prior juvenile or criminal legal system involvement and history</li> <li>• Whether the person was able to meaningfully participate in their defense</li> <li>• Prior system involvement, such as with CPS</li> <li>• Results of any comprehensive mental health evaluation by a qualified mental health professional</li> <li>• 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)</li> </ul> <p>Beyond requiring TI considerations, the bills create judicial flexibility as:</p> <ul style="list-style-type: none"> <li>• Judges are authorized to depart from mandatory minimum sentences, maximum sentences, and firearm-related sentencing enhancements where trauma, ACEs, and survivorship are relevant</li> <li>• 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</li> <li>• 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</li> </ul>
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Illinois	House Bill 40  H0040	Pending – carryover to 2026  (Rules Com., 1/9/25)	<p>This measure seeks to expand and deepen the state’s training standards for law enforcement officers.</p> <p>The bill requires the state’s Law Enforcement Training Standards Board to approve or conduct specialized training programs focused on crimes motivated by bias, while also reaffirming and extending trauma-informed and culturally-responsive requirements across the broader police training curriculum.</p> <p>This measure requires officers to receive education in:</p> <ul style="list-style-type: none"> <li>• Recognizing and responding to hate- or bias-motivated offenses</li> <li>• Distinguishing bias crimes from other offenses</li> <li>• Engaging victims through approaches that reflect awareness of trauma, culture, and identity</li> <li>• Crisis intervention</li> <li>• Implicit bias</li> </ul>

			<ul style="list-style-type: none"> <li>• Human rights</li> <li>• Cultural competency</li> <li>• Trauma-informed interviewing techniques</li> </ul> <p><a href="https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=40&amp;DocTypeID=HB&amp;LegId=0&amp;SessionID=114">https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=40&amp;DocTypeID=HB&amp;LegId=0&amp;SessionID=114</a></p>
Illinois	House Bill 1697 & Senate Bill 1295  H1697 & S1295	<u>Became Law</u>  8/15/25	<p>This legislation seeks to strengthen training, certification, and ongoing education requirements for Public Safety Answering Point Telecommunicators (PSAPT) and Emergency Medical Dispatchers (EMDs).</p> <p>Specifically, the measures require:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• EMD licensing standards to include trauma-informed, non-discriminatory communication practices</li> </ul> <p>This legislation’s spirit recognizes the unique role of telecommunicators and dispatchers play as frontline responders who are positioned to mitigate or exacerbate trauma from the moment of initial contact.</p> <p>H1697: <a href="https://www.ilga.gov/legislation/fulltext.asp?DocName=&amp;SessionId=114&amp;GA=104&amp;DocTypeId=HB&amp;DocNum=1697&amp;GAID=18&amp;LegID=&amp;SpecSess=&amp;Session=S1295">https://www.ilga.gov/legislation/fulltext.asp?DocName=&amp;SessionId=114&amp;GA=104&amp;DocTypeId=HB&amp;DocNum=1697&amp;GAID=18&amp;LegID=&amp;SpecSess=&amp;Session=S1295</a>: <a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1295&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1295&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	House Bill 2381	Pending – carryover to	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+

	<p>H2381</p>	<p>2026 (Rules Com., 3/21/25)</p>	<p>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"> <li>• Understanding the distinctions between sex, gender identity, gender expression, and sexual orientation</li> <li>• Understanding LGBTQIA2S+ youth development</li> <li>• Ensuring familiarity with state laws and policies protecting LGBTQIA2S+ students</li> <li>• Understanding the lived experiences and struggles LGBTQIA2S+ students face</li> <li>• The contributions of LGBTQIA2S+ people across disciplines</li> <li>• The serious risks associated with outing a student without consent</li> </ul> <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>
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Illinois	House Bill 2546  H2456	<u>Became Law</u>  8/15/25	<p>This legislation expands and refines the state's parole review process for people who were under 21 years old at the time of their offense of conviction.</p> <p>The measure requires conducting parole reviews through a framework that explicitly recognizes the diminished culpability of younger people, considers principles of adolescent development, and integrates awareness of the lifelong impacts of trauma and adversity, in alignment with other legislation explored (H0005, H1241, and H3332, which engage similar ethos at sentencing and during periodic review, vs. this bill applying those considerations to parole).</p> <p>Psychological evaluations used during the process must be conducted by professionals with expertise in adolescent brain development and trauma-informed assessment, ensuring that the person's current maturity, growth, and rehabilitative progress are meaningfully considered in the process.</p> <p>Notable elements aligned with trauma-informed principles include:</p> <ul style="list-style-type: none"> <li>• Mandating that evaluations and Board decisions reflect understanding of the neurodevelopmental factors affecting behavior and decision-making among emerging adults</li> <li>• Victim/family notification must include information about available resources, including trauma-informed therapy</li> <li>• Emphasizing individualized consideration of growth, rehabilitation, and change over time</li> <li>• Requiring that parole hearings be transparent and participatory</li> </ul> <p><a href="https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=2546&amp;DocTypeID=HB&amp;Leqld=0&amp;SessionID=114">https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=2546&amp;DocTypeID=HB&amp;Leqld=0&amp;SessionID=114</a></p>
Illinois	House Bill 3332  H3332	Dead  (Failed House Third Reading, 4/10/25)	<p>This measure creates a new sentencing review process for people who were under 21 years of age at the time of an offense they have been convicted of.</p> <p>Unlike HB0005 and HB1241 (explored above), which focus on trauma-informed mitigation at the initial sentencing hearing, HB3332 follows a similar ethos yet creates a retroactive sentencing review pathway, allowing courts to revisit sentences for people who were under 21 at the time of the offense after significant time served.</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>Although this measure did not ultimately pass, as it failed on third reading in the House, losing closely at 49 - 51, representing a strong show of support for trauma-informed policy effort grounded in TIC, NEAR science, restorative approaches, resilience, and other allied concepts.</p> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3332&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3332&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	House Bill 3632  H3632	Pending – carryover to 2026  (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"> <li>• Maintaining ongoing contact with families</li> <li>• Providing timely updates</li> <li>• Gathering information in a sensitive manner</li> <li>• Helping families understand investigative procedures</li> <li>• Documenting concerns and facilitating coordination between investigators and families</li> </ul>

			<ul style="list-style-type: none"> <li>Ensuring continuity of communication</li> </ul> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3632&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3632&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	House Bill 3689  H3689	Pending – with carryover to 2026  (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, 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"> <li>Requiring survivor-centered, trauma-informed definitions of consent, retaliation, and survivor rights</li> <li>Ensuring access to both confidential advisors and advisors for complaint resolution processes</li> <li>Prohibiting mutual no-contact orders that penalize survivors</li> <li>Establishing early dismissal procedures for retaliatory claims made against survivors</li> <li>Protecting survivors’ privacy rights in the handling of digital sexual harassment evidence</li> <li>Mandating enhanced annual training for campus officials, with emphasis on cultural responsiveness, the neurobiological impacts of trauma, and legal protections</li> <li>Expanding interim accommodations even when no formal complaint is filed</li> <li>Requiring timely and clear survivor notification of rights, options, protections, and supportive measures</li> </ul> <p>The bill states: “a trauma-informed response means a response involving an understanding of the complexities of sexual violence, domestic violence, dating violence, or stalking through training centered on the neurobiological impact of</p>

			<p>trauma, the influence of societal myths and stereotypes surrounding sexual violence, domestic violence, dating violence, or stalking, and understanding the behavior of perpetrators. Trauma-informed response includes empowering survivors to make their own decisions regarding care, healing, supportive measures, and whether to report or engage with systems and then supporting those decisions.”</p> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3689&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=3689&amp;GAID=18&amp;DocTypeID=HB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 274  S0274	Pending – carryover to 2026  (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"> <li>• Develop and certify schools to provide basic training for basic training candidates, probationary law enforcement officers, and court security officers</li> <li>• Establish curriculum and minimum basic training requirements specific to basic training candidates, who have not yet assumed sworn officer roles</li> </ul> <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"> <li>• Courses on procedural justice, civil rights, constitutional policing, human rights, and crisis intervention</li> <li>• Specialized training modules focused on trauma-informed, survivor-centered, and survivor-sensitive responses to: <ul style="list-style-type: none"> <li>○ Domestic violence</li> <li>○ Sexual assault of adults and children</li> <li>○ Child abuse and neglect</li> <li>○ Elder abuse, neglect, and financial exploitation</li> <li>○ Human trafficking</li> <li>○ Training in cultural competency, including implicit bias, racial and ethnic sensitivity</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Instruction in autism-informed law enforcement responses and other developmental disability interactions, emphasizing reducing barriers to reporting and interacting with survivors/witnesses with disabilities</li> <li>○ 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</li> <li>○ Peer-based officer wellness and mental health training, including recognizing cumulative stress, trauma, and suicide prevention strategies among law enforcement</li> </ul> <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><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=274&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=274&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 1195  S1195	<u>Became Law</u>  8/1/25	<p>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> <p>Specifically, the bill requires that the Illinois Law Enforcement Training Standards Board:</p> <ul style="list-style-type: none"> <li>● 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</li> <li>● Require that training cover trauma-informed programs, procedures, and practices designed to minimize re-traumatization of survivors across all stages of investigation and interaction</li> <li>● Reinforce trauma-informed instruction within in-service training every three years, ensuring officers maintain up-to-date skills in supporting survivors in</li> </ul>

			<p>culturally-responsive and developmentally-appropriate ways</p> <p>Notably, the expanded curriculum must include:</p> <ul style="list-style-type: none"> <li>• Recognition of trauma symptoms and the understanding of trauma’s impact on survivors’ behavior and communication</li> <li>• Techniques for compassionate, nonjudgmental victim interactions, from the first contact onward</li> <li>• Trauma-informed, age-sensitive, victim-centered interviewing techniques</li> <li>• Culturally-responsive and bias-informed approaches to address common myths and cultural perceptions around sexual assault and abuse</li> <li>• Clear, comprehensive communication to survivors about their rights under state and federal law</li> <li>• Peer-support-informed mental health awareness for officers, including identification of cumulative work-related trauma</li> <li>• Specific training on responding to victims and witnesses with autism or developmental disabilities, reducing barriers to disclosure and reporting</li> <li>• Training on minimizing trauma to children present during parental arrest, including child-sensitive communication, de-escalation techniques, and inquiry about supervision needs</li> <li>• Specialized training on trauma-informed detection, response, and investigation of human trafficking</li> </ul> <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 with mention to reducing re-traumatization.</p> <p>Additionally, although not an exact companion to S0274 (which more broadly seeks to reform basic training structures, academy standards, and officer mental health practices), this measure complements and enriches the state’s overarching legislative effort to embed trauma-informed, culturally-responsive principles deeply within the state’s public safety systems, building on past reforms integrating a trauma-informed approach into law enforcement training and practices (such as the Illinois Sexual Assault Incident Procedure Act). Together, these measures demonstrate a strong commitment within the state to minimize re-traumatization, build institutional trust, honor survivor autonomy, and create safer, more equitable, and more accountable systems of care.</p>
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Illinois	Senate Bill 1781 S1781	Pending – carryover to 2026  (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-informed 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"> <li>• 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</li> <li>• 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</li> <li>• Establishing a framework for interviewing family members and loved ones</li> <li>• Providing pathways for secondary review and independent oversight at the family’s request when investigative findings are contested</li> <li>• 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</li> </ul> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1781&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1781&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 1823 S1823	Pending – with carryover to 2026	<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>

		(Assignments Com., 2/6/25)	<p>Notable elements aligning the bill with the principles of a TI approach include:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Establishing that combat veterans with a disability diagnosis who experience episodes of PTSD must be: <ul style="list-style-type: none"> <li>○ Taken to a VA hospital for immediate evaluation</li> <li>○ Allowed to seek VA-based treatment in all cases</li> <li>○ Provided access to Veterans Treatment Court participation regardless of criminal charges</li> <li>○ Conditionally protected from felony prosecution as first-time offenders</li> </ul> </li> </ul> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1823&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1823&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 1928  S1928	<u>Became Law</u>  8/1/25	<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"> <li>• Continuing the work of the Task Force on Campus Sexual Misconduct Climate Surveys, which includes survivors, advocates, students, and higher</li> </ul>

			<p>education representatives, to ensure periodic updates and trauma-informed improvements to survey design</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Allowing institutions to add campus-specific questions only if they are trauma-informed and do not request personally identifiable information</li> <li>• 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</li> <li>• Mandating that survey data be compiled, publicly reported, and housed within a statewide, easily accessible data repository for transparency and accountability</li> <li>• Emphasizing that all survey responses must remain anonymous and cannot be used to initiate investigations or disciplinary actions</li> </ul> <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><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1928&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1928&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 2323  S2323	<a href="#">Became Law</a>  8/13/25	<p>This measure 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, and child- and family-strengthening systems. The bill sets forth a 2026 deadline by which service standards for</p>

			<p>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"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• The Dept. of Labor must develop training for state inspectors and investigators in recognizing and responding to indicators of labor trafficking</li> <li>• State Police are tasked with supporting a coordinated network of multidisciplinary human trafficking task forces across the state</li> </ul> <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</p>
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			<p>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> <p>The bill also includes some notable definitions:</p> <ul style="list-style-type: none"> <li>• “Trauma” is defined 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” in alignment with the SAMHSA 3Es framework</li> <li>• “Trauma-informed response” is defined as “a program, organization, or system that is trauma-informed; 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; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively avoid re-traumatization and to restore autonomy and stability to survivors,” in alignment with SAMHSA’s 4Rs framework</li> </ul> <p>Notably, the bill includes findings uplifting the intersection of trauma, systemic inequities, and vulnerability to exploitation, emphasizing that poverty, prior abuse, disability, and other social determinants increase susceptibility to trafficking and that fragmented service systems have historically failed to provide coordinated, trauma-informed responses.</p> <p><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2323&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2323&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	Senate Bill 2418  S2418	Pending – carryover into 2026  (Passed as amended in House and Senate, 5/31/25; awaiting Senate	<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>concurrence on House Amendments in Senate Assignments Com., 12/1/25)</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"> <li>• Mentoring</li> <li>• Access to educational resources (in collaboration with the State Board of Education)</li> <li>• Employment training opportunities</li> <li>• Behavioral health services with an explicit callout to trauma-informed care</li> <li>• Parent support services such as help with applications for public health programs</li> </ul> <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 the 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><a href="https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2418&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104">https://www.ilga.gov/legislation/BillStatus.asp?DocNum=2418&amp;GAID=18&amp;DocTypeID=SB&amp;SessionID=114&amp;GA=104</a></p>
Illinois	House Bill 4249  H4249	<p>Pending – carryover into 2026</p> <p>(Pre-filed, 12/18/25)</p>	<p>This bill establishes a statewide trauma-informed training framework for law enforcement. Notably, the curriculum as proposed highlights officers’ own exposure to trauma, ACEs, toxic stress, and occupational strain.</p> <p>The state’s Law Enforcement Training Standards Board is tasked with developing or approving this standard curriculum on trauma-informed responses to traumatic events and cumulative stress among law enforcement, which is to be implemented across all academies and in-service programs.</p>

			<p>The bill outlines that the training must teach officers:</p> <ul style="list-style-type: none"><li>• How to define and distinguish between acute trauma, chronic trauma, cumulative occupational stress, ACEs, and toxic stress</li><li>• Recognize trauma-related responses in themselves and others through behavioral, cognitive, emotional, and physiological indicators of traumatic stress, including how these indicators may present during calls for service and during officer-public interaction</li><li>• The impact of trauma and how occupational trauma exposure, moral injury, burnout, toxic work environments, and cumulative stress affect decision-making, communication, performance, and wellbeing</li><li>• The effects of psychological safety on organizational culture of law enforcement and the immediate work environment</li><li>• Ways to improve psychological safety through trauma-informed communication and interaction skills, such as reducing escalation and engaging peers and other officers in a compassionate, culturally-responsive, and nonjudgmental manner</li><li>• Techniques for compassionate, sensitive, and nonjudgmental service delivery, including trauma-responsive communication and de-escalation</li><li>• Procedures for recognizing and responding to traumatically triggering situations</li><li>• Tools and techniques for achieving situationally-optimal outcomes in triggering situations</li><li>• Comprehensive strategies and tools to manage the impact of trauma, cumulative occupational stress, ACEs, and toxic stress</li></ul> <p>The bill further directs the Board to evaluate program effectiveness using post-training assessments, wellness and safety metrics, officer feedback, and annual public reporting.</p> <p>The bill also notably is explicit in its requirement that “law enforcement agencies integrate trauma-informed care practices into policies, peer support programs, and officer resource referral procedures.”</p> <p><a href="https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=4249&amp;DocTypeID=HB&amp;LegId=0&amp;SessionID=114">https://www.ilga.gov/Legislation/BillStatus?GAID=18&amp;DocNum=4249&amp;DocTypeID=HB&amp;LegId=0&amp;SessionID=114</a></p>
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<p>Indiana <i>(Legislative Session: 1/8/25 - 4/24/25)</i></p>	<p>House Bill 1063  HB 1063</p>	<p>Dead  (Veterans Affairs and Public Safety Com., 1/8/25, no further action; died sine die)</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"> <li>• Requires law enforcement officers to complete cultural diversity and anti-profiling training, including trauma-informed interviewing and neurobiology of trauma</li> <li>• Prohibits discriminatory profiling and pretextual stops statewide</li> <li>• Mandates that every law enforcement agency adopt anti-profiling policies and standards for use of vehicle and body cameras</li> </ul> <p>The measure represents a significant structural intervention to reduce community re-traumatization and promote safer, more equitable encounters with law enforcement.</p> <p><a href="https://iga.in.gov/legislative/2025/bills/house/1063/details">https://iga.in.gov/legislative/2025/bills/house/1063/details</a></p>
<p>Indiana</p>	<p>House Bill 1186  HB 1186</p>	<p>Dead  (Engrossed 2/19/25; Senate Corrections &amp; Criminal Law Committee, 3/3/25, no further action; died sine die)</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> <ul style="list-style-type: none"> <li>• 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"> <li>○ The neurobiology of trauma</li> <li>○ Trauma-informed interviewing techniques</li> <li>○ Therapeutically appropriate investigative strategies</li> </ul> </li> <li>• 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</li> <li>• Establishing statewide minimum standards for mental health and wellness training for officers, including: <ul style="list-style-type: none"> <li>○ Recognizing symptoms of PTSD and suicidal behaviors</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Healthy coping skills for the stress and trauma of policing</li> <li>○ Awareness of mental health resources</li> <li>● Reinforcing the integration of de-escalation practices within broader use-of-force training rather than treating de-escalation as a separate or optional topic</li> <li>● Codifying that training must include culturally-responsive practices related to race, religion, gender, national origin, disabilities, and domestic violence</li> </ul> <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><a href="https://iga.in.gov/legislative/2025/bills/house/1186/details">https://iga.in.gov/legislative/2025/bills/house/1186/details</a></p>
Indiana	House Bill 1241 HB 1241	Dead  (Engrossed 2/21/25; Senate Family & Children Services Com., 3/4/25, no further action; died sine die)	<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"> <li>● Identify best practices for trauma-responsive care across multiple child- and family-strengthening systems</li> <li>● Recommend evidence-based research models for settings that interact with children and families affected by trauma</li> <li>● Prepare public reports that include prevention strategies focused on reducing ACEs</li> <li>● Center multigenerational interventions, community-based approaches for underserved areas, and integration of trained nonclinical providers</li> <li>● Include at least one Commission member with lived experience as a trauma survivor</li> </ul> <p><a href="https://iga.in.gov/legislative/2025/bills/house/1241/details">https://iga.in.gov/legislative/2025/bills/house/1241/details</a></p>
Indiana	House Bill 1246 HB 1246	Dead  (Education Com., 1/9/25, no	<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</p>

		<p>further action; died sine die)</p>	<p>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"> <li>• 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</li> <li>• Improved staffing ratios for student support personnel (e.g., counselors, psychologists, social workers, nurses) <ul style="list-style-type: none"> <li>○ Notably, the bill explicitly ties these investments to reducing out-of-school suspensions, discipline disproportionality, and unnecessary law enforcement involvement in schools</li> </ul> </li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Protection against misuse: Funds cannot be used to fund unlicensed positions or security roles not aligned with trauma-informed school support goals</li> </ul> <p>Notably, funding for grants is contingent upon support plans:</p> <ul style="list-style-type: none"> <li>• Improving student support staff ratios</li> <li>• Building sustainable multidisciplinary teams</li> <li>• Using disaggregated data to assess outcomes related to discipline, arrests, school safety, and equitable academic success</li> <li>• Prioritizing culturally responsive, evidence-based interventions and trauma-informed school climate practices</li> </ul>
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Indiana	Senate Bill 181  SB 181	Dead  (Public Health Com., 3/3/25, no further action; died sine die)	<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><a href="https://iga.in.gov/legislative/2025/bills/senate/181/details">https://iga.in.gov/legislative/2025/bills/senate/181/details</a></p>
Indiana	Senate Bill 521  SB 521	Dead  (Health and Provider Services Com., 1/16/25, no further action; died sine die)	<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 child, youth, and family development, with an emphasis on prevention, resilience-building, and practices supported by evidence of effectiveness or positive measurable outcomes.</p>

			<p>Relevant components significantly aligned with a TI approach include:</p> <ul style="list-style-type: none"> <li>• Establishment of the Trauma-Informed Care Commission tasked with recommending and updating best practices for trauma-responsive approaches across settings, sectors, and systems</li> <li>• Focus on multigenerational interventions to support caregivers, prevent and mitigate secondary trauma, and foster safe, stable, nurturing environments for children and families</li> <li>• Integration of peer support models and partnerships with nonclinical community figures, including mentors, clergy, and other trusted adults, to strengthen trauma-responsive care pathways</li> <li>• Emphasis on culturally-responsive practices, including community interventions for underserved areas shaped by acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, high rates of violence, or high rates of drug overdose mortality</li> <li>• Prioritization of prevention and resilience-building strategies, including school-based trauma education, positive discipline practices, and early identification and referral models</li> <li>• Annual reporting, with the commission required to identify, evaluate, recommend, and maintain submit a comprehensive strategy focused on and update evidence-supported preventing ACEs by 2027</li> </ul> <p>The Trauma-Informed Care Commission created in this bill builds on the framework introduced in HB1241 explored above, which similarly proposed a temporary statewide commission to identify and recommend evidence-based best practices for supporting trauma-impacted children, youth, and families. SB 521 extends that approach by requiring ongoing updates, broader inter-agency coordination, and a statewide prevention strategy report by 2027, embedding those provisions within a broader omnibus measure focused on pregnancy, childbirth, and maternal-child health.</p> <p><a href="https://iga.in.gov/legislative/2025/bills/senate/521/details">https://iga.in.gov/legislative/2025/bills/senate/521/details</a></p>
Iowa <i>(Legislative Session:</i>	House File 1036	Pending – carryover to 2026	This measure advances a trauma-informed, survivor-centered response to child sex trafficking and commercial sexual exploitation by strengthening early identification, reducing criminalization of survivors, expanding protective and restorative services, and coordinating a statewide cross-sector strategy.

<p>1/3/25 - 5/2/25, with carryover to 2026)</p>	<p>(Replaced House File 801 &amp; House File 908)</p> <p>HF 1036, HF 801, &amp; HF 908</p>	<p>(Passed in House, 5/12/25; Senate Appropriations Com., 5/12/25)</p>	<p>Key trauma-informed provisions include:</p> <ul style="list-style-type: none"> <li>• Children must be screened for commercial sexual exploitation using a standardized, evidence-based, trauma-informed tool whenever a report is determined to constitute child abuse</li> <li>• Every juvenile complaint must be reviewed using a standardized human-trafficking indicator list, and the court may order trauma-informed screening when indicators are present</li> <li>• If a person under 18 is found engaged in commercial sex, the county attorney may elect a non-delinquency pathway where, instead of a young person being arrested, charged, or prosecuted, they may be taken into temporary custody for safety or referred to the HHS for protective intervention</li> <li>• Directs HHS to develop, in consultation with nonprofit service providers, a statewide plan to expand restoration facilities and protective services for juvenile trafficking survivors and to consider creating an interstate housing network for youth at risk of re-exploitation, with a report due to inform next steps at the end of the year</li> <li>• Expands the time for survivors of sexual abuse or human trafficking that occurred in childhood to file civil actions to five years beyond age 18 or five years from discovery of the injury and causal connection, reflecting the realities of delayed disclosure in trauma recovery</li> <li>• Requires a convening annually to develop legislative proposals and submit an annual report, including representatives from public safety, the Attorney General's Office, HHS, juvenile court services, prosecution and defense, law enforcement, survivor-serving organizations, and a former trafficking survivor or their representative, ensuring lived experience informs policy development</li> </ul> <p>In terms of the progression of these measures, HF 801 originally introduced the trauma-informed screening requirements later integrated into HF 908. HF 908 expanded the scope to include restorative services, protective housing, civil remedy extensions, and statewide stakeholder coordination. Both measures are now withdrawn independently as they have been fully incorporated into and replaced by HF 1036.</p> <p>HF 801: <a href="https://www.legis.iowa.gov/legislation/BillBook?ga=91&amp;ba=HF801">https://www.legis.iowa.gov/legislation/BillBook?ga=91&amp;ba=HF801</a></p>
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<p>Kansas  (Legislative Session: 1/13/25 - 4/11/25, with carryover to 2026)</p>	<p>Senate Bill 263  SB 263</p>	<p>Pending – carryover to 2026  (Education Com., 3/18/25)</p>	<p>“Students Safe at School Act” – this measure establishes new standards for how active shooter drills and related crisis-response exercises 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> <ul style="list-style-type: none"> <li>• Drills must be trauma-informed, accessible, developmentally- and age-appropriate, culturally-aware, and accommodate students with mobility, sensory, developmental, physical, or mental health needs</li> <li>• Active-shooter drills may not include sensory or real-life shooting components <ul style="list-style-type: none"> <li>○ Full-scale or tactical simulations are restricted to voluntary participation by grades 9-12 and may not occur during regular school hours when students are present</li> </ul> </li> <li>• Parents must receive at least 24 hours’ notice before a drill and may opt their child out without penalty <ul style="list-style-type: none"> <li>○ There are no penalties for students who do not participate, though alternative safety education must be provided for those who opt out</li> </ul> </li> <li>• Each drill must include structured debrief time before resuming normal instruction, and participating students must have access to on-site mental-health supports such as counselors, psychologists, or social workers</li> <li>• Students must be explicitly informed that the drill is only practice and that there is no real danger</li> <li>• Schools must annually review drill efficacy and student/staff mental health impacts</li> <li>• Students are given a role in violence prevention planning activities</li> <li>• Students in grades 6-12 must have at least one class period each year of evidence-based violence-prevention training that teaches how to identify warning signs, take threats seriously, and report harmful or potentially harmful behavior to support violence prevention</li> <li>• Schools must offer opportunities for students to take part in prevention and safety leadership roles, establish safety-focused clubs or programs, and learn to seek help from trusted adults regarding bullying, sexual harassment, assault, or suicide</li> </ul>

			<a href="https://kslegislature.gov/li/b2025_26/measures/sb263/">https://kslegislature.gov/li/b2025_26/measures/sb263/</a>
Kentucky <i>(Legislative Session: 1/7/25 - 3/28/25)</i>	House Bill 48  HB 48	<a href="#"><u>Became Law</u></a>  4/1/25	<p>“Red Tape Reduction Act” – 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, seeking to improve teacher support structures, and enhancing trauma-informed approaches in schools.</p> <p>Relevant trauma-informed provisions include:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Requirements for trauma-informed planning at the school and district levels, including strategies to foster safe, stable, and understanding learning environments</li> <li>• Support for mental health services, encouraging school districts to employ school-based mental health providers and facilitate direct services to students</li> <li>• Professional development and training requirements related to trauma awareness, suicide prevention, child abuse and neglect recognition, and active shooter response</li> <li>• Protection of non-instructional time for teachers to allow for professional development and collaboration, potentially contributing to greater staff resilience and wellness</li> <li>• Suicide prevention programming expanded through requirements for multiple student-facing lessons per year</li> </ul> <p>The measure defines a trauma-informed approach as “incorporating principles of trauma awareness and trauma-informed practices in a school in order to foster a safe, stable, and understanding learning environment for all students and staff and ensuring that all students are known well by at least one adult in the school setting.”</p> <p>It is important to note that this bill also repeals some previously mandated trauma-specific reporting requirements. At the same time, it proposes removing elements of statewide reporting and documentation that function as accountability infrastructure, reducing transparency and limiting the state’s ability to track</p>

			<p>whether trauma-informed practices are making an impact and to ensure follow-through with stated trauma-informed commitments that are in this bill.</p> <p><a href="https://apps.legislature.ky.gov/record/25RS/hb48.html">https://apps.legislature.ky.gov/record/25RS/hb48.html</a></p>
Kentucky	<p>House Bill 291 &amp; Senate Bill 118</p> <p>HB 291 &amp; SB 118</p>	<p>Dead</p> <p>(HB 291 Engrossed, 2/27/25; Senate Families &amp; Children Com., 3/4/25; SB 118 Judiciary Com., 2/12/25; died sine die)</p>	<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"> <li>• 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</li> <li>• 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</li> <li>• Courts must review a wide range of trauma-informed and developmentally aware factors when considering alternative sentences, including: <ul style="list-style-type: none"> <li>○ The caregiving role and involvement of the parent</li> <li>○ The medical, educational, emotional, and developmental needs of the child</li> <li>○ The child’s age, with particular attention to infants, preschool, and school-age children</li> <li>○ Whether the defendant is breastfeeding</li> <li>○ The likelihood of reduced recidivism with access to treatment and services</li> </ul> </li> <li>• 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</li> </ul>

			<ul style="list-style-type: none"> <li>• 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"> <li>○ Parenting classes</li> <li>○ Substance use treatment</li> <li>○ Housing and transportation support</li> <li>○ Anger management</li> <li>○ Vocational training</li> <li>○ Restorative practices</li> </ul> </li> </ul> <p>If conditions of the alternative sentence are violated, incarceration may then be imposed, yet incarceration is not the default.</p> <p>HB 291: <a href="https://apps.legislature.ky.gov/record/25RS/hb291.html">https://apps.legislature.ky.gov/record/25RS/hb291.html</a>  SB 118: <a href="https://apps.legislature.ky.gov/record/25rs/sb118.html">https://apps.legislature.ky.gov/record/25rs/sb118.html</a></p>
Kentucky	House Bill 541  HB541	Dead  (Primary & Secondary Education Com., 2/25/25; died sine die)	<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"> <li>• Identifying and supporting students impacted by trauma</li> <li>• Providing training and consultation for school personnel on recognizing trauma symptoms and implementing supportive interventions</li> <li>• Building resiliency and promoting wellness across the school community</li> </ul> <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, partnering with law enforcement to coordinate around</p>

			<p>trauma exposure notifications, and fostering positive, safe learning environments for all students.</p> <p><a href="https://apps.legislature.ky.gov/record/25RS/hb541.html">https://apps.legislature.ky.gov/record/25RS/hb541.html</a></p>
Kentucky	House Bill 706  HB706	Dead  (Primary and Secondary Education Com., 2/27/25; no further action, died sine die)	<p>This measure seeks to replace the state’s instruction with a comprehensive, evidence-based, and trauma-informed framework for healthy relationship instruction across grades K-12.</p> <p>The bill requires that all instruction be age-, developmentally-, and culturally-appropriate, medically-accurate, and trauma-informed. The bill defines trauma-informed explicitly as “means addressing vital information about sexuality and wellbeing that takes into consideration adverse life experiences and their potential influence on sexual decision-making,” integrating an understanding of emotional regulation, safety, and empowerment into learning environments.</p> <p>Key aligned elements include:</p> <ul style="list-style-type: none"> <li>• Affirmative inclusion of trauma-informed approaches as a statutory requirement for all curricula and instructional materials</li> <li>• Comprehensive social-emotional and relational learning, emphasizing empathy, consent, communication, boundary-setting, and safety in interpersonal dynamics</li> <li>• Recognition of the influence of culture, gender, and power, with requirements to explicitly speak to the roles that traditions, values, religion, gender roles, acculturation, family structure, health beliefs, and political power play in shaping health-related decisions</li> <li>• Direct integration of cultural and gender inclusivity, requiring materials to be responsive to race, ethnicity, language, religion, gender identity, sexual orientation, and differing abilities</li> <li>• Commitment to student voice and belonging, with inclusive representation of historically marginalized communities and affirmative examples of LGBTQIA2S+ individuals, relationships, and families</li> <li>• Safe and participatory environments, prohibiting penalization for student questions and establishing transparent opt-out processes</li> <li>• Systems accountability and oversight, requiring statewide curriculum standards, teacher qualifications, and reporting to ensure fidelity of implementation</li> </ul>

			<a href="https://apps.legislature.ky.gov/record/25RS/hb706.html">https://apps.legislature.ky.gov/record/25RS/hb706.html</a>
Kentucky	Senate Bill 165  SB 165	Dead  (Education Com., 2/18/25; died sine die)	<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 <a href="#">released a statement</a> opposing the previous measure that brought the legislature to this recalibration, as has the <a href="#">Kentucky Student Voice Team</a>, 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 given that systems lose flexibility to acknowledge, adapt to, and support the diverse experiences of students. This also ultimately reduces capacity to build safe and supportive school climates, particularly for students from historically marginalized groups who are disproportionately impacted by trauma and adversity.</p> <p><a href="https://apps.legislature.ky.gov/record/25RS/sb165.html">https://apps.legislature.ky.gov/record/25RS/sb165.html</a></p>

<p>Maine <i>(Legislative Session: 12/4/24 - 3/21/25, with carryover to 2026)</i></p>	<p>Legislative Document 1328  LD 1328</p>	<p>Dead  (Vetoed, 6/25/25)</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>The bill passed and yet, when sent to the Governor, it was unfortunately vetoed rather than signed into law, with the <a href="#">veto memo</a> stating that MaineHousing is not the appropriate agency to administer recovery housing because it lacks expertise in recovery service oversight, the bill did not clarify project ownership/acquisition, and it provided no funding.</p>
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Maine	Legislative Document 1389  LD 1389	Pending – carryover into 2026  (Held by Governor after legislative passage, 7/8/25)	<p>This measure would establish the Building Opportunity Through Out-of-School Time Program as a competitive HHS grant program to expand and strengthen out-of-school programming for school-age youth aged 5-13.</p> <p>Elements notably aligned with a trauma-informed approach include:</p> <ul style="list-style-type: none"> <li>• Grant applicants are prioritized if they integrate trauma-informed approaches into both their youth curriculum and the professional development of staff who regularly engage with children</li> <li>• Eligible programs must demonstrate a commitment to reducing barriers to access (e.g., transportation, enrollment costs, other obstacles) for at-risk, unhoused, foster-involved, and disabled young people</li> <li>• Funding preference is given to providers serving historically underrepresented and underserved youth populations, and the bill includes a robust nondiscrimination clause encompassing race, color, religion, ancestry, age, sex, sexual orientation, gender identity or expression, national origin, and disability</li> <li>• Programming definitions emphasize social, emotional, academic, and vocational competencies, prevention of violence and substance use, and mentoring relationships</li> <li>• Community engagement, stakeholder participation, and youth voice are required elements in program design and evaluation</li> </ul> <p><a href="https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1389&amp;snum=132">https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1389&amp;snum=132</a></p>
Maine	Legislative Document 1442  LD 1442	Dead  (Voted “Ought Not To Pass” by committee, 5/28/25)	<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"> <li>• Requires supervision of direct care staff to include trauma-informed and culturally-appropriate observation of service delivery</li> <li>• Expands access to state-provided direct support worker training as a qualification pathway, helping to build a better-prepared, more resilient care workforce</li> </ul>

			<ul style="list-style-type: none"> <li>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</li> </ul> <p><a href="https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1442&amp;snum=132">https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1442&amp;snum=132</a></p>
Maine	Legislative Document 1703  LD 1703	Dead  (Voted “Ought Not To Pass” by committee, 5/20/25)	<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. The pilot would run in school-based health centers across three counties from 2026-2027.</p> <p>Key components of the measure include:</p> <ul style="list-style-type: none"> <li>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</li> <li>Resiliency assessments administered regardless of opting into ACEs screening to assess coping skills, recovery capacity, and emotional growth potential</li> <li>Training requirements for LCSWs and LMSWs participating in the project, focusing on ACEs science, trauma-sensitive practices, intervention strategies, and cultural competence</li> <li>Data collection and evaluation of the pilot project’s reach, outcomes, and stakeholder feedback, including referrals for support services as well as tracking ACEs and resiliency scores</li> <li>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</li> </ul> <p>Notable definitions provided in the bill include:</p> <ul style="list-style-type: none"> <li>ACEs are defined as “traumatic events occurring in childhood, such as abuse, neglect, and household dysfunction, that negatively impact long-term health and wellbeing”</li> <li>“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”</li> </ul>

			<a href="https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1703&amp;snum=132">https://legislature.maine.gov/legis/bills/display_ps.asp?LD=1703&amp;snum=132</a>
Maryland <i>(Legislative Session: 1/8/25 - 4/7/25)</i>	House Bill 197 & Senate Bill 68  HB0197 & SB0068	<u>Became Law</u>  5/6/25	<p>This bill is a continuation of Maryland’s previous restorative practices legislation from 2024, serving to strengthen and operationalize 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"> <li>• 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"> <li>○ Trauma-informed care</li> <li>○ Conflict resolution</li> <li>○ Mediation</li> <li>○ Peer mediation</li> <li>○ Circle processes</li> <li>○ Restorative conferences</li> <li>○ Social emotional learning</li> <li>○ Positive behavioral intervention supports</li> <li>○ Personal accountability</li> </ul> </li> <li>• Requires that the Dept. consult with experienced practitioners and national experts in restorative practices to shape the statewide plan</li> <li>• Directs the development of a model for identifying and training restorative practice coaches within schools</li> <li>• Creates standards for when a school may be officially designated as a Restorative Practices School</li> <li>• Establishes key outcome metrics, including improvements in disciplinary actions, absenteeism, teacher turnover, mental health indicators, and school climate</li> <li>• Mandates that any county board choosing to establish a Restorative Practices School must use the state’s comprehensive plan</li> </ul> <p>HB0197: <a href="https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0197?ys=2025RS">https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB0197?ys=2025RS</a> SB0068: <a href="https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0068?ys=2025RS">https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0068?ys=2025RS</a></p>

Maryland	House Bill 1105 & Senate Bill 770  HB1105 & SB0770	Dead  (Passed in Senate, 3/17/25; House Ways and Means Com., 3/26/25)	<p>This measure expands applicant screening and employment history review requirements for positions involving direct contact with minors across schools, childcare centers, youth-serving organizations, and contracting agencies. It also establishes a school-based crisis support and assistance framework that explicitly embeds trauma-informed response requirements when an employee is removed from a classroom or school building due to alleged criminal activity or student safety concerns.</p> <p>Meaningful alignment with trauma-informed principles includes:</p> <ul style="list-style-type: none"> <li>• Requires each local school system to provide crisis support and assistance to a public school following removal of a teacher or other employee with direct contact with minors under specified safety-related circumstances</li> <li>• Requires each county board to establish a crisis response team and standardized crisis response protocols for such events, with the crisis response team notably required to include a trauma-informed counselor</li> <li>• Requires standardized crisis response protocols to include a trauma-informed communications plan that provides accurate information to students, school personnel, parents/guardians, and others impacted in a timely, clear, legally-compliant, and trauma-informed manner</li> <li>• Requires protocols to include resources for parents/guardians and school personnel on age-appropriate discussion of difficult topics and recognition of trauma-related symptoms and behaviors, including guidance on when and to whom to refer</li> <li>• Requires the provision of or referral to trauma-informed counseling services for students and impacted families, and includes a requirement to place impacted students in spaces within the school that minimize trauma</li> <li>• Requires local systems to train principals and at least one additional administrator on protocol use, establish a feedback mechanism, and continually update protocols based on feedback, updated best practices, and post-event review</li> <li>• Requires Child Protective Services worker background clearance steps through DHS processes, strengthens employment history review procedures prior to hiring, and limits contractual agreements that suppress disclosure of misconduct-related investigations or findings</li> </ul> <p>HB1105:  <a href="https://mgaleg.maryland.gov/mgaweb/site/Legislation/Details/HB1105?ys=2025RS">https://mgaleg.maryland.gov/mgaweb/site/Legislation/Details/HB1105?ys=2025RS</a></p>
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Maryland	<p>House Bill 1198 &amp; Senate Bill 632</p> <p>HB1198 &amp; SB0632</p>	<p>Dead</p> <p>(S0632 Engrossed in Senate, House Judiciary Com., 4/7/25; died sine die)</p>	<p>This measure strengthens the state’s requirements and standards regarding standalone prerelease units for incarcerated women, with substantive provisions about embedding trauma-informed, gender-responsive approach throughout services and structures.</p> <p>The bill mandates comprehensive, gender-responsive prerelease services that are both evidence-based and innovative, including:</p> <ul style="list-style-type: none"> <li>• Trauma-informed counseling</li> <li>• Integrative ad gender-responsive mental health and substance use treatment, “to address overall health and trauma needs and help female incarcerated individuals achieve stable and productive roles in society”</li> <li>• individualized and comprehensive re-entry plans involving community provider partnerships to reduce barriers to obtaining housing, jobs, education, health care, childcare and child welfare, transportation, legal advocacy, case management, and other needs</li> <li>• Education and vocational skill-building, including workforce training and job placement</li> <li>• Stable housing coordination at release (in original drafts, language notably required ensuring stable housing “that is reasonably expected to remain available to the individual and her dependents for at least 1 year after release,” though this was later stricken)</li> <li>• Family reunification and support programming</li> <li>• Application assistance for health and social benefits, including ensuring each person has “pertinent documents, including a birth certificate, a social security card, health insurance information, medical records, and a driver’s license or state identification card at release”</li> </ul> <p>The new facility built per this measure must be designed intentionally to ensure privacy, dignity, and trauma-informed care, with facilities that, as possible, include:</p> <ul style="list-style-type: none"> <li>• Handicapped-accessible rooms, wheelchair ramps, and designated handicapped parking spaces</li> <li>• Housing units with double and single occupancy</li> <li>• Administrative offices</li> </ul>

			<ul style="list-style-type: none"> <li>• Indoor and outdoor meeting, lounge, and visiting spaces</li> <li>• A classroom</li> <li>• A career center</li> <li>• A nonemergency medical suite</li> <li>• On-site recreational, creative, and athletic facilities</li> <li>• Access to public transportation</li> </ul> <p>The bill defines “Gender-Responsive Services” as “programs that the specific needs of incarcerated women prerelease status in psychological development, socialization, culture, exposure to trauma and life experiences, to reduce criminogenic risks and support successful reentry, recovery, and recidivism reduction.”</p> <p>HB1198:  <a href="https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB1198?ys=2025RS">https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/HB1198?ys=2025RS</a>  S0632:  <a href="https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0632?ys=2025RS">https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0632?ys=2025RS</a></p>
Maryland	Senate Bill 448  SB0448	Dead  (Finance Com., 1/27/25; no further action, died sine die)	<p>This measure establishes the Self-Directed Mental Health Services Pilot Program within the state’s Dept. of Health to facilitate 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"> <li>• Peer respite</li> <li>• Tenancy-sustaining support</li> <li>• Technology for independence</li> <li>• Vocational training</li> <li>• Homemaker services</li> </ul>

			<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"> <li>• 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”</li> <li>• Self-Directed Services: “services chosen, managed, and directed by participants to maximize independence, recovery, dignity, and community inclusion”</li> </ul> <p><a href="https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0448?ys=2025RS">https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0448?ys=2025RS</a></p>
<p>Massachusetts <i>(Legislative Session: 1/1/25 - 11/19/25, with carryover to 2026)</i></p>	<p>House Bill 184 &amp; Senate Bill 87  H.184 &amp; S.87</p>	<p>Pending – with carryover to 2026  (Joint Com. on Cannabis Policy, 2/27/25; Hearing 6/13/25)</p>	<p>These companion measures reallocate a greater share of state cannabis excise revenue to strengthen community resilience and economic opportunity in areas designated as most affected by the War on Drugs. It increases transfers to the Cannabis Social Equity Trust Fund and creates a Community Empowerment and Reinvestment Grant Program to support local initiatives that foster stability, opportunity, and healing.</p> <p>The bill outlines criteria for grantees to “include, but not be limited to, for socially and economically disadvantaged and historically underrepresented groups” the following factors:</p> <ul style="list-style-type: none"> <li>• Job training, job creation and job placement for those who face high barriers to employment in said communities</li> </ul>

			<ul style="list-style-type: none"> <li>• Transitional employment programs, social enterprise, pre-apprenticeship, or other training programs</li> <li>• School-based or community-based high school dropout prevention and re-engagement programs</li> <li>• Cooperative, microbusiness, and small business development programs and community-based workforce development programs</li> <li>• Programs focused on housing stabilization services, addiction treatment, and trauma-informed mental health care</li> </ul> <p>Notably, the program’s governing board must consist of “individuals from and with experience advocating on behalf of” communities it serves, ensuring decisions are made by those most closely connected to local realities and contextualized appropriately in implementation.</p> <p>H.184: <a href="https://malegislature.gov/Bills/194/H184">https://malegislature.gov/Bills/194/H184</a>  S.87: <a href="https://malegislature.gov/Bills/194/S87">https://malegislature.gov/Bills/194/S87</a></p>
Massachusetts	House Bill 233 & Senate Bill 112  H.233 & S.112	Pending – with carryover to 2026  (Senate Ways & Means, 12/22/25)	<p>These companion measures codify and standardize the Children’s Advocacy Center (CAC) model and the Massachusetts Children’s Alliance (MCA) as the statewide network coordinating multidisciplinary, trauma-informed responses to child maltreatment.</p> <p>CACs are defined as “child-focused, trauma-informed, facility-based program in which a multidisciplinary team with representatives from law enforcement, child protection, prosecution, mental health, forensic interviewing, medical, and victim advocacy disciplines collaborate to offer the best response to child victims of maltreatment,” in service helping “ensure children are not further traumatized by the systems intended to aid.”</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> <li>• Formal statutory recognition of the Massachusetts Children’s Alliance as the statewide coordinating body providing funding, accreditation, data collection, and technical assistance.</li> <li>• Requirements that all CACs operate under nationally-recognized accreditation standards and maintain multidisciplinary teams representing law enforcement, medical, mental health, and victim advocacy professionals</li> </ul>

			<ul style="list-style-type: none"> <li>• Mandates that services be culturally-sensitive, developmentally-appropriate, and delivered in child-safe, trauma-informed environments</li> <li>• Establishment of structured case review, tracking, and outcomes monitoring systems</li> <li>• Explicit assurance that CAC protocols minimize repetitive or duplicative forensic interviews, ultimately reducing the risk of re-traumatization</li> <li>• Requires CACs to ensure access to mental health and medical services for survivors and non-offending caregivers</li> </ul> <p>These measures moved together through the Joint Com. on Children, Families and Persons with Disabilities after referral on 2/27/25, with a joint hearing held on 10/21/25. The Senate version was reported favorably out of committee on 12/22/25 and referred to Senate Ways and Means, positioning this legislation for possible continued movement in 2026.</p> <p>H.233: <a href="https://malegislature.gov/Bills/194/H233">https://malegislature.gov/Bills/194/H233</a>  S.112: <a href="https://malegislature.gov/Bills/194/S112">https://malegislature.gov/Bills/194/S112</a></p>
Massachusetts	House Bill 289  H.289	Pending – carryover to 2026  (Joint Com. on Children, Families, & Persons with Disabilities, 2/27/25; hearing 11/18/25)	<p>This measure establishes a special commission to investigate and study women’s experiences of being unhoused.</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"> <li>• Proactively prevent people from becoming unhoused</li> <li>• Improve shelter access and quality for women and families</li> <li>• Expand permanent housing opportunities</li> <li>• Enhance data collection and reporting on women who are unhoused</li> <li>• Ensure full access to health care and social services</li> </ul> <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><a href="https://malegislature.gov/Bills/194/H289">https://malegislature.gov/Bills/194/H289</a></p>
Massachusetts	House Bill 1333  H.1333	Pending – carryover to 2026	<p>This bill establishes the Maternal Health Justice Fund to expand and manage the doula workforce, among other provisions.</p>

		(Joint Financial Services Com., 2/27/25; Hearing 10/2/25)	<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"> <li>• Health equity</li> <li>• Implicit bias</li> <li>• Structural and interpersonal racism</li> <li>• Reproductive and birth justice</li> <li>• Cultural sensitivity and humility</li> <li>• Parental mental health</li> <li>• Disability inclusion</li> <li>• Sexual and gender identity inclusion</li> <li>• Social determinants of health</li> <li>• Trauma-informed care (including for survivors of sexual assault or birth trauma)</li> </ul> <p><a href="https://malegislature.gov/Bills/194/H1333">https://malegislature.gov/Bills/194/H1333</a></p>
Massachusetts	House Bill 1418  H.1418	Pending – carryover to 2026  (Hearing, 6/6/25; Reporting date	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.

		extended to 3/18/26)	<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"> <li>• Creation of culturally tailored mental health and substance use programs, including a specific TIC initiative for survivors of violence</li> <li>• Expansion of implicit bias and cultural competence training for staff</li> <li>• Development of a crisis intervention team in partnership with local law enforcement</li> <li>• Establishment of a youth mentorship and resilience program and a school partnership initiative aimed at disrupting the school-to-prison pipeline</li> <li>• Expansion of outpatient services, family-focused therapy, and wellness programs addressing health disparities</li> <li>• Creation of community resource centers and workforce development initiatives focused on mental health careers for local residents</li> </ul> <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><a href="https://malegislature.gov/Bills/194/H1418">https://malegislature.gov/Bills/194/H1418</a></p>
Massachusetts	House Bill 1462 & Senate Bill 951  H.1462 & S.951	Pending – carryover to 2026  (Hearing, 9/11/25)	<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 provide 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>H.1462: <a href="https://malegislature.gov/Bills/194/H1462">https://malegislature.gov/Bills/194/H1462</a>  S.951: <a href="https://malegislature.gov/Bills/194/S951">https://malegislature.gov/Bills/194/S951</a></p>
Massachusetts	<p>House Bill 1929  H.1929</p>	<p>Pending – with carryover into 2026  (Joint Hearing, 11/4/25)</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>The measure also mandates annual reporting to the Legislature on outcomes, access to justice metrics, and implementation progress.</p> <p><a href="https://malegislature.gov/Bills/194/H1929">https://malegislature.gov/Bills/194/H1929</a></p>
Massachusetts	<p>House Bill 2054  H.2054</p>	<p>Pending – carryover to 2026  (Joint Com. On the Judiciary, 2/27/25; Hearing, 11/18/25)</p>	<p>This bill creates a pathway to automatic 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. This considers more contemporary neurodevelopmental understandings that speak to cognitive maturation continuing well into the mid-twenties.</p> <p>The measure retroactively and prospectively grants parole eligibility to this population, eliminates mandatory life without parole sentencing for young adults, and integrates restorative justice and rehabilitative requirements. Correctional resources (the cost of incarceration, or between \$117,000 - \$150,000 per year) are also redirected toward rehabilitation and community re-integration support, requiring therapy to “address harm, trauma, impact, healing, and accountability.”</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</p>

			<p>systemic inequities, including racial, economic, and class disparities, that contribute to harsher legal and court outcomes for marginalized populations, and also affirms the potential for people on parole to contribute meaningfully with supports, stating: “lifer parolees contribute positively to communities, reducing recidivism and societal burdens.”</p> <p><a href="https://malegislature.gov/Bills/194/H2054">https://malegislature.gov/Bills/194/H2054</a></p>
<p>Minnesota <i>(Legislative Session: 1/14/25 - 5/19/25 with carryover to 2026)</i></p>	<p>House File 1637 &amp; Senate File 3353  HF 1637 &amp; SF 3353</p>	<p>Pending - carryover to 2026 (House Health Finance &amp; Policy Com., 3/3/25; Senate Health &amp; 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:  <a href="https://www.revisor.mn.gov/bills/text.php?number=HF1637&amp;type=bill&amp;version=0&amp;session=ls94&amp;session_year=2025&amp;session_number=0">https://www.revisor.mn.gov/bills/text.php?number=HF1637&amp;type=bill&amp;version=0&amp;session=ls94&amp;session_year=2025&amp;session_number=0</a></p> <p>SF 3353:  <a href="https://www.revisor.mn.gov/bills/text.php?number=SF3353&amp;version=latest&amp;session=ls94&amp;session_year=2025&amp;session_number=0">https://www.revisor.mn.gov/bills/text.php?number=SF3353&amp;version=latest&amp;session=ls94&amp;session_year=2025&amp;session_number=0</a></p>
Minnesota	House File 2967 & Senate File 3300  HF 2967 & SF 3300	Pending – with carryover into 2026  (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"> <li>• Requires the Commissioner of Children, Youth, and Families to conduct comprehensive annual reviews of cases involving African American children and other disproportionately represented groups</li> <li>• Directs that case reviews must track multiple metrics, including the use of culturally-appropriate, strength-based, and trauma-informed services for children and families</li> <li>• 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"> <li>○ Plans are required to include specific strategies for achieving and documenting trauma-informed, positive child wellbeing outcomes</li> <li>○ Plans must also identify systemic barriers to reunification, access to culturally-responsive mental health and substance use services,</li> </ul> </li> </ul>

			<p>family support access, and any deficiencies in trauma-informed approaches</p> <ul style="list-style-type: none"> <li>• Strengthens the reporting obligations of the African American Child Well-Being Advisory Council for transparency and accountability</li> </ul> <p>HF 2967:  <a href="https://www.revisor.mn.gov/bills/bill.php?b=House&amp;f=HF2967&amp;ssn=0&amp;y=2025">https://www.revisor.mn.gov/bills/bill.php?b=House&amp;f=HF2967&amp;ssn=0&amp;y=2025</a>  SF 3300:  <a href="https://www.revisor.mn.gov/bills/text.php?number=SF3300&amp;version=latest&amp;session=ls94&amp;session_year=2025&amp;session_number=0">https://www.revisor.mn.gov/bills/text.php?number=SF3300&amp;version=latest&amp;session=ls94&amp;session_year=2025&amp;session_number=0</a></p>
Minnesota	House File 2143 & Senate File 1953  HF 2143 & 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"> <li>• ACEs</li> <li>• Complex trauma and C-PTSD</li> <li>• Secondary traumatic stress</li> <li>• Culturally-responsive practices</li> <li>• Structural contributors to health disparities</li> </ul> <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>HF2143: <a href="https://www.revisor.mn.gov/bills/94/2025/0/HF/2143/versions/0/">https://www.revisor.mn.gov/bills/94/2025/0/HF/2143/versions/0/</a></p>

			SF1953: <a href="https://www.revisor.mn.gov/bills/bill.php?b=Senate&amp;f=SF1953&amp;ssn=0&amp;y=2025">https://www.revisor.mn.gov/bills/bill.php?b=Senate&amp;f=SF1953&amp;ssn=0&amp;y=2025</a>
Mississippi  (Legislative Session: 1/7/25 - 4/3/25)	House Bill 566  HB 566	Dead  (Died sine die in Education Com., 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>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><a href="https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0566.xml">https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0566.xml</a></p>
Mississippi	House Bill 777  HB 777	Dead  (Died sine die in Education Com., 2/4/25)	<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"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul> <p><a href="https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0777.xml">https://billstatus.ls.state.ms.us/2025/pdf/history/HB/HB0777.xml</a></p>
Mississippi	Senate Bill 2600  SB 2600	Dead  (Died sine die in Education Com., 2/4/25)	<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"> <li>• Requires that educator preparation programs include coursework on school discipline, mental health disturbance awareness, and trauma-informed approaches as a condition of program approval</li> <li>• Mandates that all public school districts and public charter schools: <ul style="list-style-type: none"> <li>○ Employ at least one school counselor or mental health services provider for every 250 students</li> <li>○ Require professional school counselors to spend a minimum of 80% of their time delivering direct counseling services to students</li> <li>○ Create a multidisciplinary trauma-informed team at each school to identify and support students whose learning, behavior, and relationships have been impacted by trauma</li> <li>○ Require school counselors, in collaboration with trauma-informed team members, to deliver at least one hour of annual training for all</li> </ul> </li> </ul>

			<p>staff on recognizing signs of mental disturbance or trauma and using trauma-informed interventions</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul> <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 wellbeing), but differ fundamentally in scope, focus, and method, and thus are cited separately in this document despite similar overlapping text and concepts.</p> <p><a href="https://billstatus.ls.state.ms.us/2025/pdf/history/SB/SB2600.xml">https://billstatus.ls.state.ms.us/2025/pdf/history/SB/SB2600.xml</a></p>
<p>Missouri</p> <p><i>(Legislative Session: 1/8/25 - 5/16/25)</i></p>	<p>House Bill 1332</p> <p>HB1332</p>	<p>Dead</p> <p>(House Emerging Issues Com., 5/15/25; died sine die)</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"> <li>• Eliminate the Department of Elementary and Secondary Education’s role in providing trauma-informed resources, training, and guidance to schools</li> <li>• Remove the statutory definitions of “trauma-informed approach” and “trauma-informed school”</li> </ul>

			<ul style="list-style-type: none"> <li>○ “Trauma-informed approach” is “an approach that involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan”</li> <li>○ “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”</li> <li>● Repeal the (already sunset) pilot program that supported five Missouri schools in trauma-informed implementation</li> </ul> <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>This bill is included because it proposes the complete removal of Missouri’s existing statutory trauma-informed framework without introducing any replacement provisions. The text repeals definitions and responsibilities that previously established a baseline for trauma-informed training, resources, and cross-agency collaboration within the Dept. of Elementary and Secondary Education. While the bill does not specify the rationale for repeal or cite any meaningful empirical evidence to support this action, its passage would eliminate key sections of state law that explicitly including trauma-informed education infrastructure.</p> <p><a href="https://house.mo.gov/Bill.aspx?bill=HB1332&amp;year=2025&amp;code=R">https://house.mo.gov/Bill.aspx?bill=HB1332&amp;year=2025&amp;code=R</a></p>
<p>Montana</p> <p><i>(Legislative Session: 1/6/25 - 5/3/25)</i></p>	<p>Senate Bill 318</p> <p>SB318</p>	<p>Dead</p> <p>(Died in Committee Process, 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"> <li>• Child sexual abuse</li> <li>• Physical abuse</li> <li>• Emotional abuse</li> <li>• Coercive control</li> <li>• Implicit and explicit bias (including regarding parents with disabilities)</li> <li>• Trauma impacts</li> <li>• Victim/perpetrator behavior dynamics</li> </ul> <p>This measure also expands children’s rights within custody proceedings, including:</p> <ul style="list-style-type: none"> <li>• The right to express their views freely and have those views meaningfully considered based on age and maturity</li> <li>• Protections against forced relationships with parents deemed unfit</li> <li>• Protections against forced reunification treatments unless scientifically validated</li> <li>• Revises the “best interest of the child” standard to prioritize child safety and to account for trauma exposure (vs. just parental rights/preferences)</li> <li>• Updates procedures for parenting plan amendments, including a rebuttable presumption against abusive or convicted parents retaining parenting rights unless proven otherwise</li> </ul> <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>SB 318 passed the Senate (47-3) and moved to the House Judiciary Committee for a hearing, but it failed on House 2<sup>nd</sup> reading (46-53). A reconsideration vote also failed (45-54), with the measure ultimately dying in the House process.</p> <p><a href="https://bills.legmt.gov/#/laws/bill/2/LC0931?open_tab=sum">https://bills.legmt.gov/#/laws/bill/2/LC0931?open_tab=sum</a></p>
<p>Nebraska <i>(Legislative Session:</i></p>	<p>Legislature Bill 48  LB48</p>	<p><a href="#"><u>Became Law</u></a>  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>1/8/25 &amp; 6/9/25)</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>
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Nebraska <i>(Legislative Session: 1/8/25 &amp; 6/9/25)</i>	Legislature Bill 217  LB217	<u>Became Law</u>  6/4/25	<p>This measure strengthens child-supporting workforce training requirements by directing the state’s Dept. of Health and Human Services (DHHS) to develop a baseline curriculum for suicide awareness and prevention, and by tying required training to staff onboarding/ongoing training, foster system licensure, and child-placing agency employee preparation.</p> <p>Among other provisions outlining the creation and implementation of this curriculum, the measure specifically uplifts that the training must incorporate evidence-based practices and “may include, but not be limited to, identification of early warning signs and symptoms of behavioral and mental health issues for youth in the child welfare system, and appropriate and effective responses for behavioral and mental health issues and trauma-informed care.”</p> <p><a href="https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59381">https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59381</a></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"> <li>• Strengthens the powers and duties of the State School Security Director, including: <ul style="list-style-type: none"> <li>○ Reviewing school district safety plans every three years</li> <li>○ Conducting security assessments in schools</li> <li>○ Offering behavioral and mental health training (with a focus on suicide awareness and prevention)</li> <li>○ Establishing a model safety plan for districts’ use.</li> </ul> </li> <li>• Modifies the use and oversight of school resource officers (SROs) and security guards, including: <ul style="list-style-type: none"> <li>○ Mandating initial evidence-based training for SROs and security guards covering topics such as: <ul style="list-style-type: none"> <li>○ Trauma-informed responses</li> <li>○ Conflict de-escalation</li> <li>○ Teenage brain development</li> <li>○ Implicit bias</li> </ul> </li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Diversity and cultural awareness</li> <li>○ Preventing violence in school settings</li> <li>○ Setting policies for student advisement of constitutional rights during interrogations</li> <li>○ Establishing required records of student referrals to law enforcement</li> <li>○ Requiring a parent and student complaint process for concerns about SRO or security guard conduct</li> </ul> <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><a href="https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59639">https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59639</a></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"> <li>● Implement dispatch screening protocols to identify Mental Health Priority calls</li> <li>● Designate and code Mental Health Priority calls in their dispatch systems</li> <li>● Ensure that officers responding to identified calls are accompanied by an APS social worker whenever safe and practicable</li> <li>● Allow the APS social worker to lead the initial contact and intervention using de-escalation strategies and TIC</li> </ul> <p>The bill also directs the state’s Commission on Law Enforcement and Criminal Justice to:</p> <ul style="list-style-type: none"> <li>● Create minimum standards for agency policies on APS accompaniment</li> </ul>

			<ul style="list-style-type: none"> <li>• Review law enforcement compliance annually and report findings to the Governor and legislature</li> <li>• Deny grants, loans, or funding to agencies that exhibit a pattern of noncompliance</li> </ul> <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 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><a href="https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=58849">https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=58849</a></p>
Nevada <i>(Legislative Session: 2/3/25 - 6/2/25)</i>	Senate Bill 54 SB54	<u>Became Law</u> 6/6/25	<p>This measure requires Medicaid to cover medical respite care services for people who are unhoused, contingent upon the availability of federal financial participation. The law emphasizes linking acute and post-acute medical care with trauma-informed supports and requires that care plans account for cultural, social, and environmental factors affecting recovery and stability.</p> <p>Among other provisions, the bill notably:</p> <ul style="list-style-type: none"> <li>• Directs the Director of the Dept. of Health and Human Services to: <ul style="list-style-type: none"> <li>○ Include coverage of medical respite care for people who are unhoused for up to 90 days per year</li> <li>○ Apply for any necessary waivers or state plan amendments to secure federal funding</li> </ul> </li> <li>• Requires that medical respite facilities seeking Medicaid reimbursement must: <ul style="list-style-type: none"> <li>○ Operate according to a specific model developed by the Divs. of Health Care Financing and Policy and the of Public and Behavioral Health</li> <li>○ Be staffed 24/7 by providers trained in: <ul style="list-style-type: none"> <li>▪ TIC</li> <li>▪ De-escalation techniques</li> <li>▪ Mental Health First Aid</li> </ul> </li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>▪ Crisis intervention and support</li> </ul> <p><a href="https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11846/Text">https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11846/Text</a></p>
Nevada	Senate Bill 337  SB337	Dead  (Failed to advance after Senate approval 4/24/25; died sine die)	<p>This measure proposed the creation of a comprehensive statewide framework to expand access to non-opioid alternatives and reduce dependence on opioids across the state’s health systems.</p> <p>Among provisions that allow more patient choice and rights in accessing non-opioid treatments, including requiring insurers and public health plan requirements, the measure notably calls for the Fund for a Resilient Nevada to dedicate at least 20% of its allocations to prevention-focused projects, including specifically uplifting those addressing ACEs and early-intervention supports for affected children and families.</p> <p><a href="https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12584/Overview">https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/12584/Overview</a></p>
New Hampshire  (Legislative Session: 1/8/25 – 6/26/25, with carryover to 2026)	House Bill 553  HB553	Dead  (Laid on the table, 3/26/25)	<p>This measure proposes updates to the Child Protection Act to align the state’s abuse and neglect definitions and procedures with more contemporary standards.</p> <p>The bill notably reframes the purpose statement of the law itself to center on the physical, emotional, and psychological welfare of children and to emphasize the duty of the state to provide trauma-informed care and services to children and families who come into contact with the child-protection system.</p> <p>The measure uplifts the following specific factors to be considered in determining the likelihood that a child may suffer serious impairment in situations where system-involvement occurs, specifying these considerations are made “with a trauma-informed lens:”</p> <ul style="list-style-type: none"> <li>• The age and developmental level of the child, adding: “although the child’s age or ability to care for themselves is not dispositive of the potential harm caused by other factors”</li> <li>• The child’s social, emotional, learning, mental health, behavioral health, or physical conditions</li> <li>• School attendance and the child’s ability to fully engage in school</li> </ul>

			<ul style="list-style-type: none"> <li>• The child’s exposure to persons involved in the misuse or sale, manufacture, or trafficking of legal or illegal substances or the parent’s or child’s abuse of alcohol</li> <li>• Exposure to incidents of domestic or sexual violence</li> <li>• “Any documented failure to thrive”</li> <li>• Any history of frequent illness or injury</li> <li>• Findings in other proceedings</li> <li>• The condition of the child’s place of residence</li> <li>• Assessments or evaluations of the child conducted by qualified professionals</li> <li>• Such other factors that may be determined to be appropriate or relevant</li> <li>• Any single incident or occurrence of serious injury or illness</li> <li>• Parentification of a child</li> </ul> <p>The bill provides key definitions, including:</p> <ul style="list-style-type: none"> <li>• Statutory definitions of “abuse” and “neglect” are expanded to include psychological maltreatment, exposure to domestic or sexual violence, and parentification of a child as recognized forms of harm that may contribute to serious emotional injury</li> <li>• “Trauma-informed” is defined as “a service system in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, families, caregivers, and service providers. It is an expansion of the system’s concerns beyond children’s physical safety and permanence to include: <ul style="list-style-type: none"> <li>○ Children’s psychological safety</li> <li>○ Attempts to address trauma-related needs by promoting the wellbeing and resilience of children, families, caregivers, and service providers</li> <li>○ Treating children and families as partners in their own care</li> <li>○ Collaboration with other relevant agencies and systems”</li> </ul> </li> <li>• “Parentification” of a child “occurs when a child is regularly expected to take on parental responsibilities, including but not limited to providing emotional or practical support for a parent or another individual, beyond what would be reasonably expected for the child’s age and circumstances, instead of receiving that care and support themselves”</li> </ul>
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New Hampshire	House Bill 653  HB653	Pending, with carryover to 2026  (Passed in House, 3/20/25; Laid on the table, 3/26/25)	<p>This bill establishes a Safe Schools Pilot Project within the Dept. of Education to implement evidence-based alternatives to restraint and seclusion of students.</p> <p>Key provisions aligned with a trauma-informed approach include:</p> <ul style="list-style-type: none"> <li>• Creating a pilot program to identify and test evidence-based models that replace restraint and seclusion with proactive, trauma-informed interventions emphasizing problem-solving, skill building, and relationship repair</li> <li>• Requiring that all programs designated under the pilot be: <ul style="list-style-type: none"> <li>○ Problem-solving focused</li> <li>○ Skill-development focused</li> <li>○ Collaborative between educators and students</li> <li>○ Trauma-informed, proactive, and non-punitive</li> </ul> </li> <li>• Explicitly excluding crisis prevention, de-escalation, or behavior-management training that relies on restraint or seclusion</li> <li>• Directing the Dept. of Education to administer the project and solicit district applications, prioritizing schools with high rates of restraint and seclusion, diverse student populations, and special education concentrations</li> <li>• Requiring ongoing data collection and evaluation</li> <li>• Mandating that reports track baseline and outcome data on restraint/seclusion rates, teacher engagement, professional development received, and costs for statewide scaling</li> </ul> <p><a href="https://gc.nh.gov/bill_status/legacy/bs2016/bill_status.aspx?lsr=429&amp;sy=2025&amp;sortoption=&amp;txtsessionyear=2025&amp;txtbillnumber=HB653">https://gc.nh.gov/bill_status/legacy/bs2016/bill_status.aspx?lsr=429&amp;sy=2025&amp;sortoption=&amp;txtsessionyear=2025&amp;txtbillnumber=HB653</a></p>
New Hampshire	Senate Bill 238  SB238	Dead  (Senate Finance Com., 3/6/25; died on the table without final vote sine die)	<p>This measure establishes the ACEs Prevention and Treatment Program as a permanent, statewide initiative within the Dept. of Health and Human Services, transitioning it from a time-limited pilot into sustained public infrastructure. The program is designed to support children from birth through age 6 who have experienced ACEs and whose needs cannot be adequately met through otherwise accessible childcare, educational, and/or developmental services alone.</p>

			<p>The legislation emphasizes prevention, assessment, diagnosis, and treatment for young children and their families, with a strong focus on early childhood mental health and relational healing.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> <li>• Increased Medicaid reimbursement rates for early childhood mental health services, particularly Child-Parent Psychotherapy (CPP)</li> <li>• Elevation of early childhood and family mental health credentials statewide, with links to compensation and reimbursement</li> <li>• Continued funding for ongoing training and professional development to strengthen service quality and fidelity</li> </ul> <p>Notably, the bill requires the development and beginning implementation of a 5-year workforce capacity plan to expand access to CPP for children ages 0-6 who have experienced traumatic events, attachment disruptions, posttraumatic stress disorder, or related mental health and behavioral challenges.</p> <p>The bill also includes direct appropriations to support program implementation and workforce expansion, operationalizing prevention and treatment infrastructure within the state’s Medicaid-supported behavioral health system.</p> <p><a href="https://gc.nh.gov/bill_status/legacy/bs2016/bill_status.aspx?lsr=1150&amp;sy=2025&amp;sortoption=&amp;txtsessionyear=2025&amp;txtbillnumber=SB238">https://gc.nh.gov/bill_status/legacy/bs2016/bill_status.aspx?lsr=1150&amp;sy=2025&amp;sortoption=&amp;txtsessionyear=2025&amp;txtbillnumber=SB238</a></p>
<p>New Jersey</p> <p><i>(Legislative Session: 1/14/25 – 1/13/26, 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 existing trauma-informed training requirements for law enforcement and prosecutors in the handling of sexual assault cases and further codifies requirements for county-based rape care advocacy services.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> <li>• Requires the Div. of Criminal Justice to ensure that law enforcement officer and prosecutor training includes information on: <ul style="list-style-type: none"> <li>○ The neurobiological impact of trauma on victim memory, behavior, and reactions</li> <li>○ The impact of officer decision-making on sexual assault investigations</li> <li>○ The influence of societal myths and stereotypes</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Strategies for building trust and facilitating communication with victims</li> <li>○ Techniques for delaying judgment on the validity of a case until a thorough investigation is completed</li> <li>○ Investigative approaches that focus on perpetrator behavior rather than survivor credibility</li> <li>● Codifies survivor rights to ongoing access to county sexual violence program services, including advocacy and counseling support, throughout the post-assault healing process</li> <li>● Outlines the role of rape care advocates, including: <ul style="list-style-type: none"> <li>○ Explaining options and available resources</li> <li>○ Providing crisis intervention, emotional support, and follow-up contact</li> <li>○ Maintaining confidentiality unless waived by the survivor</li> </ul> </li> <li>● 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"> <li>○ 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</li> </ul> </li> </ul> <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"> <li>● 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</li> <li>● Clarifies confidentiality obligations for rape care advocates more explicitly than in prior versions</li> <li>● Strengthens language around proactive notification and engagement of sexual violence services at healthcare and law enforcement entry points</li> </ul> <p><a href="https://www.njleg.state.nj.us/bill-search/2024/A1639">https://www.njleg.state.nj.us/bill-search/2024/A1639</a></p>
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New Jersey	Assembly Bill 1945  A1945	Pending  (Education Com., 1/9/24)	<p>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 aims to help staff address the long-term effects of ACEs on children’s cognitive, physical, social, emotional, mental, and spiritual wellbeing.</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><a href="https://www.njleg.state.nj.us/bill-search/2024/A1945">https://www.njleg.state.nj.us/bill-search/2024/A1945</a></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"> <li>• Recognizes trauma symptoms in individuals</li> </ul>

			<ul style="list-style-type: none"> <li>• Acknowledges trauma’s role in a person’s life</li> <li>• Integrates trauma knowledge into policies, procedures, and practices</li> <li>• Is guided by the 6 SAMHSA principles of a trauma-informed approach</li> <li>• Actively avoids re-traumatization</li> </ul> <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><a href="https://www.njleg.state.nj.us/bill-search/2024/A2062">https://www.njleg.state.nj.us/bill-search/2024/A2062</a></p>
New Jersey	Assembly Bill 2282 & Senate Bill 2284  A2282 & S2284	Pending  (Assembly Children, Families, and Food Security Com., 1/9/2024; Senate Health, Human Services, and Senior Citizens Com., 5/20/2024)	<p>These are companion measures that establish an Office of Resilience within the Dept. of Children and Families. Together, they advance a statewide framework for addressing ACEs through trauma-informed strategies, public awareness, and cross-sector coordination.</p> <p>The Senate version expands upon the Assembly proposal by incorporating positive childhood experiences, healing-centered engagement, and broader community and environmental stressors, and by positioning the Office to inform state policy, budgets, and interagency collaboration.</p> <p>Key functions of the Office include:</p> <ul style="list-style-type: none"> <li>• Developing trauma-informed strategies and sharing them across state agencies and community-based organizations</li> <li>• Creating a public awareness campaign on ACEs and TIC</li> <li>• Establishing research-based tools to build resilience and support people who have experienced trauma</li> <li>• Issuing annual reports to the Governor and Legislature on its activities</li> </ul>

			<p>Notably, the bill defines trauma-informed care as “a strengths-based approach to service delivery that:</p> <ul style="list-style-type: none"> <li>• Considers recognizing a person’s past trauma and resulting coping mechanism</li> <li>• Is grounded in an understanding of, and the responsiveness to, the impact of trauma</li> <li>• emphasizes physical, psychological, and emotional safety for both treatment providers and survivors of trauma</li> <li>• Creates opportunities for trauma survivors to rebuild a sense of control and empowerment”</li> </ul> <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>Other key definitions include:</p> <ul style="list-style-type: none"> <li>• Healing-centered engagement: “a holistic approach to treating trauma that incorporates culture, spirituality, civic action, and collective healing”</li> <li>• Positive childhood experiences (PCEs): “uplifting experiences that build a sense of belonging and connection and that occur before the age of 18”</li> </ul> <p>A2282: <a href="https://www.njleg.state.nj.us/bill-search/2024/A2282">https://www.njleg.state.nj.us/bill-search/2024/A2282</a>  S2284: <a href="https://www.njleg.state.nj.us/bill-search/2024/S2284">https://www.njleg.state.nj.us/bill-search/2024/S2284</a></p>
New Jersey	Assembly Bill 4021 & Senate Bill 1407  A4021 & S1407	Pending  (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>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"> <li>• Medicaid coverage for community violence prevention services to: <ul style="list-style-type: none"> <li>○ Those who have received medical care for an injury sustained from community-based violence</li> <li>○ Those referred by a healthcare provider to a certified professional after determining that they are at high risk for injury or retaliation</li> </ul> </li> <li>• Dept. of Health will approve an accredited training and certification program for Certified Violence Prevention Professionals, which will cover:</li> </ul>

			<ul style="list-style-type: none"> <li>○ 35 hours of initial training on trauma, violence prevention strategies, conflict mediation, case management, and HIPAA requirements</li> <li>○ 6 hours of continuing education on these topics every 2 years</li> <li>● “Community violence prevention services are defined as “evidence-based, trauma-informed, supportive and non-psychotherapeutic services provided by a certified violence prevention professional, within or outside of a clinical setting, for the purpose of promoting improved health outcomes and positive behavioral change, preventing injury recidivism, and reducing the likelihood that individuals who are victims of community violence will commit or promote violence themselves,” including peer support along with other services as determined by the working group established</li> <li>● 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</li> </ul> <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: <a href="https://www.njleg.state.nj.us/bill-search/2024/A4021">https://www.njleg.state.nj.us/bill-search/2024/A4021</a>  S1407: <a href="https://www.njleg.state.nj.us/bill-search/2024/S1407">https://www.njleg.state.nj.us/bill-search/2024/S1407</a></p>
New Jersey	Assembly Bill 4427 & Senate Bill 3297  A4427 & S3297	Pending  (Assembly Children, Families, and Food Security Com., 5/20/24; Senate Health, Human Services, and Senior	<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"> <li>● 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"> <li>○ Toolkit would also focus on increasing the recognition of signs of ACEs and offering evidence-informed strategies and resources to</li> </ul> </li> </ul>

		Citizens Com., 5/20/24)	<p>mitigate trauma and build resilience in people who have experienced trauma</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Coordination of the collection, evaluation, and reporting of ACEs-related data throughout the state to inform policy and intervention strategies</li> </ul> <p>A4427: <a href="https://www.njleg.state.nj.us/bill-search/2024/A4427">https://www.njleg.state.nj.us/bill-search/2024/A4427</a> S3297: <a href="https://www.njleg.state.nj.us/bill-search/2024/S3297">https://www.njleg.state.nj.us/bill-search/2024/S3297</a></p>
New Jersey	Assembly Bill 4637 & Senate Bill 3692  A4637 & S3692	Pending  (Assembly Commerce, Economic Development, and Agriculture Com., 6/25/24; Senate Commerce Co., 9/30/24)	<p>The bill includes provisions that address the need for more informed and transparent communication with animal owners during the rabies testing process.</p> <p>Notably, the bill also seeks to establish an optional trauma-informed mental health protection training certification program for veterinarians and veterinary staff, with a focus on protecting the mental health of pet owners, practitioners, and support staff.</p> <p>The training centers SAMHSA's 6 principles of a trauma-informed approach and makes a strong commitment to reducing mental health discrimination and stigma, suicide, and mental health trauma risks in the veterinary industry.</p>

			<p>A4637: <a href="https://www.njleg.state.nj.us/bill-search/2024/A4637">https://www.njleg.state.nj.us/bill-search/2024/A4637</a>  S3692: <a href="https://www.njleg.state.nj.us/bill-search/2024/S3692">https://www.njleg.state.nj.us/bill-search/2024/S3692</a></p>
New Jersey	<p>Assembly Bill 4694 &amp; Senate Bill 3530</p> <p>A4694 &amp; S3530</p>	<p>Pending</p> <p>(Assembly Appropriations Com., 12/18/25; Senate Second Reading, 11/13/25)</p>	<p>“Incarcerated Women’s Protection Act” – This measure seeks to strengthen conditions, supervision, and services for incarcerated women through a set of gender-responsive and trauma-informed statutory reforms within the Dept. of Corrections.</p> <p>Notably, the bill emphasizes the development of gender-responsive policies, programs, and services tailored to the needs of women who are incarcerated. Among the key provisions, the bill establishes a system for supporting the mental and physical wellbeing of incarcerated women, including services to support trauma recovery, parenting skills, and re-entry into the community.</p> <p>The measure requires the implementation of a gender-responsive risk and needs assessment as part of the institutional classification process, grounded in principles of safety, dignity, respect, relational support, and gender equity. It also ensures incarcerated women are eligible to participate in programs and services available to 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 de-escalation, responding to mental health crises, trauma- and gender-informed approaches, and maintaining dignity and respect.</p> <p>To oversee implementation, the bill establishes a Division of Women’s Services within the Dept. of Corrections and a Prison Rape Elimination Act PREA Compliance Unit. It also creates a Special Victim’s Unit to investigate allegations of sexual assault or misconduct using trauma- and gender-informed, victim-centered investigative practices.</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>A4694: <a href="https://www.njleg.state.nj.us/bill-search/2024/A4694">https://www.njleg.state.nj.us/bill-search/2024/A4694</a></p>

			S3530: <a href="https://www.njleg.state.nj.us/bill-search/2024/S3530">https://www.njleg.state.nj.us/bill-search/2024/S3530</a>
New Jersey	Assembly Bill 5172 & Senate Bill 4035  A5172 & S4035	Pending  (Assembly Community Development and Women's Affairs Com., 1/14/25; Senate Law and Public Safety Com., 1/14/25)	<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"> <li>• Trauma-informed supports for primary caretaker parents who are incarcerated</li> <li>• Staff training on working with trauma survivors</li> <li>• Banning restraints during pregnancy and postpartum periods</li> <li>• Encouraging family visitation and reentry mentorship</li> <li>• Protecting physical and psychological safety in correctional facilities</li> </ul> <p>A5172: <a href="https://www.njleg.state.nj.us/bill-search/2024/A5172">https://www.njleg.state.nj.us/bill-search/2024/A5172</a> S4035: <a href="https://www.njleg.state.nj.us/bill-search/2024/S4035">https://www.njleg.state.nj.us/bill-search/2024/S4035</a></p>
New Jersey	Assembly Bill 3062  A3062	Pending  (Judiciary Com., 1/9/24)	<p>This bill requires judges and judicial personnel to receive training on child abuse, trauma, bias, and ACEs, and directs the Administrative Office of the Courts to develop ACE-related training materials in consultation with the Dept. of Children and Families. Judgestare required to periodically review these materials to support trauma-informed and healing-centered decision-making in juvenile proceedings.</p> <p>The bill also amends child custody statutes to require courts to consider additional factors when making custody and parenting time determinations, including attempts by a parent to alienate a child from the other parent and which parent is more likely to ensure the child's health and safety.</p> <p>Additionally, the measure requires courts to consider the potential harm caused by prolonged custody proceedings and mandates expedited determinations when child custody and child abuse proceedings involving the same child are occurring simultaneously.</p>

			<a href="https://www.njleg.state.nj.us/bill-search/2024/A3062">https://www.njleg.state.nj.us/bill-search/2024/A3062</a>
New Jersey	Assembly Bill 5475 & Senate Bill 4784  A5475 & S4784	Pending  (Assembly Public Safety and Preparedness Com., 3/20/25; Senate Law and Public Safety Com., 10/27/25)	<p>These companion measures seek to strengthen statewide training requirements for prosecutors handling sexual assault cases, with a clear shift toward trauma-informed, survivor-centered, and culturally-responsive practice across the legal system.</p> <p>Key elements include:</p> <ul style="list-style-type: none"> <li>• Requires training curricula to explicitly include: <ul style="list-style-type: none"> <li>○ The value of restorative justice in sexual assault cases</li> <li>○ Cultural competency, including an understanding of the intersectionality of race, gender, and socioeconomic status in sexual assault cases</li> <li>○ Emotional intelligence and counseling techniques designed to support survivors of sexual assault and harassment, emphasizing empathetic communication and psychological support to ensure people are treated with sensitivity throughout their contact with the prosecutor’s office</li> <li>○ “Victim-centered approaches with a focus on trauma-informed care, victim safety, and the importance of maintaining victim autonomy throughout the victim’s contact with the prosecutor’s office,” including “strategies to minimize the re-traumatization of a victim and to ensure a victim’s interests are acknowledged and respected”</li> </ul> </li> <li>• Mandates annual review and updating of training curricula in consultation with nationally recognized TIC experts and the NJ Coalition Against Sexual Assault</li> </ul> <p>A5475: <a href="https://www.njleg.state.nj.us/bill-search/2024/A5475">https://www.njleg.state.nj.us/bill-search/2024/A5475</a> S4784: <a href="https://www.njleg.state.nj.us/bill-search/2024/S4784">https://www.njleg.state.nj.us/bill-search/2024/S4784</a></p>
New Jersey	Assembly Bill 5918 & Senate Bill 4586  A5918 &	Pending  (Assembly Judiciary Com., 7/Senate Budget and	<p>This bill establishes a trauma-informed sentencing and re-sentencing 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 re-entry support infrastructure for justice-impacted survivors, emphasizing peer-based, culturally responsive, TIC.</p>

	24/25; S4586	Appropriations Com., 12/15/25)	<p>Key provisions include:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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)</li> <li>• 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</li> <li>• 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"> <li>○ Trauma counseling</li> <li>○ Peer support</li> <li>○ Vocational training</li> <li>○ Housing assistance</li> </ul> </li> <li>• 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</li> <li>• Requires a statewide report within three years on implementation, use of funds, service accessibility, and outcomes including recovery and recidivism data</li> </ul> <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>The measure provides key definitions including:</p> <ul style="list-style-type: none"> <li>• Trauma-informed reentry support services: re-entry services provided to trauma-involved re-entry survivors</li> <li>• Trauma-involved reentry survivor: a victim of domestic violence who was subjected to substantial physical, sexual, or psychological abuse inflicted by a member of the defendant’s family or household, and for whom the abuse was a contributing factor to the defendant’s criminal behavior</li> </ul>
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New Jersey	<p>Assembly Bill 6171</p> <p>A6171</p>	<p>Pending</p> <p>(Assembly Housing Com., 12/8/25)</p>	<p>This bill expands statutory service requirements for programs for unhoused youth by incorporating targeted trauma-informed services and workforce training related to human trafficking, sexual exploitation, and childhood trauma.</p> <p>The measure requires street outreach, basic center shelters, and transitional living programs to offer trauma-informed services for youth who are survivors of human trafficking or sexual exploitation, and mandates staff training on the relationship between trafficking, trauma, sexual exploitation, and youth homelessness.</p> <p>The measure also extends eligibility for transitional living programs from age 21 to age 25, authorizing additional age-appropriate supports for older youth transitioning toward stable housing and self-sufficiency.</p> <p>A training program is also required to be created under the bill, in consultation with the Commission on Human Trafficking, on the relationship between human trafficking, childhood trauma, and sexual exploitation and the prevalence of the experience of being unhoused among younger people.</p> <p><a href="https://www.njleg.state.nj.us/bill-search/2024/A6171">https://www.njleg.state.nj.us/bill-search/2024/A6171</a></p>
New Jersey	<p>Assembly Bill 6172</p> <p>A6172</p>	<p>Pending</p> <p>(Assembly Public Safety and Preparedness Com., 12/8/25)</p>	<p>This bill establishes a State Human Trafficking and Child Sexual Exploitation Prevention Coordinator within the Dept. of Children and Families, charged with developing cross-sector training on human trafficking, childhood trauma, and sexual exploitation, coordinating statewide survivor services, and administering a competitive grant program to expand trauma-informed, culturally-specific services for youth survivors.</p> <p>Trauma-informed principles are further operationalized through the bill's grant administration and coordination mandates. The coordinator must administer a competitive grant program to fund trauma-informed, culturally-specific services for young people aged 16-25 who are survivors or at-risk of trafficking or sexual exploitation, including services that improve identification, service coordination, and access to housing and support.</p>

			<p>The bill also requires the coordinator to identify service gaps, disseminate best practices, coordinate across state agencies, and report annually on grant awards and program outcomes.</p> <p><a href="https://www.njleg.state.nj.us/bill-search/2024/A6172">https://www.njleg.state.nj.us/bill-search/2024/A6172</a></p>
<p>New Mexico</p> <p><i>(Legislative Session: 1/21/25 - 3/22/25)</i></p>	<p>House Bill 534</p> <p>HB 534</p>	<p>Dead</p> <p>(Health &amp; Human Services Com., 2/20/25; no further action, died sine die)</p>	<p>This measure would establish a trauma-informed program within the Children, Youth and Families Department (CYFD) using autobiographical storytelling as a strategy to support language development and emotional wellbeing among children and young people in the foster system.</p> <p>Notably, grounded in research on the effects of trauma on memory, communication, and identity formation, the bill frames narrative development as a protective and restorative practice. It emphasizes helping children develop coherent autobiographical memory through developmentally-appropriate, supported storytelling.</p> <p>More specifically, under the bill, CYFD would be required to:</p> <ul style="list-style-type: none"> <li>• Contract with speech-language pathologists to provide training and workshops for families and caseworkers</li> <li>• Establish standards governing quality, accessibility, confidentiality, and evaluation of services</li> <li>• create, implement, and continuously assess a trauma-informed storytelling framework designed to strengthen children’s autobiographical memory and narrative skills, using shared family experiences in areas such as mathematics, science, and history as the context for storytelling</li> </ul> <p><a href="https://www.nmlegis.gov/Legislation/Legislation?chamber=H&amp;legtype=B&amp;legno=534&amp;year=25">https://www.nmlegis.gov/Legislation/Legislation?chamber=H&amp;legtype=B&amp;legno=534&amp;year=25</a></p>
<p>North Carolina</p> <p><i>(Legislative Session: 1/8/25 - 7/31/25, with</i></p>	<p>House Bill 416</p> <p>H416</p>	<p>Pending – carryover to 2026</p> <p>( Com. on Appropriations, 3/18/25)</p>	<p>This measure provides a one-time, directed appropriation to support a comprehensive youth development curriculum delivered by the Boys &amp; Girls Clubs of Durham and Orange Counties.</p> <p>Notably, the funded curriculum specifically includes trauma-informed practices alongside emotional safety, youth leadership development, cultural responsiveness, and college and career readiness.</p>

carryover to 2026)			H416: <a href="https://www.ncleg.gov/BillLookUp/2025/H416">https://www.ncleg.gov/BillLookUp/2025/H416</a>
North Carolina	House Bill 725 & Senate Bill 571  H725 & S521	Pending – carryover to 2026  (House Rules Com., 4/3/25; Senate Rules Com., 3/26/25)	<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> <p>The bill explicitly requires trauma-informed care best practices and shared decision-making within statewide perinatal provider training and advances these principles through several significant initiatives, including:</p> <ul style="list-style-type: none"> <li>• 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"> <li>○ Special emphasis is placed on programs rooted in lived experience and cultural congruence, such as doula care, peer support, and lactation access</li> </ul> </li> <li>• Statewide Implicit Bias Training requirement for all perinatal health professionals, tied to licensure and certification <ul style="list-style-type: none"> <li>○ The curriculum must address unconscious prejudice, health inequities, trauma-informed communication, and reproductive justice. A statewide rights document for perinatal patients is also mandated</li> </ul> </li> <li>• 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"> <li>○ Includes state funding and mandated DHHS technical assistance</li> </ul> </li> <li>• 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</li> <li>• 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</li> </ul>

			<p>H725: <a href="https://www.ncleg.gov/BillLookup/2025/H725">https://www.ncleg.gov/BillLookup/2025/H725</a>  S571: <a href="https://www.ncleg.gov/BillLookup/2025/S571">https://www.ncleg.gov/BillLookup/2025/S571</a></p>
North Carolina	House Bill 896  H896	<p>Pending – carryover to 2026</p> <p>(Engrossed in House 5/7/25; Senate Rules Com., 5/7/25)</p>	<p>“Jesse’s Law” – this bill establishes a statewide study committee to examine the need for and feasibility of trauma-informed training standards for professionals involved in child custody proceedings where allegations of domestic violence or child abuse are present.</p> <p>The measure is grounded in the recognition that custody decisions made without sufficient trauma literacy and expertise with household, family, and partner violence risk causing further harm to survivors and children, supporting mitigating re-traumatization and unsafe outcomes. The bill creates a formal pathway to assess evidence-based models, training content, implementation options, and costs, with the intent of informing future legislative action.</p> <p>The scope of professionals whose training needs are examined includes:</p> <ul style="list-style-type: none"> <li>• Judges, magistrates, and judicial officers who hear child custody proceedings</li> <li>• Court-affiliated personnel such as guardians ad litem, mediators, and parenting coordinators</li> <li>• Court-referred professionals involved in reunification treatment and related custody processes</li> </ul> <p>The committee is directed to study training content that includes:</p> <ul style="list-style-type: none"> <li>• The dynamics, signs, and impacts of domestic violence, trauma, sexual violence, child physical abuse, and coercive control</li> <li>• Long- and short-term impacts of domestic violence and child abuse on children and young people</li> <li>• Best practices for trauma-informed decision-making in custody cases</li> <li>• Victim and perpetrator behavior patterns, including relationship dynamics within the cycle of violence</li> <li>• Key scientific studies, including: <ul style="list-style-type: none"> <li>○ The Duluth Model (power and control dynamics)</li> <li>○ The Saunders Study (child custody evaluation and domestic violence research)</li> <li>○ The ACEs study (linking early trauma to lifelong health and behavioral outcomes)</li> </ul> </li> </ul>

			<p>Notably, quality standards for training require:</p> <ul style="list-style-type: none"> <li>• Delivery by professionals with substantial expertise assisting survivors</li> <li>• Inclusion of survivor perspectives when possible</li> <li>• Reliance on evidence-based, peer-reviewed research</li> <li>• Prohibition on unscientific or unsupported theories or belief systems</li> </ul> <p>Stated goals of the training include to:</p> <ul style="list-style-type: none"> <li>• Improve the recognition and appropriate response to domestic violence, child abuse, and trauma</li> <li>• Equip court personnel to center child safety and survivor wellbeing in custody decision-making</li> <li>• Federal funding mandate, directing the Administrative Office of the Courts to seek federal grants to support implementation</li> </ul> <p><a href="https://www.ncleg.gov/BillLookup/2025/H896">https://www.ncleg.gov/BillLookup/2025/H896</a></p>
<p>North Dakota</p> <p><i>(Legislative Session: 1/7/25 - 5/9/25)</i></p>	<p>Senate Bill 2220</p> <p>SB 2220</p>	<p>Dead</p> <p>(Failed to pass in Judiciary Com., 1/29/25)</p>	<p>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> <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). Guidelines must include procedures for assisting victims and connecting them with services, positioning survivor support as a mandated part of law enforcement response.</p> <p><a href="https://ndlegis.gov/assembly/69-2025/regular/bill-overview/bo2220.html">https://ndlegis.gov/assembly/69-2025/regular/bill-overview/bo2220.html</a></p>
<p>Oklahoma</p> <p><i>(Legislative Session: 2/3/25 - 5/30/25, with carryover to 2026)</i></p>	<p>House Bill 1911</p> <p>HB1911</p>	<p>Pending – carryover to 2026</p> <p>(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"> <li>• Integration of TIC principles into the 988 system’s structure, including mobile crisis teams, crisis stabilization services, and follow-up supports</li> </ul>

			<ul style="list-style-type: none"> <li>• 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</li> <li>• Focus on behavioral health equity, ensuring services are accessible across racial, ethnic, geographic, socioeconomic, and other historically marginalized groups</li> <li>• Requirements for coordination and collaboration across 911 services, law enforcement, community mental health centers, peer-run services, and health care providers</li> </ul> <p>Explicit inclusion of TI training requirements, emphasizing:</p> <ul style="list-style-type: none"> <li>• De-escalation</li> <li>• Harm reduction</li> <li>• Recognition of signs of trauma</li> <li>• Cultural and linguistic competency</li> </ul> <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> <p><a href="https://www.oklegislature.gov/BillInfo.aspx?Bill=hb1911&amp;Session=2500">https://www.oklegislature.gov/BillInfo.aspx?Bill=hb1911&amp;Session=2500</a></p>
Oklahoma	House Bill 2916 HB2916	Pending – carryover to 2026  (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"> <li>• Formal establishment of the Handle With Care Model statewide, enhancing partnerships between law enforcement, schools, community coalitions, mental health providers, and state agencies</li> <li>• Authorization for law enforcement to notify the Handle With Care program when children are present at or exposed to traumatic events, such as: <ul style="list-style-type: none"> <li>○ Household violence</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Death of a family member</li> <li>○ Arrest of a parent or guardian</li> <li>○ House fires, neighborhood violence, drug overdoses, and similar incidents</li> <li>● Limited, non-detailed notifications to schools (only the child’s name, school, age, and a general statement to “Handle With Care”)</li> <li>● Authorization for local multi-disciplinary teams to coordinate support, composed of: <ul style="list-style-type: none"> <li>○ School staff</li> <li>○ Law enforcement</li> <li>○ Youth services</li> <li>○ Community advocates or clergy</li> </ul> </li> <li>● State-provided trauma-informed training and model protocols for first responders and school personnel on: <ul style="list-style-type: none"> <li>○ Identifying when to issue a Handle With Care notice</li> <li>○ Responding appropriately and coordinating early intervention supports</li> <li>○ Collaborating with families, community providers, and coalitions</li> <li>○ Annual reporting requirement to state leaders on program progress and outcomes</li> </ul> </li> </ul> <p>The bill explicitly ties school success to trauma-sensitive responses, recognizing that children must feel safe in order to learn.</p> <p><a href="http://www.oklegislature.gov/BillInfo.aspx?Bill=hb2916&amp;Session=2500">http://www.oklegislature.gov/BillInfo.aspx?Bill=hb2916&amp;Session=2500</a></p>
Oregon  (Legislative Session: 1/21/25 - 6/29/25)	Senate Bill 695  SB 695	Dead  (Joint Ways and Means Com., 4/10/25; died in committee sine die)	<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 advances a prevention-oriented approach that integrates behavioral health, early intervention, and social supports across relevant systems of care.</p> <p>Notably, provisions include:</p> <ul style="list-style-type: none"> <li>● Comprehensive needs assessments and behavioral health risk screenings to be conducted at a pregnant person’s first prenatal care visit,</li> </ul>

			<p>demonstrating a commitment to early identification of behavioral health needs and reducing potential barriers to safe, supportive care environments</p> <ul style="list-style-type: none"> <li>• Interventions and supports for substance use and behavioral health concerns integrated into standard maternal health practices</li> <li>• Facilitation of connections to resources for basic needs such as supplemental nutrition, tax credits, and other benefits</li> <li>• 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</li> <li>• 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</li> <li>• Contraception education and support embedded into care planning, allowing for informed decision-making and reinforcing autonomy over reproductive health</li> </ul> <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><a href="https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB695">https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB695</a></p>
Oregon	Senate Bill 846  SB 846	<a href="#">Became Law</a>  6/6/25	<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>The measure notably:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Directs CCOs to create strategies that prioritize:</li> </ul>

			<ul style="list-style-type: none"> <li>○ Early learning</li> <li>○ Primary care</li> <li>○ Behavioral health</li> <li>○ Oral health</li> <li>○ Prevention and early intervention efforts for children and adolescent</li> </ul> <ul style="list-style-type: none"> <li>● 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</li> <li>● Requires evaluation of school-based resources and system integration to strengthen access points for care, especially for historically underserved communities</li> <li>● 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</li> <li>● Includes requirements to monitor statewide and local progress toward improving equitable access to care and outcomes for children and young people</li> </ul> <p><a href="https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB846">https://olis.oregonlegislature.gov/liz/2025R1/Measures/Overview/SB846</a></p>
Oregon	Senate Bill 1120  SB 1120	Dead  (Joint Ways and Means Com., 4/10/25; died in committee sine die)	<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 <a href="#">Gender Informed Practices Assessment</a>, which identified systemic dysfunction and a culture described within the bill as “paramilitary, 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</p>

			<p>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"> <li>• Management approach</li> <li>• Security processes</li> <li>• Commissary practices</li> <li>• Grievance procedures, including to ensure language access, electronic filing, anonymous reporting, robust tracking, and meaningful enforcement against staff retaliation</li> <li>• Disciplinary systems</li> </ul> <p>Specific requirements include:</p> <ul style="list-style-type: none"> <li>• Dismantling paramilitary structures such as titles, uniforms, language, and imagery</li> <li>• Implementing policies to address disrespectful, dehumanizing staff behavior</li> <li>• Requiring visible leadership accessibility and multiple avenues for adults in custody to provide feedback without fear of retaliation</li> </ul> <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> <p>Intake procedures must be gender-responsive and trauma-informed, and facilities must be redesigned to reflect human-centered environments that support emotional safety, family connections, and wellbeing.</p>
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<p>Pennsylvania</p> <p><i>(Legislative Session: 1/7/25 - 12/31/25, with carryover to 2026)</i></p>	<p>House Bill 774</p> <p>HB774</p>	<p>Pending – carryover to 2026</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"> <li>• Instruction and academic programs</li> <li>• Personnel</li> <li>• Fiscal management</li> <li>• Operations</li> <li>• Governance</li> <li>• Ethics and open meetings requirements</li> <li>• Mandated minimum of one hour of instruction on best practices related to trauma-informed approaches</li> </ul>

			<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><a href="https://www.palegis.us/legislation/bills/2025/hb774">https://www.palegis.us/legislation/bills/2025/hb774</a></p>
Pennsylvania	House Bill 1212  HB1212	<p>Pending – carryover to 2026</p> <p>(Passed in House, 9/29/25; Senate Health &amp; Human Services Com., 10/3/25)</p>	<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>Unfortunately, amendments led to the most recent version of the bill being narrowed and qualified several provisions included in the introduced version, shifting emphasis away from more explicit prevention- and ACE-adjacent framing toward public awareness activities, provider guidance, and reporting requirements.</p> <p><a href="https://www.palegis.us/legislation/bills/2025/hb1212">https://www.palegis.us/legislation/bills/2025/hb1212</a></p>

Pennsylvania	House Bill 1279  HB1279	Pending – carryover to 2026  (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"> <li>• Updating the definition of “education program” to require that sexual misconduct prevention initiatives be both evidence-based and trauma-informed</li> <li>• 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</li> <li>• Expanding institutional responsibilities for education, prevention, response, and follow-up to reports of sexual misconduct, with a trauma-informed lens</li> <li>• Establishing a Task Force on Postsecondary Sexual Misconduct to study and recommend improvements in institutional policies and practices</li> <li>• Requiring climate surveys on sexual misconduct at postsecondary institutions, allowing for regular assessment of campus culture and responses</li> <li>• Providing for confidential resource advisors to support survivors and improving data reporting standards to ensure accountability</li> <li>• Including new enforcement mechanisms and penalties for non-compliance by institutions</li> </ul> <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><a href="https://www.palegis.us/legislation/bills/2025/hb1279">https://www.palegis.us/legislation/bills/2025/hb1279</a></p>
Pennsylvania	House Bill 2008 & Senate Bill 219	Pending – carryover to 2026  (House Judiciary Com., 11/6/25;	<p>These companion measures establish a School-Based Youth Court Pilot Program within the state’s Dept. Department of Education to support peer-driven youth courts as an alternative to exclusionary school discipline. The legislation frames youth courts as a trauma-informed, restorative justice–based disciplinary option, emphasizing accountability through relational repair, reflection, and skill development rather than punishment or system involvement.</p>

	HB2008 & SB219	Senate Judiciary Com., 4/23/25)	<p>Key elements include:</p> <ul style="list-style-type: none"> <li>• Creating a 3-year pilot program to support youth courts as a trauma-informed approach to alternative disciplinary disposition <ul style="list-style-type: none"> <li>○ Defining and operationalizing restorative sanctions that emphasize accountability through repair, reflection, and skill development, including: <ul style="list-style-type: none"> <li>○ Cooperating with court-assigned mentors or tutors</li> <li>○ Mediated conversations between conflicting parties</li> <li>○ Goal-setting tasks tailored to respondent needs</li> <li>○ Performance of community service</li> <li>○ Participation on a youth court jury</li> <li>○ Letter of apology or oral apology</li> <li>○ Restitution and behavior modification classes</li> <li>○ “Other tasks as outlined in a behavior contract”</li> </ul> </li> </ul> </li> <li>• Including diversion safeguards that prohibit fingerprinting, photographing, or other arrest indicators for youth referred to youth courts</li> <li>• Requiring the establishment of an Education and Justice Resource Center to develop program guidelines, training materials, and technical assistance, and to oversee statewide implementation, training, and evaluation of youth court programs <ul style="list-style-type: none"> <li>○ Notably requires “all youth court members and trainers understand restorative principles and that trauma training is completed before a formal hearing is held”</li> </ul> </li> <li>• Centering youth voice and peer governance, with youth eligible to serve as judges and jury members</li> <li>• Requiring robust data collection and reporting, including tracking avoided suspensions, diverted police referrals, youth participation, and program outcomes</li> </ul> <p>HB2008: <a href="https://www.palegis.us/legislation/bills/2025/hb2008">https://www.palegis.us/legislation/bills/2025/hb2008</a>  SB219: <a href="https://www.palegis.us/legislation/bills/2025/sb219">https://www.palegis.us/legislation/bills/2025/sb219</a></p>
Pennsylvania	House Bill 2024	Pending – carryover to 2026	This bill amends the state’s Military Affairs statutes to update accreditation requirements for county directors of veterans affairs by expanding the required statewide training program.

	HB2024	( Judiciary Com., 11/6/25)	<p>Notably, the measure explicitly requires that this training include trauma-informed care, along with military sexual trauma, post-traumatic stress disorder, traumatic brain injury, and other trauma-related conditions.</p> <p>By embedding trauma-informed care content into required training for county-level veterans affairs directors, the bill strengthens frontline service capacity for veterans who are disproportionately impacted by trauma and complex service-related injuries.</p> <p><a href="https://www.palegis.us/legislation/bills/2025/hb2024">https://www.palegis.us/legislation/bills/2025/hb2024</a></p>
Rhode Island  (Legislative Session: 1/7/25 - 6/30/25)	House Bill 5390 & Senate Bill 258  HB5390 & S0258	Dead  (House Finance Com., 4/24/25; Heard in Senate Finance Com., 5/15/25; died in committee sine die)	<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 through sustained investment in service infrastructure 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"> <li>• Establishing a dedicated grant program for settings that provide victim advocacy or direct survivor services</li> <li>• Prioritizing grants to organizations proposing innovative, culturally specific, or underserved population-focused programs, with an emphasis on trauma-informed service delivery</li> <li>• Prohibiting funds from supplanting existing funding streams, ensuring that this initiative supplements and strengthens the field of survivor services</li> <li>• Requiring annual reporting on allocations, service outcomes, and use of funds to ensure transparency and accountability</li> </ul> <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>H5390:  <a href="https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H5390.pdf">https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H5390.pdf</a>  S0258:  <a href="https://webserver.rilegislature.gov/BillText/BillText25/SenateText25/S0258.pdf">https://webserver.rilegislature.gov/BillText/BillText25/SenateText25/S0258.pdf</a></p>
<p>South Carolina  <i>(Legislative Session: 1/14/25 - 5/8/25, with carryover to 2026)</i></p>	<p>House Bill 4068 &amp; Senate Bill 430    H 4068 &amp; S 0430</p>	<p>Pending – carryover to 2026    (House Education &amp; 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"> <li>• Exhaust trauma-informed interventions, multi-tiered systems of support strategies, mental health referrals, and behavioral supports before suspending or expelling a student</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Make resources available to families about community services that may assist children exhibiting challenging behavior linked to trauma or unmet developmental needs</li> <li>• Collect, document, and report data on all suspensions and expulsions for preschoolers, disaggregated by program and district, with annual reporting to state oversight bodies</li> <li>• Implement technical assistance supports to help districts build internal capacity for trauma-informed frameworks and evidence-based strategies to prevent challenging behavior</li> </ul>

			<p>Notably, the measure explicitly names TIC as a required intervention and mandates trauma-informed training and system-level supports as part of efforts to maintain participation and prevent suspension.</p> <p>H 4068:  <a href="https://www.scstatehouse.gov/billsearch.php?billnumbers=4068&amp;session=126&amp;summary=B">https://www.scstatehouse.gov/billsearch.php?billnumbers=4068&amp;session=126&amp;summary=B</a></p> <p>S 0430:  <a href="https://www.scstatehouse.gov/billsearch.php?billnumbers=0430&amp;session=126&amp;summary=B">https://www.scstatehouse.gov/billsearch.php?billnumbers=0430&amp;session=126&amp;summary=B</a></p>
<p>Tennessee  <i>(Legislative Session: 1/14/25 - 4/25/25, with carryover to 2026)</i></p>	<p>House Bill 792 &amp; Senate Bill 906              HB 0792 &amp; SB 0906</p>	<p>Pending – carryover to 2026              (House Criminal Justice Subcom. For study, 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"> <li>• 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"> <li>○ Must emphasize evidence-based approaches that recognize the impact of trauma, prioritize survivor safety and empowerment, and minimize re-traumatization</li> </ul> </li> <li>• 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"> <li>○ When unable to meet these deadlines, kits must be outsourced to accredited private laboratories to ensure timely processing</li> </ul> </li> <li>• 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</li> <li>• Explicitly prohibiting invasive or re-traumatizing questioning as part of the claims process</li> </ul>

			<ul style="list-style-type: none"> <li>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</li> </ul> <p>HB 0792:  <a href="https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=HB0792&amp;ga=114">https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=HB0792&amp;ga=114</a>  SB 0906:  <a href="https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB0906&amp;ga=114">https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB0906&amp;ga=114</a></p>
<p>Texas  <i>(Legislative Session: 1/14/25 - 6/2/25)</i></p>	<p>House Bill 47, House Bill 3074, &amp; Senate Bill 1638</p> <p>HB47, HB3074, &amp; SB1638</p>	<p><u>Became Law</u></p> <p>6/20/25</p>	<p>This measure enacts a comprehensive set of statutory updates related to sexual assault and other sex offenses, strengthening survivor rights, access to care, and system-level standards across relevant settings and systems.</p> <p>Key provisions aligned with a trauma-informed approach include:</p> <ul style="list-style-type: none"> <li>Expanding and clarifying statutory definitions of “victim” to ensure protections apply to survivors of sexual assault, certain assault offenses involving minors, and cases involving family violence</li> <li>Strengthening survivor rights throughout including enhanced notice, participation, safety considerations, and access to information</li> <li>Requiring survivor-centered, trauma-informed sexual assault response training for emergency department staff involved in patient intake, administration, and direct care</li> <li>Mandating continuing education in forensic evidence collection for physicians and physician assistants practicing in emergency settings, including content on the provision of trauma-informed care to sexual assault survivors</li> <li>Codifying minimum standards for Sexual Assault Forensic Examination programs, including explicit requirements for trauma-informed forensic medical care</li> <li>Strengthening evidence handling, storage, notification, and tracking requirements, including survivor notice prior to destruction</li> <li>Enhancing coordination, reporting, and accountability requirements for sexual assault response teams</li> </ul> <p>HB47: <a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB47">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB47</a>  HB3074:  <a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB3074">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB3074</a></p>

			<p>SB1638:  <a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB1638">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB1638</a></p>
Texas	<p>House Bill 222</p> <p>HB 222</p>	<p>Dead</p> <p>(Passed in House, 4/17/25; Received in Senate, 4/22/25; died sine die)</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"> <li>• Mental and behavioral health services</li> <li>• Hiring of licensed counselors, social workers, and chaplains.</li> <li>• Programs for suicide prevention and intervention</li> <li>• Restorative justice programs</li> <li>• Culturally-relevant instruction</li> <li>• Prevention and treatment efforts related to ACEs</li> </ul> <p>The bill aligns with trauma-informed and prevention-oriented approaches by authorizing the use of school safety funds for behavioral health supports, restorative justice practices, and educator professional development in classroom behavioral management. It also allows funding for prevention, identification, and management of threats, including the establishment of threat reporting systems and related safety infrastructure.</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><a href="https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=89R&amp;Bill=HB222">https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=89R&amp;Bill=HB222</a></p>
Texas	<p>House Bill 514</p> <p>HB514</p>	<p>Dead</p> <p>(Passed in House, 5/6/25; died in Senate at adjournment sine die)</p>	<p>This measure would direct the Dept. of State Health Services to develop and implement a statewide maternal health care workforce campaign aimed at expanding access to maternal health services, particularly in rural and underserved areas of the state.</p>

			<p>Notably, the bill would require that workforce development efforts include TIC training for all maternal health care professionals, explicitly naming both licensed clinicians and non-medical perinatal support providers such as doulas.</p> <p>The campaign would also prioritize continuing education, expansion of training programs, diversification of the maternal health workforce, and increased capacity to deliver maternal health services in communities experiencing workforce shortages.</p> <p><a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB514">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB514</a></p>
Texas	<p>House Bill 1441 &amp; Senate Bill 57</p> <p>HB 1441 &amp; SB 57</p>	<p><a href="#">Became Law</a></p> <p>6/20/25</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> <ul style="list-style-type: none"> <li>• The effects of mental health conditions, including grief and trauma, on student behavior</li> <li>• Evidence-based strategies that are grief-informed and trauma-informed</li> <li>• The ways these strategies contribute to creating a safer school environment and protecting the mental health of students affected by grief and trauma</li> </ul> <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:  <a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB1441">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB1441</a>  SB 57: <a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB57">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB57</a></p>
Texas	<p>House Bill 1728</p> <p>HB 1728</p>	<p>Dead</p> <p>(Public Education Com., 3/14/25; died sine die)</p>	<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"> <li>• Promote a positive school climate</li> <li>• Teach conflict resolution and relationship-building skills</li> <li>• Prevent suicide and substance use</li> </ul> <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><a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB1728">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB1728</a></p>
Texas	House Bill 3853 HB 3853	Dead (Human Services Com., 3/27/25; died sine die)	<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><a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB3853">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB3853</a></p>
Texas	<p>House Bill 4459</p> <p>HB 4459</p>	<p>Dead</p> <p>(Human Services Com., 4/3/25; died sine die)</p>	<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"> <li>• Requiring providers in a managed care network to conduct evidence-based, trauma-informed screenings to identify survivors of family violence, using personnel specifically trained in TIC, family violence awareness, and culturally-responsive practices</li> <li>• Mandating MCOs to establish clear, streamlined referral pathways to trauma-informed domestic violence services, ensuring continuity of care and minimizing re-traumatization</li> <li>• Requiring integration of trauma-informed family violence services with other health and mental health services based on survivors' individual needs</li> <li>• Ensuring survivors have access to targeted mental and behavioral health interventions, including individual counseling, support groups, and long-term mental health supports</li> <li>• Mandating specialized training for Medicaid service coordinators on trauma-informed and culturally-responsive practices</li> <li>• 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</li> </ul> <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>

			<a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB4459">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=HB4459</a>
Texas	Senate Bill 197  SB 197	Dead  (Education K-16 Com., 2/3/25; died sine die)	<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"> <li>• Recognition and care for trauma in both students and educators</li> <li>• The relationship between educator wellness and student learning</li> <li>• The effects of trauma on student behavior and learning</li> <li>• The prevalence of trauma, with attention to higher-risk student populations</li> <li>• How implicit and explicit biases affect the recognition of trauma across different racial and ethnic groups</li> <li>• Effective district- and campus-level policies and practices that mitigate trauma’s negative impacts and promote educator emotional wellness</li> </ul> <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><a href="https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB197">https://capitol.texas.gov/BillLookup/History.aspx?LegSess=89R&amp;Bill=SB197</a></p>
Texas	Senate Bill 2242  SB2242	Dead  (Senate Education Com., 3/25/25; died sine die)	<p>This measure would strengthen and standardize school district policies on dating violence by requiring clearer procedures, victim-centered response protocols, and integration into district improvement planning. The bill reinforces expectations that districts integrate structured, safety-oriented responses when violence is reported.</p> <p>Key elements aligned with a trauma-informed approach include:</p> <ul style="list-style-type: none"> <li>• Requiring dating violence policies to prioritize victim safety, interim protections, and protection from retaliation during disciplinary processes</li> <li>• Clarifying procedures and protocols for responding to incidents, including sequencing of parent notification to reduce the risk of additional harm</li> </ul>

			<ul style="list-style-type: none"> <li>• Requiring districts to address safety planning, counseling supports, staff training, and awareness education for students and families</li> <li>• Explicitly embedding dating violence policy requirements within district improvement plans alongside existing trauma-informed care policies</li> </ul> <p>The bill situates dating violence response within Positive Behavior Interventions and Supports, uplifting interventions that integrate grief-informed and trauma-informed care and reinforcing a prevention- and support-oriented approach.</p> <p><a href="https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=89R&amp;Bill=SB2242">https://capitol.texas.gov/BillLookup/Text.aspx?LegSess=89R&amp;Bill=SB2242</a></p>
Utah <i>(Legislative Session: 1/21/25 - 3/7/25)</i>	House Bill 66 H.66	<u>Became Law</u> 3/25/25	<p>This measure strengthens the state’s trauma-informed sexual assault response framework by explicitly integrating recognition of ritualized abuse into law enforcement training and investigative practice. It extends existing trauma-informed standards to address the distinct dynamics and impacts of ritual abuse on survivors, and pairs this training expansion with a substantive sentencing aggravator that acknowledges the compounded harm inflicted when abuse is committed as part of a ritual.</p> <p>Specifically, this bill: This measure strengthens the state’s trauma-informed sexual assault response framework by explicitly integrating recognition of ritualized abuse into law enforcement training and investigative practice. It extends existing trauma-informed standards to address the distinct dynamics and impacts of ritual abuse on survivors, and pairs this training expansion with a substantive sentencing aggravator that acknowledges the compounded harm inflicted when abuse is committed as part of a ritual.</p> <p>Specifically, this bill:</p> <ul style="list-style-type: none"> <li>• Requires existing trauma-informed sexual assault and sexual abuse training for law enforcement to include recognition of sexual assault committed during a ritual and the impact of ritualized abuse on survivors</li> <li>• Mandates that advanced training for officers investigating sexual assault include identifying indicators of ritual abuse, alongside trauma-informed and survivor-centered interviewing techniques explicitly uplifted as being connected to minimizing re-traumatization</li> <li>• Codifies trauma-informed investigative standards that emphasize recognizing trauma symptoms, understanding trauma’s effects on survivors,</li> </ul>

			<p>and delivering services in a “compassionate, sensitive, nonjudgmental manner”</p> <ul style="list-style-type: none"> <li>• Establishes a new sentencing aggravating factor for a broad range of child abuse and sexual offenses when the offense is committed as part of, or to facilitate, a ritual</li> </ul> <p><a href="https://le.utah.gov/~2025/bills/static/HB0066.html">https://le.utah.gov/~2025/bills/static/HB0066.html</a></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>Dead</p> <p>(Vetoed, 5/20/25)</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"> <li>• Strengthening the parenting knowledge and skills of incarcerated parents and guardians</li> <li>• Providing individualized planning and communication supports between incarcerated parents and their children or children’s caregivers</li> <li>• Creating safe, child-friendly visitation spaces (both in-person and virtual)</li> <li>• Building cross-system collaboration to connect families with needed services</li> <li>• Offering re-entry preparation support focused on family reconnection and stability</li> </ul> <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>The bill was <a href="#">vetoed by the Governor due to constitutional concerns</a> related to the budgetary and funding requirements imposed on the Department of Corrections,</p>

			<p>rather than clearly expressed opposition to the substance of the Family Support Program itself.</p> <p><a href="https://legislature.vermont.gov/bill/status/2026/H.219">https://legislature.vermont.gov/bill/status/2026/H.219</a></p>
Vermont	<p>House Bill 259</p> <p>H.259</p>	<p><a href="#">Became Law</a></p> <p>4/29/25</p>	<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"> <li>• Mandatory presence of at least 1 staff member trained in de-escalation strategies at all times in emergency departments and other patient care areas</li> <li>• Designation of a hospital employee trained in TIC and survivor support to liaise with law enforcement and support staff following violent incidents</li> <li>• Required annual training for relevant staff on topics such as TIC strategies, clinician wellbeing, crisis intervention, and de-escalation techniques</li> <li>• Establishment of clear policies regarding law enforcement presence with violent patients, jointly developed between healthcare providers and law enforcement</li> <li>• 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</li> <li>• Protections for staff against retaliation for reporting incidents or participating in investigations</li> <li>• Clear public postings asserting zero tolerance for threatening or aggressive behavior and highlighting legal consequences for assaulting healthcare workers</li> </ul> <p><a href="https://legislature.vermont.gov/bill/status/2026/H.259">https://legislature.vermont.gov/bill/status/2026/H.259</a></p>
Vermont	<p>Senate Bill 63</p> <p>S.63</p>	<p><a href="#">Became Law</a></p> <p>6/12/25</p>	<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 requires the GMCB to consider how accountable care organizations (ACOs) address prevention, mental health, social determinants of health, and ACEs within integrated care and population health models.</p> <p>The measure establishes expectations that ACOs incentivize strategies aimed at reducing health disparities and addressing the impacts of childhood adversity, primarily through population health planning, community partnerships, and prevention-oriented investments.</p> <p><a href="https://legislature.vermont.gov/bill/status/2026/S.63">https://legislature.vermont.gov/bill/status/2026/S.63</a></p>
<p>Virginia</p> <p><i>(Legislative Session: 1/8/25 - 2/22/25, with carryover from 2024)</i></p>	<p>House Bill 369</p> <p>HB 369</p>	<p>Dead</p> <p><i>(Rules Com., 11/18/24; died sine die)</i></p>	<p>This measure seeks to amend provisions related to sexual misconduct policies at institutions of higher education in Virginia.</p> <p>The bill provides that institutions designate at least one confidential resource advisor trained in trauma-informed care to support students and employees who have experienced sexual misconduct. The advisor must be independent of disciplinary processes, ensuring a neutral and supportive role.</p> <p>The measure mandates that all people involved in sexual misconduct processes, including Title IX coordinators, faculty, and law enforcement, be engaged in trauma-informed training. Such trainings are required to be culturally-responsive and “address the unique experiences and challenges faced by students based on race, color, ethnicity, national origin, religion, economic status, disability, and sex, including sexual orientation, gender identity, and pregnancy or parental status.”</p> <p>Trainings for those who are involved in the response process must include:</p> <ul style="list-style-type: none"> <li>• Information on working with and interviewing persons who have been subjected to sexual misconduct</li> <li>• The effects of trauma, including any neurobiological impact on a person</li> <li>• Cultural competence training regarding how sexual misconduct may affect students differently depending on factors that contribute to a student’s cultural background</li> <li>• Ways to communicate sensitively and compassionately with a reporting party of sexual misconduct, including an awareness of responding to a reporting party with consideration of that party’s diverse cultural background and providing services to or assisting in locating services for the reporting</li> </ul>

			<p>party and ways to communicate sensitively with a responding party, including an awareness of the emotional impact of being wrongly accused</p> <ul style="list-style-type: none"> <li>• How dating violence, domestic violence, sexual assault, and stalking may uniquely affect students with developmental or intellectual disabilities</li> </ul> <p>The bill also requires sexual misconduct campus climate surveys to be conducted annually, using trauma-informed language and processes, to assess and improve campus policies and support mechanisms.</p> <p>Under the bill, all institutions would have to facilitate annual trauma-informed and LGBTQIA2S+ inclusive sexual misconduct primary prevention and awareness programming for all students and all employees of the institution including:</p> <ul style="list-style-type: none"> <li>• Age-appropriate elements of effective and evidence-based programs on the law and meaning of consent</li> <li>• The role drugs and alcohol play in an individual’s ability to consent</li> <li>• Information on options relating to the reporting of an incident of sexual misconduct, the effects of each option, and the methods to report an incident of sexual misconduct, including confidential/anonymous disclosure</li> <li>• Information on the institution’s procedures for resolving sexual misconduct complaints and the range of sanctions or penalties the institution may impose on students and employees found responsible for a violation</li> <li>• The name, contact information, and role of the confidential resource advisor at the institution</li> <li>• A description of opportunities for ongoing sexual misconduct prevention and awareness training and programming</li> </ul> <p>The bill also requires institutions to report on their progress annually, ensuring transparency in handling sexual misconduct cases. It emphasizes the importance of supportive measures for survivors, including academic accommodations, counseling, and transportation services, while integrating restorative justice principles where appropriate.</p> <p>Notably, the bill defines “a trauma-informed approach” as “a response to sexual misconduct involving an understanding of the complexities of intimate partner violence, domestic violence, sexual assault, and stalking through training centered on the neurobiological impact of trauma, the influence of societal myths and</p>
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			<p>stereotypes surrounding the causes and impacts of trauma, and understanding perpetration methodology and how to conduct an effective investigation.”</p> <p><a href="https://lis.virginia.gov/bill-details/20251/HB369">https://lis.virginia.gov/bill-details/20251/HB369</a></p>
Virginia	<p>House Bill 1492</p> <p>HB 1492</p>	<p>Dead</p> <p>(Rules Com., 22/18/24; died in Committee sine die)</p>	<p>This measure would convene a multidisciplinary work group to develop recommendations regarding the development, adoption, and implementation of trauma-informed training and education for judges, magistrates, and court personnel, including recommendations related to training content and frequency.</p> <p>The work group would address critical topics such as:</p> <ul style="list-style-type: none"> <li>• Adult and child sexual abuse</li> <li>• Physical and emotional abuse of a family or household member</li> <li>• Implicit and explicit bias</li> <li>• Coercive control</li> <li>• The impacts of domestic violence on children</li> <li>• Victim and perpetrator behaviors</li> <li>• The neurobiology of trauma</li> <li>• The tenets of trauma-responsive services</li> <li>• An understanding of lethality and the implications of such information within a judicial setting</li> <li>• Stereotypes and misconceptions that can undermine the judicial process</li> <li>• Factual information that judges, magistrates, and court personnel need in order to minimize re-traumatization without undermining due process or defendant rights</li> </ul> <p><a href="https://lis.virginia.gov/bill-details/20251/HB1492">https://lis.virginia.gov/bill-details/20251/HB1492</a></p>
Virginia	<p>House Bill 1734</p> <p>HB1734</p>	<p><a href="#">Became Law</a></p> <p>3/24/25</p>	<p>This bill renames the existing Sex Trafficking Response Coordinator within the Dept. of Criminal Justice Services as the Human Trafficking Response Coordinator. While the Coordinator’s core statutory duties remain focused on sex trafficking, the updated language aligns the role more clearly with the state’s broader, multidisciplinary human trafficking response infrastructure.</p> <p>The bill reaffirms trauma-informed, survivor-centered practices within required multidisciplinary response protocols and coordination efforts at the local and state levels.</p>

			<p>The bill integrates the following TIC-aligned components:</p> <ul style="list-style-type: none"> <li>• The Coordinator’s ongoing responsibility to create statewide plans for identifying and responding to victims of sex trafficking</li> <li>• Required coordination among multidisciplinary response teams that include health care providers knowledgeable in trauma-informed, survivor-centered services, sexual assault crisis centers, public defenders, survivor representatives, immigrant-serving social workers, labor union representatives with expertise in labor trafficking, and other key supports, <ul style="list-style-type: none"> <li>○ Mandates at least one survivor of human trafficking in multidisciplinary team meetings</li> </ul> </li> <li>• Ongoing annual reporting</li> </ul> <p><a href="https://lis.virginia.gov/bill-details/20251/HB1734">https://lis.virginia.gov/bill-details/20251/HB1734</a></p>
Virginia	House Bill 2260  HB2260	<a href="#"><u>Became Law</u></a>  3/18/25	<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 young people who may otherwise be further victimized if their situation is not addressed promptly. It also underscores how statutory framing and language shape how young people are understood by providers and systems, with meaningful implications for reducing re-traumatization.</p>

			<a href="https://lis.virginia.gov/bill-details/20251/HB2260">https://lis.virginia.gov/bill-details/20251/HB2260</a>
Virginia	House Bill 1869 & Senate Bill 883  HB1869 & SB883	Dead  (Passed in 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 <a href="#">vetoed by the Governor</a>, who stated that expanding firearm prohibitions to include dating or intimate partners relied on a “vaguely defined category of intimate partners without an objective standard” and that “changing the definition of family or household member has far-reaching effects, such as the jurisdiction of juvenile and domestic courts, petitions for relief of custody, and whom a court may prohibit contact with following a conviction for recruitment for criminal street gangs.”</p> <p>The measure’s effort to include dating and other non-cohabiting intimate partners within firearm prohibitions reflects a broader national shift toward recognizing that serious intimate partner violence is not limited to spouses or cohabitants and that, if an abusive partner has access to a firearm, the risk of lethal violence increases substantially.</p> <p>While state law already provides some avenues for firearm removal through protective orders and certain felony convictions, these measures would have more directly addressed the commonly-cited “partner loophole” by extending a time-limited firearm prohibition to misdemeanor assault and battery convictions</p>

			<p>involving intimate partners, aligning the policy approach with evidence-informed violence prevention strategies.</p> <p>HB1869: <a href="https://lis.virginia.gov/bill-details/20251/HB1869">https://lis.virginia.gov/bill-details/20251/HB1869</a>  SB883: <a href="https://lis.virginia.gov/bill-details/20251/SB883">https://lis.virginia.gov/bill-details/20251/SB883</a></p>
Virginia	<p>House Bill 2269 &amp; Senate Bill 1260</p> <p>HB2269 &amp; SB1260</p>	<p><a href="#"><u>Became Law</u></a></p> <p>3/24/25</p>	<p>This legislation would strengthen hospital workplace violence prevention through a combined framework of incident reporting, data collection, and emergency department security planning, with explicit incorporation of trauma-informed approaches in staff training.</p> <p>Under the measure’s provisions, all hospitals are required to establish a workplace violence incident reporting system to document, track, and analyze threats or acts of violence against health care providers and staff.</p> <p>“Workplace violence” is defined broadly to include physical attacks, threats, use of weapons or objects, or threats of harm occurring while an employee is performing work duties.</p> <p>The measure outlines explicit anti-retaliation protections for employees who report incidents.</p> <p>In addition, hospitals with emergency departments are required to develop and implement a formal security plan based on a documented security risk assessment. These plans must account for factors such as patient volume, psychiatric and forensic caseloads, prior incidents of violence, and community context.</p> <p>As part of this requirement, the legislation mandates that hospital security personnel receive training that includes:</p> <ul style="list-style-type: none"> <li>• De-escalation techniques</li> <li>• Defensive tactics</li> <li>• “Appropriate physical restraint and seclusion techniques”</li> <li>• Crisis intervention</li> <li>• Trauma-informed approaches to interacting with patients, families, and visitors experiencing mental health crises or substance use-related emergencies</li> </ul>

			<p>By requiring that trauma-informed approaches be included in emergency department security training, the measure recognizes that many incidents of workplace violence occur in the context of mental health crises or substance use–related emergencies. Emergency departments are often the first point of contact for people in acute distress, and the statute reflects an effort to improve staff responses in ways that promote safety while reducing unnecessary escalation and harm.</p> <p>Importantly, while the law requires training on “appropriate physical restraint and seclusion techniques,” it does not establish standards for when or how those practices should be limited, reduced, or reviewed. TIC frameworks generally emphasize de-escalation, least-restrictive interventions, and prevention as primary strategies, with restraint used only to address imminent risk of harm. As enacted, the measure meaningfully incorporates trauma-informed language into hospital safety training, while stopping short of embedding those principles into enforceable practice standards governing the use of restraint and seclusion.</p> <p>HB2269: <a href="https://lis.virginia.gov/bill-details/20251/HB2269">https://lis.virginia.gov/bill-details/20251/HB2269</a>  SB1260: <a href="https://lis.virginia.gov/bill-details/20251/SB1260/">https://lis.virginia.gov/bill-details/20251/SB1260/</a></p>
Virginia	House Bill 2196 & Senate Bill 1262  HB2196 & SB1262	Dead  (House Finance and Appropriations Com., 2/14/25; Senate Finance and Appropriations Com., 2/5/25); no further action, died sine die	<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"> <li>• Promote whole-school, evidence-based restorative practice models</li> <li>• Integrate culturally-responsive teaching and TIC approaches throughout daily and disciplinary practices</li> <li>• Provide incentives for training in restorative practices</li> <li>• Establish standards for the designation of an “evidence-based restorative practice school division”</li> <li>• Develop integrated frameworks for multi-tiered systems of support and positive behavioral interventions</li> <li>• Outline sustainability strategies, including funding maximization for long-term implementation</li> </ul> <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"> <li>• “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"> <li>○ Conflict resolution</li> <li>○ Mediation, including peer mediation</li> <li>○ Circle processes</li> <li>○ Restorative conferences</li> <li>○ Social-emotional learning</li> <li>○ Positive behavioral intervention supports</li> <li>○ Rehabilitation</li> <li>○ Trauma-informed care</li> </ul> </li> <li>• “Culturally-responsive teaching” is defined as a method of teaching that involves the following: <ul style="list-style-type: none"> <li>○ A focus on student learning and academic success</li> <li>○ Developing the cultural competence of students to assist them in developing positive ethnic and social identities</li> <li>○ Supporting the critical consciousness of students and their ability to recognize diversity and critique imparity</li> </ul> </li> </ul>
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<p>Washington (State)</p> <p><i>(Legislative Session: 1/13/25 - 4/27/25, with carryover to 2025)</i></p>	<p>House Bill 1028 &amp; Senate Bill 5386</p> <p>HB 1028 &amp; SB 5386</p>	<p><a href="#"><u>Became Law</u></a></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"> <li>• Recognizing children’s exposure to violence as a significant ACEs and, taken together, a public health crisis</li> <li>• Explicit emphasis on how trauma impacts development</li> </ul>

			<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul> <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 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:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=1028&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=1028&amp;Year=2025&amp;Initiative=false</a>  SB 3586:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=5386&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5386&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	House Bill 1651 & Senate Bill 5693  HB 1651 & SB 5693	<u>Became Law</u>  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 requires integration of evidence-based competencies within educator preparation standards, including trauma-informed practices, consideration of 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</p>

			<p>academic coursework, designed in partnership between public schools, teacher preparation programs, and community-based organizations where applicable.</p> <p><a href="https://app.leg.wa.gov/billsummary?BillNumber=5693&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5693&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	<p>House Bill 1795 &amp; Senate Bill 5654</p> <p>HB 1795 &amp; SB 5654</p>	<p>Pending – carryover to 2026</p> <p>(House Appropriations Com., 2/27/25; Senate Early Learning &amp; K-12 Education Com., 2/13/25)</p>	<p>This measure prohibits the use of chemical restraint, mechanical restraint, and isolation in public educational settings, and sharply restricts the use of physical restraint to rare situations involving an imminent likelihood of serious harm.</p> <p>The bill seeks to protect students from harmful and traumatic practices, including:</p> <ul style="list-style-type: none"> <li>• Limiting physical restraint to situations involving an imminent likelihood of serious harm <ul style="list-style-type: none"> <li>○ Requiring the use of the least restrictive physical intervention necessary</li> <li>○ Mandating immediate cessation of physical restraint once the risk of serious harm subsides</li> </ul> </li> <li>• Establishing comprehensive requirements for post-incident follow-up, including: <ul style="list-style-type: none"> <li>○ Notification to families</li> <li>○ Incident reviews</li> <li>○ Opportunities for student and staff debriefing</li> <li>○ Development or revision of functional behavioral assessments and behavioral intervention plans</li> </ul> </li> <li>• Requiring restraint and isolation practices to be reviewed for compliance, equity impacts, and systems improvement</li> <li>• Creating technical assistance systems and regional coaching structures</li> <li>• Requiring educator preparation programs to integrate foundational behavior management knowledge</li> <li>• Enhancing public accountability through disaggregated data reporting</li> <li>• Mandating statewide staff training in student behavior management and trauma-informed de-escalation practices</li> </ul> <p>HB 1795:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=1795&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=1795&amp;Year=2025&amp;Initiative=false</a>  SB 5654:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=5654&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5654&amp;Year=2025&amp;Initiative=false</a></p>

<p>Washington (State)</p>	<p>House Bill 1817 &amp; Senate Bill 5386</p> <p>HB 1817 &amp; SB 5386</p>	<p>Pending – carryover to 2026</p> <p>(House Rules Com., 3/19/25; Senate Rules Com. “X” File, 3/17/25)</p>	<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> <p>The training must include:</p> <ul style="list-style-type: none"> <li>• Trauma-informed response strategies</li> <li>• Bystander intervention</li> <li>• Survivor-centered handling of disclosures</li> </ul> <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, 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: <a href="https://app.leg.wa.gov/billsummary?BillNumber=1817&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=1817&amp;Year=2025&amp;Initiative=false</a></p> <p>SB 5386: <a href="https://app.leg.wa.gov/billsummary?BillNumber=5386&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5386&amp;Year=2025&amp;Initiative=false</a></p>
<p>Washington (State)</p>	<p>House Bill 1925 &amp; Senate Bill 5567</p>	<p>Pending – carryover to 2026</p>	<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>HB 1925 &amp; SB 5567</p>	<p>(House Education Com., 2/10/25; Senate Ways &amp; Means, 2/19/25)</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 lens by explicitly recognizing that:</p> <ul style="list-style-type: none"> <li>• A connection to nature has been demonstrated to have positive mental and physical health outcomes for young people</li> <li>• Youth Sustainable Natural Resource Systems (YESS) Programs are designed to meet the learning needs of historically marginalized youth</li> <li>• The program aims to increase protective factors for young people who have experienced ACEs</li> </ul> <p>The bill outlines the academic content required, outlining that curriculum must be grounded in state standards that center Indigenous knowledge, environmental stewardship, and natural resource industry competencies, specifically drawing from the Since Time Immemorial curriculum (<a href="https://ospi.k12.wa.us/student-success/resources-subject-area/john-mccoy-lulilas-time-immemorial-tribal-sovereignty-washington-state">https://ospi.k12.wa.us/student-success/resources-subject-area/john-mccoy-lulilas-time-immemorial-tribal-sovereignty-washington-state</a>), 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 education by recognizing the importance of nature connection as a mental health protective factor, there are notable limitations. This measure could be strengthened by requiring that instructors and mentor receive trauma-informed training, and support structures for young people experiencing active trauma symptoms being more explicitly built into the program design.</p> <p>HB 1925:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=1925&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=1925&amp;Year=2025&amp;Initiative=false</a>  SB 5567:  <a href="https://app.leg.wa.gov/billsummary?BillNumber=5567&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5567&amp;Year=2025&amp;Initiative=false</a></p>
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<p>Washington (State)</p>	<p>House Bill 2015  HB 2015</p>	<p><a href="#">Became Law</a>  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"> <li>• 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</li> <li>• Mandates for compliance with crisis intervention and TI, gender-based violence investigation training before agencies are eligible to receive grants</li> <li>• 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</li> <li>• 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</li> <li>• Allowable grant expenditures include supporting: <ul style="list-style-type: none"> <li>○ Community outreach</li> <li>○ Mental health crisis response programs</li> <li>○ Alternative response teams</li> <li>○ Emergency management planning</li> </ul> </li> <li>• 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</li> <li>• Creation of a supplemental account to ensure dedicated, non-supplantable funding for grant-supported TIC-aligned initiatives</li> </ul> <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,</p>
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			<p>juvenile community placements, and mental health crisis responses such as the recovery navigator program.”</p> <p><a href="https://app.leg.wa.gov/billsummary?BillNumber=2015&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=2015&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	Senate Bill 5177  SB 5177	<p>Pending – carryover to 2026</p> <p>(Passed Senate, 3/10/25; House Education Com., 3/18/25)</p>	<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"> <li>• Social-emotional learning</li> <li>• Trauma-informed practices</li> <li>• Recognition and response to emotional or behavioral distress</li> <li>• Consideration of ACEs</li> <li>• Mental health literacy</li> <li>• Anti-bullying strategies</li> <li>• Culturally-sustaining practices</li> </ul> <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</p>

			<p>meaningful shift toward more authentic application of trauma-informed principles across the state’s educational systems.</p> <p><a href="https://app.leg.wa.gov/billsummary?BillNumber=5177&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5177&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	Senate Bill 5355  SB 5355	<u>Became Law</u>  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"> <li>• Mandates for TI training for Title IX employees</li> <li>• Guaranteed access to mental health services</li> <li>• Timely investigation timelines</li> <li>• Availability of campus-affiliated advocates</li> <li>• Systemic campus climate improvements through Student Health and Safety Committees</li> <li>• Trauma-informed principles embedded directly into procedural requirements, aiming to reduce re-traumatization and promote meaningful survivor-centered practices</li> </ul> <p>As the bill moved through the legislative process, however, particularly through fiscal review, the more explicit and robust TI, survivor-centered implementation requirements were removed or substantially narrowed, leaving behind a significantly more limited statutory framework. The rationale for the dilution provided across Legislature reports includes:</p> <ul style="list-style-type: none"> <li>• Resource limitations, with concern about the cost and feasibility of implementing mandatory TI training, expanded counseling services, and additional staffing without specific appropriations</li> <li>• Implementation concerns emphasizing the administrative burden and variability in campus structures, arguing that uniform mandates would not fit all campuses</li> </ul>

			<ul style="list-style-type: none"> <li>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</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>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</li> </ul> <p><a href="https://app.leg.wa.gov/billsummary/?BillNumber=5355&amp;Year=2025&amp;Initiative=false#documentSection">https://app.leg.wa.gov/billsummary/?BillNumber=5355&amp;Year=2025&amp;Initiative=false#documentSection</a></p>
Washington (State)	Senate Bill 5356  SB 5356	<u>Became Law</u>  4/22/25	<p>This measure expands statutory training requirements through the Criminal Justice Training Commission to require 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"> <li>Emphasis on minimizing re-traumatization of survivors throughout investigative and prosecutorial processes</li> <li>Explicit inclusion of survivors' diverse needs across special populations</li> <li>Specialized, intensive, and integrative training for law enforcement officers, investigators, Title IX investigators, and prosecutors, emphasizing: <ul style="list-style-type: none"> <li>The neurobiology of trauma</li> <li>Trauma-informed interviewing</li> <li>Survivor-centered/"victim-centered" response techniques</li> </ul> </li> <li>Mandated training for patrol officers on TI, gender-based violence response</li> </ul>

			<ul style="list-style-type: none"> <li>• Co-development of training content in consultation with survivor advocacy organizations and experts in trauma, ensuring authentic representation of survivor voices and needs</li> <li>• Ongoing feedback and skills practice embedded into training design, allowing participants to apply TI skills in realistic, supported settings</li> <li>• Consistent cross-system training between law enforcement, prosecutors, and campus Title IX investigators, aiming to reduce inconsistencies, misunderstandings, and re-traumatization</li> </ul> <p><a href="https://app.leg.wa.gov/billsummary?BillNumber=5356&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5356&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	Senate Bill 5752  SB 5752	<u>Became Law</u>  5/20/25	<p>This measure broadly modifies and reauthorizes multiple childcare and early childhood development programs across the state, including the continuation and expansion of statutorily defined trauma-informed care supports 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"> <li>• Continuing TIC supports for eligible early learning providers, including: <ul style="list-style-type: none"> <li>○ TI training</li> <li>○ Mental health consultation</li> <li>○ Specialized staff compensation</li> </ul> </li> <li>• Maintaining and expanding infant and early childhood mental health consultation services statewide, providing reflective supervision and support to child care providers (with an emphasis on those serving children with significant behavioral health challenges)</li> <li>• Supporting TI approaches through early childhood education initiatives for children under age 3 via expanded Early Childhood Education and Assistance Program models</li> <li>• Affirming that TI supports can be used flexibly, including for screening tools, behavior supports, and staffing to address complex needs among children and families</li> </ul> <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 yet continue to be described operationally as including training, reflective supervision, supports for complex needs, and qualified staffing.</p> <p><a href="https://app.leg.wa.gov/billsummary?BillNumber=5752&amp;Year=2025&amp;Initiative=false">https://app.leg.wa.gov/billsummary?BillNumber=5752&amp;Year=2025&amp;Initiative=false</a></p>
Washington (State)	House Bill 2171  HB2171	Pending – crossover to 2026  (Pre-filed for introduction, 12/19/25)	<p>This measure establishes a comprehensive, trauma-informed framework to protect foster youth, prevent exploitation, and support recovery for young people who experience disappearance, trafficking risk, or system-related harm while in state custody.</p> <p>Key provisions that align with the principles of a trauma-informed approach include:</p> <ul style="list-style-type: none"> <li>• Explicit acknowledgment of the elevated rates of trauma among foster youth and the link between trauma, runaway behavior, exploitation, and system failures</li> <li>• Creation of a Foster Youth Empowerment Account, with funds expended solely for providing services to people who were the subject of a dependency proceeding for up to ten years following exit from care, including: <ul style="list-style-type: none"> <li>○ Therapy to address trauma</li> <li>○ Emergency recovery support</li> <li>○ Peer mentorship for former foster youth</li> </ul> </li> <li>• Establishment of a Foster Youth Survivor and Advocacy Oversight Board composed of: <ul style="list-style-type: none"> <li>○ Individuals who were the subject of a dependency proceeding</li> <li>○ Experts on trauma</li> <li>○ Representatives from the Dept. of Children, Youth, and Families</li> </ul> </li> <li>• Trauma-responsive oversight and accountability, requiring the oversight board to review cases involving missing or deceased foster youth and issue findings and recommendations to improve system responses and conditions for young people in the foster system</li> <li>• Strengthened training requirements for child welfare workers, mandating that training: <ul style="list-style-type: none"> <li>○ Be based on research-based practices and standards</li> <li>○ Minimize the trauma of all persons interviewed during abuse investigations</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Reduce the number of investigative interviews whenever possible</li> <li>○ Recognize the needs of special populations, including people with developmental disabilities</li> <li>○ Recognize the nature and consequences of victimization</li> <li>○ Require interviews to be conducted in a manner most likely to permit maximum emotional comfort under the circumstances</li> <li>○ Address documentation, record retention, and retrieval</li> <li>○ Describe best practices for preventing and responding to missing or runaway foster children</li> <li>○ Include self-care for child welfare workers</li> <li>• Explicit requirement that training for those working in child-supporting systems incorporate TIC and reflective supervision principles, strengthening workforce capacity while reducing secondary trauma and burnout</li> </ul> <p><a href="https://app.leg.wa.gov/billsummary/?BillNumber=2171&amp;Year=2025&amp;Initiative=false#documentSection">https://app.leg.wa.gov/billsummary/?BillNumber=2171&amp;Year=2025&amp;Initiative=false#documentSection</a></p>
<p>Washington, DC</p> <p><i>(Legislative Session: 1/2/2025 - 12/31/2025, with carryover to 2026)</i></p>	<p>Council Bill 260029</p> <p>B26-0029</p>	<p><u><a href="#">Became Law</a></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"> <li>• Specifically be trained in TI, survivor-centered responses</li> <li>• Not be tied to the institution’s disciplinary authority</li> <li>• Provide confidential support</li> <li>• Offer information about options without mandating reporting, preserving agency in how survivors move forward</li> <li>• Provide accompaniment through processes if desired</li> </ul> <p>Mandatory trauma-informed training for CRAs includes the following topics:</p> <ul style="list-style-type: none"> <li>• The neurobiology of trauma</li> <li>• The impact of myths and stereotypes</li> <li>• Perpetration methods</li> <li>• Sensitive survivor communication</li> </ul> <p>The bill also outlines privacy protections and confidentiality safeguards for communications with CRAs with very limited exceptions, along with amnesty</p>

			<p>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><a href="https://lms.dccouncil.gov/Legislation/B26-0029">https://lms.dccouncil.gov/Legislation/B26-0029</a></p>
Washington, DC	Council Bill 260052  B26-0052	Pending – carryover to 2026  (Public Hearing Held, 12/4/25)	<p>This measure establishes a multi-pronged, trauma-informed 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"> <li>• Creates the Group Violence Intervention Initiative (GVI) with an explicit two-pronged approach: <ul style="list-style-type: none"> <li>○ Focused deterrence enforcement</li> <li>○ Offering robust social services and supports to individuals at highest risk of violence involvement</li> </ul> </li> </ul>

- 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:
  - 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

The measure also includes some key definitions to help support implementation:

- “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”

<https://lims.dccouncil.gov/Legislation/B26-0052>

<p>West Virginia</p> <p><i>(Legislative Session: 2/12/25 - 4/12/25, with carryover to 2026)</i></p>	<p>House Bill 2846</p> <p>HB2846</p>	<p>Pending – carryover to 2026</p> <p>(Education Com., 2/24/25)</p>	<p>This bill requires the State Board of Education to implement trauma-informed practices in all public schools serving grades K-12, establishing a statewide mandate for trauma-informed professional development and schoolwide practice.</p> <p>More specifically, among other provisions, the bill:</p> <ul style="list-style-type: none"> <li>• Defines “trauma-informed practices” to include evidence-based professional development promoting a shared understanding that: <ul style="list-style-type: none"> <li>○ Traumatic experiences are common among students</li> <li>○ Trauma can affect learning, behavior, and relationships</li> <li>○ Traumatic experiences do not inherently undermine the capabilities of students to reach high expectations in academics and life</li> <li>○ School-wide learning environments where all students and adults feel safe, welcomed, and supported can enable students to succeed despite traumatic experiences</li> <li>○ Services, support, and programs provided to meet individual student needs should be trauma-informed, where appropriate, and increase student connection to the school-wide learning environment</li> </ul> </li> <li>• Requires the adoption of disciplinary procedures that: <ul style="list-style-type: none"> <li>○ Pair disciplinary actions with supportive services to address underlying causes of behavior, including trauma</li> <li>○ Utilize evidence-based restorative practices to build trust and community</li> <li>○ Explicitly prohibit discriminatory practices on the basis of race, color, national origin, sexual orientation, gender identity, sex, disability, English proficiency, migrant status, or age</li> </ul> </li> <li>• Directs school-based planning activities to: <ul style="list-style-type: none"> <li>○ Help all students feel safe, supported, and connected to their school community</li> <li>○ Foster positive relationships with adults and peers</li> <li>○ Promote emotional regulation, academic success, physical and psychological wellbeing</li> <li>○ Strengthen teamwork and effective communication among staff, with shared responsibility for the wellbeing and success of every student</li> <li>○ Integrate evidence-based social-emotional learning strategies into rigorous academic instruction</li> </ul> </li> </ul>
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West Virginia	House Bill 3395  HB 3395	Pending – carryover to 2026  (Finance Com., 3/17/25)	<p>This bill would mandate screening for adverse childhood experiences (ACEs) as a preventive health measure for children statewide.</p> <p>Notably, the bill:</p> <ul style="list-style-type: none"> <li>• Makes legislative findings explicitly connecting ACEs to chronic disease risk, addiction, and long-term health impacts</li> <li>• 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”</li> <li>• 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"> <li>○ Establishes that, for uninsured children, the state’s Dept. of Education must develop a school-based ACEs screening program administered through local schools</li> </ul> </li> </ul> <p>The measure frames early identification of childhood adversity as a core public health strategy and formally embeds recognition of childhood trauma into both healthcare and educational systems. While the bill does not specify standards, protocols, or safeguards for how ACEs screenings ought to be conducted or responded to, it represents a significant statutory acknowledgment of the enduring impact of early adversity on physical health and lifespan outcomes.</p> <p><a href="http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=3395&amp;year=2025&amp;sessiontype=RS&amp;btype=bill">http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=3395&amp;year=2025&amp;sessiontype=RS&amp;btype=bill</a></p>
West Virginia	Senate Bill 220  SB 220	Pending – carryover to 2026  (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"> <li>• 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"> <li>○ Opt-out rights exist for families for the personal safety and assault prevention component</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• 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</li> <li>• 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"> <li>○ Recognizing sexually offending behaviors, boundary violations, and indicators of sexual risk in adults</li> <li>○ Recognizing and responding to sexually inappropriate or abusive behaviors among children and young people</li> <li>○ Understanding and supporting protective factors to foster student resilience</li> <li>○ Recognizing verbal and behavioral cues of abuse or neglect</li> <li>○ Understanding appropriate versus inappropriate social media use</li> <li>○ Responding consistently and supportively to disclosures of abuse, in compliance with mandated reporting requirements</li> <li>○ Learning about age-appropriate, evidence-informed prevention education for students</li> <li>○ Reflecting the research on ACEs and the principles of TIC</li> </ul> </li> <li>• Ensures that training is evidence-informed and aligned with best practices in preventing child sexual abuse and supporting student safety and wellbeing</li> </ul> <p><a href="http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=220&amp;year=2025&amp;sessiontype=RS&amp;btype=bill">http://www.wvlegislature.gov/Bill_Status/Bills_history.cfm?input=220&amp;year=2025&amp;sessiontype=RS&amp;btype=bill</a></p>
Wisconsin <i>(Legislative Session: 1/6/25 - 12/31/25, with carryover to 2026)</i>	Assembly Bill 156 & Senate Bill 171  AB156 & SB171	Pending – carryover to 2026  (Passed in House, 11/19/25; received by Senate and available for scheduling, 11/20/25)	<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"> <li>• Requires the curriculum to be developmentally appropriate and evidence-informed for each grade level</li> <li>• Requires instruction on topics including: <ul style="list-style-type: none"> <li>○ Age-appropriate facts about sexual abuse</li> <li>○ Anatomically correct terms for body parts</li> <li>○ How to say no and reject unwanted advances</li> <li>○ How to set and respect personal boundaries</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Differences between public and private parts of the body</li> <li>○ Information about giving and receiving consent</li> <li>○ How to distinguish between safe and unsafe touch, and between secrets and surprises</li> <li>○ How to identify trustworthy adults and report incidents of sexual abuse</li> </ul> <ul style="list-style-type: none"> <li>● Requires schools to provide annual notice to parents or guardians before instruction is offered, including: <ul style="list-style-type: none"> <li>○ An outline of the specific program for the student’s grade level</li> <li>○ Information on how to opt out if desired</li> <li>○ Facts and clear explanations about topics such as ACEs, trauma, offender characteristics, and the promotion of TI environments and responses</li> </ul> </li> </ul> <p>HB156: <a href="https://docs.legis.wisconsin.gov/2025/proposals/reg/asm/bill/ab156">https://docs.legis.wisconsin.gov/2025/proposals/reg/asm/bill/ab156</a>  SB171: <a href="https://docs.legis.wisconsin.gov/2025/proposals/reg/sen/bill/sb171">https://docs.legis.wisconsin.gov/2025/proposals/reg/sen/bill/sb171</a></p>
<p>Federal</p> <p><i>(Legislative Session: 1/3/25 - 12/31/25, with carryover through 2027)</i></p>	<p>House Bill 2668</p> <p>H.R.2668</p>	<p>Pending – with carryover to 2026</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"> <li>● Supports pre-arrest and pre-trial diversion and rehabilitation programs that prioritize addressing key drivers of behaviors underlying legal and carceral system involvement, such as addiction, trauma, and systemic poverty</li> <li>● Adds funding eligibility for specialty courts and restorative justice programs that center community-based resolutions and survivor/victim involvement</li> <li>● Establishes a National Diversion and Rehabilitation Clearinghouse to: <ul style="list-style-type: none"> <li>○ Disseminate best practices</li> <li>○ Provide technical assistance</li> <li>○ Support jurisdictions in implementing evidence-based, trauma-informed diversion and rehabilitation efforts</li> </ul> </li> <li>● Prioritizes the use of evidence-based practices</li> <li>● Mandates attention to TI practices in the design and delivery of diversion and rehabilitation programs</li> </ul>

			<ul style="list-style-type: none"> <li>• 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</li> <li>• Authorizes federal funding to support sustainability through FY2031</li> </ul> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/2668/text">https://www.congress.gov/bill/119th-congress/house-bill/2668/text</a></p>
Federal	House Bill 2738 & Senate Bill 1338  H.R.2738 & S.1338	Pending – carryover to 2026  (House Education & Workforce Com., 4/8/25; Senate Health, Education, Labor, & Pensions Com., 4/8/25)	<p>“Ending PUSHOUT Act” - this measure would substantially constrain the use of exclusionary, discriminatory school discipline practices that disproportionately harm students of color, particularly Black and Brown girls, and explicitly reframes school discipline through a trauma-informed, rights-based, and public health lens.</p> <p>Among other provisions, the bill notably:</p> <ul style="list-style-type: none"> <li>• Explicitly addresses the intersections of trauma, race, gender, disability, and discipline, with the stated purpose of preventing the criminalization and school pushout of students experiencing discrimination, trauma, and unmet mental health needs</li> <li>• Embeds trauma-responsive approaches across discipline policy, staff training, and student supports</li> <li>• Defines and prohibits a range of harmful and potentially re-traumatizing practices, including: <ul style="list-style-type: none"> <li>○ Corporal punishment</li> <li>○ Chemical and mechanical restraints</li> <li>○ Seclusion</li> <li>○ Physical restraints that restrict breathing or blood flow</li> </ul> </li> <li>• Strengthens and expands federal civil rights data collection related to exclusionary discipline, including suspensions, expulsions, informal removals, school-based arrests, law enforcement referrals, and transfers, with robust disaggregation requirements</li> <li>• Prohibits suspensions or expulsions for pre-k through grade 5 students unless serious physical injury occurs</li> <li>• Bans suspension or expulsion for insubordination, willful defiance, appearance or grooming violations, truancy, tardiness, and other nonviolent infractions across all grade levels</li> <li>• Establishes “Healing School Climate Grants” to support schools in: <ul style="list-style-type: none"> <li>○ Developing TI, student-centered discipline policies in partnership with impacted students, families, and communities</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Training school staff in: <ul style="list-style-type: none"> <li>▪ TIC principles and supporting trauma-informed responses to behavior</li> <li>▪ Implicit bias awareness</li> <li>▪ Culturally-sustaining practices</li> <li>▪ Positive behavioral interventions and supports</li> <li>▪ Implementing multi-tiered systems of support</li> <li>▪ Implementing restorative practices</li> <li>▪ Social-emotional learning programming</li> <li>▪ Hiring social workers, counselors, and trauma-informed mental health personnel who may not serve as proxies for school-based law enforcement</li> </ul> </li> <li>○ Explicitly prohibits the use of funds for hiring or retaining school-based law enforcement, or for expanding surveillance infrastructure</li> <li>● 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</li> <li>● Authorizes \$500 million annually for Healing School Climate Grants and an additional \$500 million annually to the Office for Civil Rights to support oversight, enforcement, and public reporting related to discriminatory school discipline practices</li> </ul> <p>The measure defines “trauma-informed services” as “a service delivery approach that recognizes and responds to the impacts of trauma with evidence-based supports and intervention, emphasizes physical, psychological, and emotional safety for both providers of services and survivors of trauma, and creates opportunities for survivors of trauma to rebuild a sense of healing and empowerment.”</p> <p>H.R.2738: <a href="https://www.congress.gov/bill/119th-congress/house-bill/2738/text">https://www.congress.gov/bill/119th-congress/house-bill/2738/text</a>  S.1338: <a href="https://www.congress.gov/bill/119th-congress/senate-bill/1338/text">https://www.congress.gov/bill/119th-congress/senate-bill/1338/text</a></p>
Federal	House Bill 2739  H.R.2739	Pending – carryover to 2026	“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>(Education &amp; Workforce/ Judiciary Coms., 4/8/25)</p>	<p>Notable provisions aligned with a TI approach within the bill include:</p> <ul style="list-style-type: none"> <li>• Creates a major federal grant program (\$5 billion authorization) to help local educational agencies transition away from school-based policing by investing in: <ul style="list-style-type: none"> <li>○ School counselors, psychologists, nurses, social workers, credible messengers, community health workers, and trauma-informed personnel</li> <li>○ Staff trained in de-escalation, violence interruption, and anti-bias practices</li> <li>○ Schoolwide implementation of positive behavioral interventions and supports, restorative justice, mediation, social-emotional learning, and other trauma-informed initiatives</li> </ul> </li> <li>• Requires comprehensive professional development for all school staff on trauma-informed practices, anti-bias approaches, and alternatives to punitive discipline, with training aligned to guidance from the Interagency Task Force on Trauma-Informed Care</li> <li>• Mandates meaningful community engagement in the design, implementation, and oversight of school climate and safety plans, explicitly centering students and families most impacted by exclusionary discipline and policing</li> <li>• Prohibits the use of federal funds for the hiring, retention, or training of school-based law enforcement officers, including school resource officers</li> <li>• Explicitly bars the use of federal education or justice funds for law enforcement partnerships, data-sharing agreements, surveillance technologies (including facial recognition, social media monitoring, and metal detectors), or arming school personnel</li> <li>• Terminates the use of funding streams such as the COPS grant program and the Edward Byrne Memorial Justice Assistance Grant program for police presence in schools</li> <li>• Imposes robust reporting and transparency requirements related to arrests, law enforcement referrals, demographic disparities, and the use of surveillance measures in educational settings</li> </ul> <p>Notably, versions of this measure have been introduced in prior congressional sessions, reflecting a sustained national effort to dismantle the school-to-prison pipeline. The current iteration strengthens earlier proposals through:</p>
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Federal	House Bill 2796 & House Bill 2961  H.R.2796 & H.R.2961	Pending – carryover to 2026  (H.R.2796: Judiciary Com., 4/9/25; H.R.2961: Judiciary & Education Coms., 4/17/25)	<p>“Frederick Douglass Trafficking Victims Prevention and Protection Reauthorization Act of 2025” – these closely related House bills would reauthorize and expand key provisions of the Trafficking Victims Protection Act of 2000 (TVPA), strengthening federal prevention, education, and survivor support efforts, with explicit requirements for trauma-informed and survivor-centered practices across designated programs.</p> <p>Across both bills, Congress seeks to modernize and strengthen federal anti-trafficking infrastructure by embedding trauma-informed prevention, survivor leadership, and long-term recovery supports more deeply into federal law.</p> <p>Among other provisions, the legislation would:</p> <ul style="list-style-type: none"> <li>• Rename and expand existing prevention grants as Frederick Douglass Human Trafficking Prevention Education Grants, prioritizing local educational agencies in regions with high rates of child sex trafficking or labor trafficking</li> <li>• Require funded prevention programs to: <ul style="list-style-type: none"> <li>○ Incorporate age-appropriate and trauma-informed education for K-12 students, guardians, and school personnel</li> <li>○ Engage survivors of trafficking in program development and implementation</li> <li>○ Use evidence-based models and train-the-trainer approaches to support sustainability and scale</li> <li>○ Develop replicable, publicly-available prevention models for national adaptation and distribution</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Encourage cross-sector collaboration among educational agencies, survivor-serving organizations, law enforcement, and technology or social media companies, particularly to address online exploitation, grooming, and technology-facilitated abuse</li> <li>• Establish a Frederick Douglass Human Trafficking Survivors Employment and Education Program to reduce re-exploitation risk by providing trauma-informed, individualized services for adult survivors, including: <ul style="list-style-type: none"> <li>○ Education and credential attainment</li> <li>○ Employment and job-skills training</li> <li>○ Life-skills development and case management</li> <li>○ Record expungement and credit repair assistance related to trafficking-linked offenses</li> <li>○ Access to mental health care and victim compensation resources</li> </ul> </li> <li>• Emphasize individualized service planning grounded in survivor-identified goals, recognizing the interconnection between trauma recovery, economic stability, and long-term wellbeing</li> <li>• Require public reporting on grant implementation and outcomes to promote transparency, accountability, and continuous improvement</li> <li>• Extend and increase authorized federal funding for anti-trafficking programs through FY2029, supporting the sustainability and expansion of trauma-informed prevention and survivor services</li> </ul> <p>Although H.R. 2796 and H.R. 2961 are substantively aligned and advance the same TVPA reauthorization framework, they are moving through Congress on parallel procedural tracks. This approach is sometimes used for complex reauthorizations that touch multiple committee jurisdictions, allowing different committees with overlapping yet distinct oversight to consider the measure. Tracking both bills reflects near-identical substantive text in their originally-introduced forms, suggesting this is likely to be more about legislative strategy and committee routing than substantive disagreement about purpose or provisions. In practice, it signals continued congressional interest in advancing TVPA reauthorization through whichever vehicle gains meaningful traction.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/2796/text">https://www.congress.gov/bill/119th-congress/house-bill/2796/text</a></p>
Federal	House Bill 2957	Pending	“Services and Trauma-informed Research of Outcomes in Neighborhoods Grants for (STRONG) Support for Children Act of 2025” – This measure would establish a

	H.R. 2957	(Education & Workforce/ Judiciary Coms., 4/8/25)	<p>comprehensive federally-administered grant and demonstration program within the U.S. Dept. of Health and Human Services (HHS) to prevent and mitigate childhood trauma in communities with high concentrations of ACEs and related structural risk factors.</p> <p>Reintroduced in the 119th Congress, the bill builds on prior legislative efforts while substantially strengthening the trauma-informed framework advanced in earlier sessions. The current version deepens alignment with public health equity, structural analysis, and community-led, cross-sector responses, and more clearly centers trauma as both an individual and collective experience shaped by systemic, racialized, gendered, and environmental conditions. Together, these changes advance a prevention-oriented, reparative policy approach vs. narrower or more clinical applications often seen.</p> <p>Key components to consider in alignment with TIC principles include:</p> <ul style="list-style-type: none"> <li>• Establishment of a trauma prevention and mitigation program within 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"> <li>○ Funds up to 5 long-term demonstration sites focused on data-informed strategies to strengthen care coordination, improve child and family outcomes, and build protective factors across early childhood and adolescence</li> </ul> </li> <li>• Required use of grant funds to support coordinated, systems-level planning and service integration, including: <ul style="list-style-type: none"> <li>○ A statutory requirement that grantees submit “a plan for expanding, coordinating, or modifying the existing network of programs and services to meet the needs of children and families for preventing and mitigating the traumatic impact of ACEs”</li> </ul> </li> <li>• Mandatory compilation and coordination of community-based resources, requiring grantees to compile information on available supports and referral services across systems and sectors that are available through community-based organizations as well as local, state, and federal agencies</li> <li>• Programs “addressing social determinants of health,” including: <ul style="list-style-type: none"> <li>○ Emergency, temporary, and long-term housing</li> <li>○ Programs that offer “free or affordable and nutritious food”</li> <li>○ Vocational and workforce development</li> <li>○ Transportation supports</li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>○ Neglect</li> <li>○ Living in: <ul style="list-style-type: none"> <li>▪ Impoverished communities that lack access to human services</li> <li>▪ Areas of high unemployment neighborhoods</li> <li>▪ Communities experiencing de facto segregation</li> </ul> </li> <li>○ Experiencing food insecurity and poor nutrition</li> <li>○ Witnessing violence</li> <li>○ Involvement with the foster system</li> <li>○ Experiencing discrimination</li> <li>○ Dealing with historical and ongoing traumas due to systemic and interpersonal racism</li> <li>○ Dealing with historical and ongoing traumas regarding systemic and interpersonal sexism, homophobia, biphobia, and transphobia</li> <li>○ Dealing with the threat of deportation or detention as a result of immigration status</li> <li>○ The impacts of multigenerational poverty resulting from limited educational and economic opportunities</li> <li>○ Living through natural disasters such as earthquakes, forest fires, floods, or hurricanes”</li> <li>● Protective factors are defined as “any supportive element in a child or caretaker’s life that helps the child or caretaker to withstand trauma such as a stable school environment or supportive peer relationships”</li> <li>● System dynamics modeling is defined as “a method of data analysis and predictive modeling that includes: <ul style="list-style-type: none"> <li>○ Utilization of community-based participatory research methods for involving community in the process of understanding and changing systems and evaluating outcomes of grants</li> <li>○ Consideration of a multitude of environmental risk factors and ascertainment of the significance of contributing community risk factors for purposes of identifying strategies to reduce adverse child outcomes, including: <ul style="list-style-type: none"> <li>▪ Maltreatment cases</li> <li>▪ Involvement with the juvenile legal system or foster system</li> <li>▪ Exclusionary school discipline</li> <li>▪ Exposure to violence</li> </ul> </li> </ul> </li> </ul>
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			<ul style="list-style-type: none"> <li>○ Identification of cross-sector responses involving reparative, trauma-informed, culturally specific, gender-responsive, and community-based organizations to reduce adverse child outcomes”</li> <li>● Care coordination is defined as “an active, ongoing process that: <ul style="list-style-type: none"> <li>○ Assists children ages 0 through 5 at risk of, or who have experienced, an ACE, and their caregivers, including prenatal people of any age, to identify, access, and use community resources and services</li> <li>○ Is client-centered and comprehensive of the services a child or caregiver may need</li> <li>○ Ensures a closed loop referral by obtaining feedback from the families served</li> <li>○ Works across systems and services to promote collaboration to effectively meet the needs of community members</li> </ul> </li> </ul> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/2957/text">https://www.congress.gov/bill/119th-congress/house-bill/2957/text</a></p>
Federal	House Bill 3039 H.R.3039	Pending – carryover to 2026  (Com. on Education and Workforce, 4/28/25)	<p>“Prioritizing Resources for Outreach, Safety, Violence Prevention, Youth Empowerment and Resilience (PROSPER) Act” – this measure would authorize and fund “youth gun violence prevention programs that use strategies that are evidence-informed, culturally competent, trauma-informed, and linguistically and developmentally inclusive, and have a demonstrated ability to engage those at highest risk for involvement in gun violence and reduce their risk of violent victimization or engaging in violence.”</p> <p>The measure specifically uplifts programs integrating “strategies that:</p> <ul style="list-style-type: none"> <li>● Prioritize healing from past trauma and other life experiences that increase a young person’s risk for involvement in gun violence</li> <li>● Promote youth empowerment through the development of skills and qualities such as: <ul style="list-style-type: none"> <li>○ Empathy</li> <li>○ Pride in identity</li> <li>○ Leadership</li> <li>○ Conflict management</li> <li>○ Communication</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Connect young people to mental health professionals, counselors, mentors, community leaders, crisis intervention professionals, community violence interrupters, or individuals trained in trauma-informed care and activities</li> <li>• Foster meaningful community engagement, belonging, and the development of safe community environments</li> <li>• Develop and connect young people and their families with gun violence prevention resources, including but not limited to: <ul style="list-style-type: none"> <li>○ Firearm safety education</li> <li>○ Safe storage techniques</li> <li>○ Gun violence hotlines</li> </ul> </li> <li>• Promote resources that support the reintegration and resilience of young people with past exposure to gun violence or the juvenile justice system”</li> </ul> <p>Notably, the measure defines eligible entities to include community-based organizations, institutions of higher education, Tribal governments, Tribal-serving organizations, and local government agencies that are explicitly not law enforcement agencies.</p> <p>The bill also positions its proposals as sustained prevention infrastructure vs. a one-time appropriation, setting aside \$25 million annually through FY2030.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/3039/text">https://www.congress.gov/bill/119th-congress/house-bill/3039/text</a></p>
Federal	House Bill 3121 H.R. 3121	Pending – carryover to 2026  (Com. on Energy & Commerce, 4/30/25)	<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 administered by the U.S. Dept. of Health and Human Services to eligible state, local, and Tribal agencies to implement or enhance such training.</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 contribute to re-traumatization, how to identify and navigate trauma responses, as well as effective and sensitive survivor-centered communication .</p>

			<p>The bill requires a minimum of 8 hours of trauma-informed training for academy enrollees and 4 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>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 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><a href="https://www.congress.gov/bill/119th-congress/house-bill/3121/text">https://www.congress.gov/bill/119th-congress/house-bill/3121/text</a></p>
Federal	<p>House Bill 3527 &amp; Senate Bill 1910</p> <p>H.R. 3527 &amp; S. 1910</p>	<p>Pending - with carryover to 2026</p> <p>(House Education &amp; Workforce/ Energy &amp; Commerce Coms., 5/21/25; Senate Health, Education, Labor, and Pensions Com., 5/22/25)</p>	<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 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: <a href="https://www.congress.gov/bill/119th-congress/house-bill/3527/text">https://www.congress.gov/bill/119th-congress/house-bill/3527/text</a>  S. 1910: <a href="https://www.congress.gov/bill/119th-congress/senate-bill/1910/all-info">https://www.congress.gov/bill/119th-congress/senate-bill/1910/all-info</a></p>
Federal	<p>House Bill 3601 &amp; Senate Bill 1897</p> <p>H.R. 3601 &amp; S. 1897</p>	<p>Pending – carryover to 2026</p> <p>(House Com. on Judiciary, 5/23/25; Senate Com. on Judiciary, 5/22/25)</p>	<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, facilitating timely referral and access to services, community-based behavioral health, recovery, and trauma-informed support services, and coordinated care pathways.</p> <p>The ACERT grant program is designed for states, Tribes, local governments, and community-based organizations to implement trauma-informed response protocols. It supports cross-sector coordination among mental health, law enforcement, behavioral health, education, and child-supporting systems around a shared goal of reducing trauma impacts and mitigating exposure to trauma and re-traumatization.</p>

			<p>Grant funds may be used to support coordinated, trauma-informed approaches, including:</p> <ul style="list-style-type: none"> <li>• “Establishing protocols to follow when encountering a child or youth exposed to trauma to facilitate access to services</li> <li>• Developing referral partnership agreements with behavioral health providers, substance treatment facilities, and recovery services for family members of children exposed to trauma</li> <li>• Integrating law enforcement, mental health, and crisis services to respond to situations where children have been exposed to trauma</li> <li>• Implementing comprehensive programs and practices to support children exposed to trauma</li> <li>• Identifying barriers for children to access trauma-informed care in their communities</li> <li>• Providing training in TIC to emergency response providers, victim service providers, child protective service professionals, educational institutions, and other community partners</li> <li>• Supporting cross-system planning and collaboration among officers and employees who work in law enforcement, court systems, child welfare services, correctional reentry programs, emergency medical services, health care services, public health, and substance abuse treatment and recovery support</li> <li>• Providing technical assistance to communities, organizations, and public agencies on how to prevent and mitigate the impact of exposure to trauma and violence”</li> </ul> <p>The measure would authorize \$10 million annually from 2026-2029 to fund ACERT teams nationwide, which is certainly a meaningful step toward supporting the expansion of trauma-informed practices across public systems.</p> <p>H. 3601: <a href="https://www.congress.gov/bill/119th-congress/house-bill/3601/text">https://www.congress.gov/bill/119th-congress/house-bill/3601/text</a>  S. 1897: <a href="https://www.congress.gov/bill/119th-congress/senate-bill/1897/text">https://www.congress.gov/bill/119th-congress/senate-bill/1897/text</a></p>
Federal	House Bill 4103 &	Pending – carryover to 2026	“Break the Cycle of Violence Act” – this measure “to build safer, thriving communities, and save lives, by investing in effective community-based violence reduction initiatives, and for other purposes” would establish a robust, federally-

	<p>Senate Bill 2203</p> <p>H.R.4103 &amp; S.2203</p>	<p>(House Judiciary &amp; Education Coms., 6/24/25; Senate Judiciary Com., 6/28/25)</p>	<p>supported framework for preventing and responding to community violence through public health–oriented, trauma-responsive, and community-led strategies. The bill is grounded in congressional findings that situate community violence as a driver of trauma, disrupted opportunity and access, and long-term harm at individual, family, and community levels, with disproportionate impacts on “young Black and Brown men and boys and their loved ones.” The legislation frames violence prevention as a matter of healing and sustained community investment, while also acknowledging the immense national economic costs associated with untreated trauma and violence exposure, citing meaningful statistics and data to make a strong case for intervention, including that “youth living in inner cities show a higher prevalence of post-traumatic stress disorder than soldiers in the Nation’s wartime military.”</p> <p>Evidence-informed community strategies supported by the bill include:</p> <ul style="list-style-type: none"> <li>• Community-based outreach led by trusted messengers, connecting people at highest risk to mediation, counseling, peer support, and practical stabilization</li> <li>• Hospital-based violence intervention programs that engage survivors during recovery windows to reduce re-injury and retaliation through trauma-responsive care and sustained follow-up</li> <li>• Group-focused approaches that coordinate services with community voice and clear expectations, while limiting default reliance on punitive responses</li> <li>• Violence interruption and crisis response to de-escalate conflicts, prevent retaliatory harm, and offer trauma-responsive support after incidents</li> <li>• Economic opportunity pathways, including employment, apprenticeship, entrepreneurship, and skills-building aimed at structural exclusion and unemployment</li> <li>• Wraparound supports shaped to person-identified needs, including housing stability, financial assistance, legal supports, therapeutic care, grief support, and skill development through relationship-based mentorship</li> <li>• Youth workforce development connected to in-demand sectors and responsive to technological shifts and barriers to future labor market access</li> <li>• Sustained community investment to reverse violence trends, support healing, and reduce long-term human and economic costs</li> </ul> <p>Program structure and priorities:</p>
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			<ul style="list-style-type: none"> <li>• Establishes a grant program to support coordinated, community-based violence intervention initiatives with an emphasis on reducing harm without contributing to mass incarceration</li> <li>• Requires funded initiatives to focus on people at highest risk of being harmed or harming others, using strategies that are evidence-informed, trauma-responsive, and designed to interrupt cycles of violence</li> </ul> <p>Notably, the bill requires applicants to show coordination with existing efforts (minimizing duplication and maximizing impact) and to provide evidence the initiative is likely to reduce community violence or address trauma and collateral consequences among those at highest risk.</p> <p>Additionally, specifically for local government applicants, the bill requires demonstration of strong community partner support, including a community steering committee that “substantially reflects” local populations and includes survivors of community violence as well as people “with expertise in culturally competent and trauma-informed approaches to reducing community violence.”</p> <p>The bill outlines logistical and infrastructural elements with explicit expectations for culturally competent and trauma-informed expertise and substantial representation from communities disproportionately impacted by violence. It also authorizes technical assistance and capacity-building, as well as independent evaluation and public reporting practices for transparency.</p> <p>The measure also defines “community violence” as “nonfatal firearm injuries, aggravated assaults, homicides, and other acts of life-threatening interpersonal violence committed outside the context of a familial or romantic relationship,” explicitly excluding acts of violence motivated by political beliefs.</p> <p>Notably, the bill uplifts the evidence supporting trauma-informed approaches, stating that “when properly implemented and consistently funded, coordinated, community-based strategies that utilize trauma-responsive care and interrupt cycles of violence can produce lifesaving and cost-saving results in a short period of time without contributing to mass incarceration” and structures its grant programs accordingly.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/4103/all-info">https://www.congress.gov/bill/119th-congress/house-bill/4103/all-info</a></p>
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Federal	House Bill 4744 & Senate Bill 2445  H.R.4744 & S.2445	Pending – carryover to 2026  (House Com. on Energy & Commerce, 7/23/25; Senate Health, Education, Labor, and Pensions, 7/24/25)	<p>“Community Mental Wellness and Resilience Act” – this measure establishes a federal framework to promote mental wellness and resilience and to prevent and heal mental health, behavioral health, and psychosocial harms through community-based, non-clinical, and public health-oriented strategies.</p> <p>The legislation reflects a clear shift away from solely individual, treatment-driven responses toward upstream, population-level prevention and healing, grounded in community leadership, cross-sector coordination, and culturally-responsive practice and presents a strong example of federal legislation that shifts structures and systems in a multi-pronged manner.</p> <p>Notably, in the text, mental wellness is framed as a collective, environmental, and relational outcome that is shaped by social connection, economic conditions, environmental stressors, and access to supportive community infrastructure.</p> <p>The measure authorizes competitive federal grants to support the planning, establishment, operation, and expansion of community mental wellness and resilience coordinating networks (which consist of community entities across defined categories partnering together), with explicit attention to rural communities through a required funding set-aside.</p> <p>Programs carried out using funds from this measure must take a “public health approach to mental health prevention and promotion, using the best available evidence, to strengthen the entire community’s psychological and emotional wellness and resilience, including by:</p> <ul style="list-style-type: none"> <li>• Collecting and analyzing information from residents of the community as well as quantitative data to identify <ul style="list-style-type: none"> <li>○ Protective factors that enhance and sustain the community’s capacity for mental wellness and resilience</li> <li>○ Risk factors that undermine such capacity</li> </ul> </li> <li>• Strengthening such protective factors and addressing such risk factors</li> <li>• Building awareness, skills, tools, and leadership in the community to <ul style="list-style-type: none"> <li>○ Facilitate using a public health approach to mental health</li> <li>○ Detect, prevent, and heal mental health, behavioral health, and psychosocial conditions among all adults and youth</li> </ul> </li> </ul>

- Developing, implementing, and continually evaluating and improving a comprehensive strategic plan for carrying out activities that includes utilizing developmentally, linguistically, and culturally-appropriate evidence-based, evidence-informed, promising-best, or Indigenous practices for:
  - Engaging residents in building social connections, including across cultural, geographic, and economic boundaries
  - Enhancing local economic, social, and environmental conditions, including with respect to the built environment
  - Becoming trauma-informed and learning simple self-administrable mental wellness and resilience skills
  - Engaging in community activities that strengthen mental wellness and resilience
  - Partaking in nonclinical group and community-minded prevention and recovery programs
  - Other activities to promote mental wellness and resilience and prevent or heal individual and community traumas”

Building on this framework, a two-tier grant structure is established:

- Planning grants of up to \$250,000 support communities in organizing mental wellness and resilience coordinating networks, conducting needs assessments, and preparing for implementation
- Program grants of up to \$500,000 per year for up to 4 years to support sustained, community-led mental wellness and resilience initiatives

The measure provides key definitions:

- Community trauma: “a traumatic event or events that are shared by a community and that have lasting adverse effects on the health and wellbeing of the community”
- Protective factors: “strengths, skills, resources, and characteristics that are associated with a lower likelihood of negative outcomes of adversities, or reduce the impact on people of toxic stresses or a traumatic experience”
- Mental wellness: “a state of wellbeing in which an individual experiences positive emotional functioning, pursues self-defined goals, establishes and maintains meaningful relationships, and feels a sense of meaning and purpose,” expanding and adding:
  - “At the individual level, wellbeing is based on fundamental family, social, cognitive, and emotional skills and supports that help

			<p>individuals react, cope, and adapt in healthy ways to stress, uncertainty, adversity, trauma, and change.”</p> <ul style="list-style-type: none"> <li>○ “At the community level, well-being is influenced by the social, economic, educational, and environmental factors and conditions that either enhance or diminish well-being within the community”</li> <li>● Psychosocial problem: “social and environmental structures and processes that adversely affect and influence an individual’s mental state or community health”</li> <li>● Resilience: “people develop cognitive, psychological, emotional, and behavioral capabilities and social connections that enable them to calm their body, mind, emotions, and behaviors during toxic stresses or traumatic experiences in ways that enable them to respond without negative consequences for themselves or others, and use the experiences as catalysts to develop a constructive new sense of meaning, purpose, and hope”</li> <li>● Toxic stress: “exposure to prolonged, severe, and stressful situations with no period of recovery or support”</li> </ul> <p>H.R.4744: <a href="https://www.congress.gov/bill/119th-congress/house-bill/4744/text">https://www.congress.gov/bill/119th-congress/house-bill/4744/text</a>  S.2445: <a href="https://www.congress.gov/bill/119th-congress/senate-bill/2445/text">https://www.congress.gov/bill/119th-congress/senate-bill/2445/text</a></p>
Federal	House Bill 5482  H.R.5482	Pending – carryover to 2026  (Com. on Education & Workforce, 9/18/25)	<p>“Prevent Youth Suicide Act” – this measure would require the U.S. Dept. of Education to issue a rule making suicide prevention, suicide postvention, and trauma-informed school practices a condition of receiving funds under applicable federal education programs for schools serving grades 6-12.</p> <p>The measure requires evidence-based suicide prevention programming, biennial staff training on identifying distress and suicide risk and how to respond, a referral system connecting students to school and community mental health resources, and suicide postvention planning that includes guidance for communication and memorialization plus access to grief counseling and coordinated community supports.</p> <p>The measure states: “the adoption of a trauma-informed approach in policies and practices to create a safe and supportive environment for all students, which shall include the provision of biennial trauma-sensitive training for school staff to help such staff understand the potential impact of trauma on students and to promote</p>

			<p>appropriate responses.” This notably frames trauma-informed practice as a required, schoolwide approach tied to federal funding.</p> <p>The term “trauma-informed care” is defined as “an approach based on an understanding of the vulnerabilities and triggers of individuals who have experienced trauma, recognize the role trauma has played in the lives of those individuals, recognize the presence of trauma symptoms and their onset, are supportive of trauma recovery, and avoid further traumatization.”</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/5482/text">https://www.congress.gov/bill/119th-congress/house-bill/5482/text</a></p>
Federal	House Bill 5557 H.R.5557	Pending – carryover to 2026  (Com. on Energy & Commerce, 9/23/25)	<p>“Mental Health Services for Students Act” – this measure would expand access to school-based comprehensive mental health services for children and adolescents, with an explicit emphasis on trauma exposure, grief and bereavement, suicide risk, and violence. It authorizes funding multi-year partnerships that embed mental health supports within schools and their surrounding communities, explicitly including Bureau of Indian Education schools.</p> <p>Notably, funded programs must be trauma-informed, developmentally-, linguistically-, and culturally-appropriate, and incorporate positive behavioral interventions and supports.</p> <p>The bill also prioritizes early identification and response through staff training on trauma exposure and suicide risk, while also supporting school- and community-based interventions that address intergenerational trauma, family systems, and multigenerational protective factors.</p> <p>The legislation requires cross-system collaboration, mandating partnerships between educational agencies and community-based mental health providers as well as encouraging coordination with other community systems, maintaining schools as a primary access point for care.</p> <p>Additionally, strong equity, accountability, and privacy protections are embedded throughout, including geographic distribution requirements across urban and rural areas. Grants may be awarded for up to five years, with individual awards of up to \$2 million annually and a total authorization of \$300 million per year for FY 2027-2028.</p>

			<a href="https://www.congress.gov/bill/119th-congress/house-bill/5557/text">https://www.congress.gov/bill/119th-congress/house-bill/5557/text</a>
Federal	House Bill 6226  H.R.6226	Pending  (Com. on Energy & Commerce, 11/20/25)	<p>“Latino Youth Mental Health Empowerment Act” – This bill would establish a national, federally-led awareness, outreach, and research initiative aimed at improving mental health outcomes for Hispanic and Latiné youth.</p> <p>Among other provisions, the bill:</p> <ul style="list-style-type: none"> <li>• Directs the U.S. Dept. of Health and Human Services to develop and implement a national mental health awareness and outreach campaign focused on Hispanic and Latiné youth, parents, caregivers, educators, and school-based staff</li> <li>• Campaigns must be culturally- and linguistically-responsive and tailored to differences across gender, gender identity, sexual orientation, age, immigration status, geography, and history of ACEs <ul style="list-style-type: none"> <li>○ Messaging must address stigma, misconceptions, and barriers to care while increasing awareness of evidence-based, trauma-informed screening, intervention, and treatment options</li> </ul> </li> <li>• Requires coordination across federal agencies as well as consultation with community-based advocacy and mental health organizations serving Hispanic and Latiné communities</li> <li>• Supports community-embedded outreach strategies, including: <ul style="list-style-type: none"> <li>○ In-person and virtual workshops</li> <li>○ School-based engagement</li> <li>○ Partnerships with after-school programs</li> <li>○ Distribution of culturally-relevant mental health resources</li> <li>○ Promotion of the 988 Suicide &amp; Crisis Lifeline and mobile crisis services where appropriate</li> </ul> </li> <li>• Authorizes youth Mental Health First Aid training for parents, caregivers, teachers, school personnel, and others who regularly interact with Hispanic and Latiné youth</li> <li>• Requires multiple federal studies and public reports on: <ul style="list-style-type: none"> <li>○ Mental health prevalence, risk factors, and suicide among Hispanic and Latiné youth</li> <li>○ Barriers to accessing care, including insurance gaps, language access, workforce shortages, and stigma</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Awareness and utilization of crisis services, including 988, mobile crisis teams, and crisis centers</li> <li>○ Shortages in the Hispanic and Latiné mental health workforce and strategies to improve recruitment, training, and retention</li> <li>• Mandates disaggregated data collection by race, ethnicity, age, sex, gender identity, sexual orientation, geography, and disability status, with explicit privacy protections</li> </ul> <p>Notably, the measure is grounded in explicit congressional findings regarding trauma exposure, toxic stress, and structural inequities affecting young people who are Hispanic and/or Latiné. It meaningfully frames disparities in mental health access and outcomes as a public health, equity, and prevention issue rather than as individual or cultural failings, emphasizing trauma-informed strategies to address disproportionately high rates of ACEs, unmet mental health needs, and suicide risk among this population.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/6226/text">https://www.congress.gov/bill/119th-congress/house-bill/6226/text</a></p>
Federal	House Bill 6301  H.R.6301	Pending – carryover to 2026  (Com. on the Judiciary, 11/25/25)	<p>“Violence Impact and Vulnerabilities Assessment Study Act (VIVAS Act)” – this measure would direct the Government Accountability Office to conduct a comprehensive, culturally-informed, and community-engaged study of gender-based violence in Puerto Rico to inform prevention, services, oversight, and policy reform.</p> <p>Congressional findings frame gender-based violence, including femicide, domestic abuse, and sexual violence, as a public health and human rights crisis in Puerto Rico with disproportionate impacts on women, LGBTQIA2S+ communities, and other marginalized groups. The measure emphasizes that current data is fragmented and insufficient, limiting effective responses and resource allocation, and specifically calls for improved transparency and integrated reporting systems.</p> <p>The study called for examines prevalence, severity, patterns, and contexts of harm across Puerto Rico including methods of violence, settings, and victim-perpetrator relationship dynamics, disaggregated by demographic and geographic factors.</p>

			<p>The measure directs explicit attention to systemic drivers such as structural poverty and economic dependency, unemployment and educational disparities, housing and transportation barriers, and infrastructure and utility instability, including the ways disasters, displacement, and service disruption exacerbate risk and reduce access to safety.</p> <p>The study also evaluates institutional response capacity across law enforcement and courts, health and social services, shelter and emergency housing, access to mental health and trauma care, and substance use treatment, while identifying barriers to prevention, protection, and justice such as under-reporting driven by stigma, fear, service inaccessibility in rural areas, and gaps in culturally competent and trauma-informed supports.</p> <p>Notably, the process must actively engage Puerto Rican community-based and survivor-serving organizations through roundtables, listening sessions, and participation in research design and interpretation.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-bill/6301/text">https://www.congress.gov/bill/119th-congress/house-bill/6301/text</a></p>
Federal	Senate Bill 666  S.666	Pending – carryover to 2026  (Health, Education, Labor, & Pensions Com., 2/20/25)	<p>“First Responders Wellness Act” - this bill would 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"> <li>• Establishes a dedicated national peer and behavioral health support hotline <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> <li>• 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</li> <li>• Mandates that hotline staff receive TI and culturally competence training <ul style="list-style-type: none"> <li>○ Training is developed in consultation with mental health experts and first responder organizations, and must address the unique needs and stressors of emergency personnel</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Launches a public awareness campaign to increase visibility and accessibility of the hotline and its services for first responders and their families</li> <li>• Directs the development of a report on best practices for deploying mobile, TI crisis support services</li> <li>• Directs the development of a report on best practices for deploying mobile, TI crisis support services to emergency response providers during national disasters</li> <li>• Authorizes \$10 million annually through FY2031 in order to sustain and implement the hotline and related services</li> </ul> <p><a href="https://www.congress.gov/bill/119th-congress/senate-bill/666/text">https://www.congress.gov/bill/119th-congress/senate-bill/666/text</a></p>
Federal	Senate Bill 2990  S.2990	Pending – carryover to 2026  (Com. on Health, Education, Labor, and Pensions, 10/8/25)	<p>“Campus Accountability and Safety Act” – this measure would strengthen campus responses to sexual violence, dating violence, domestic violence, sexual harassment, and stalking by increasing transparency, survivor support, and accountability, while explicitly embedding trauma-informed and survivor-centered practices across campus systems.</p> <p>Key provisions include:</p> <ul style="list-style-type: none"> <li>• Expanded transparency and public reporting requirements</li> <li>• Formalized survivor support infrastructure, requiring institutions to designate Sexual and Interpersonal Violence Specialists who: <ul style="list-style-type: none"> <li>○ Provide confidential or protected advocacy, resource navigation, and accommodations support</li> <li>○ Assist with academic, housing, accessibility, and safety accommodations without requiring engagement with law enforcement or disciplinary processes</li> <li>○ Operate independently from investigative and adjudicative bodies to reduce conflicts of interest</li> <li>○ Are selected and supervised in ways that prioritize trauma-informed, culturally responsive practice</li> </ul> </li> <li>• Trauma-informed institutional response standards, requiring that campus policies, interviews, grievance procedures, and disciplinary processes: <ul style="list-style-type: none"> <li>○ Use victim-centered, trauma-informed approaches grounded in the neurobiology of trauma</li> <li>○ Avoid judgment, blame, or credibility testing of survivors</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>○ Address how sexual and interpersonal violence may impact students differently based on culture, identity, disability, neurodivergence, gender, or sexual orientation</li> <li>○ Apply uniformly across all forms of sexual and interpersonal violence, regardless of gender configuration or relationship context</li> <li>● Uniform and survivor-protective disciplinary processes, prohibiting parallel or unequal procedures based on student status (e.g., student athletes) and preventing automatic law enforcement involvement absent survivor consent</li> <li>● Strengthened survivor protections, including: <ul style="list-style-type: none"> <li>○ Amnesty policies related to substance use disclosed during reports</li> <li>○ Explicit anti-retaliation requirements</li> <li>○ Timely written notice of rights, processes, and timelines</li> <li>○ Access to reasonable academic, housing, and safety accommodations</li> </ul> </li> </ul> <p>The measure requires the Dept. of Education, in coordination with survivor-serving organizations and relevant federal agencies, to develop and implement evidence-informed training for campus personnel involved in survivor interviews, grievance procedures, and disciplinary processes. Required training must cover:</p> <ul style="list-style-type: none"> <li>● The neurobiology of trauma and how trauma impacts memory, disclosure, and behavior</li> <li>● Consent and power dynamics, including the effects of alcohol, drugs, disability, and neurodivergence on consent</li> <li>● Culturally-responsive practice, addressing how sexual and interpersonal violence may impact students differently based on culture, race, gender identity, sexual orientation, disability, and other lived contexts</li> <li>● The full scope of sexual and interpersonal violence, inclusive of the full spectrum of gender configurations, sexual orientations, and relationship contexts</li> <li>● Survivor-centered, trauma-informed interview techniques that avoid judgment, blame, or credibility testing</li> <li>● Understanding sexual assault dynamics, perpetrator behavior, and systemic barriers to reporting</li> </ul> <p>Notably, training is explicitly tied to the bill’s victim-centered, trauma-informed interview standards.</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	<u>Adopted</u>  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"> <li>• Recognition of the lifelong impact of ACEs on individuals’ physical and mental health, educational and employment outcomes, and intergenerational transmission of trauma</li> <li>• Emphasis on resilience building as a critical protective factor, highlighting community roles in fostering:               <ul style="list-style-type: none"> <li>○ Parental resilience</li> <li>○ Social connections</li> <li>○ Access to concrete support in times of need</li> <li>○ Knowledge of parenting and child development</li> <li>○ Social and emotional competencies of children</li> </ul> </li> </ul>

			<ul style="list-style-type: none"> <li>• Call for investment in primary prevention, stating that mitigating ACEs before they cause lasting harm is essential for public health, economic stability, and community wellbeing</li> <li>• Framing of ACEs as a preventable public health issue, emphasizing the importance of systemic, trauma-informed response</li> </ul> <p>2025-K396: <a href="https://www.nysenate.gov/legislation/bills/2025/K396">https://www.nysenate.gov/legislation/bills/2025/K396</a>  2025-J557: <a href="https://www.nysenate.gov/legislation/bills/2025/J557">https://www.nysenate.gov/legislation/bills/2025/J557</a></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><a href="https://www.nysenate.gov/legislation/bills/2025/K459">https://www.nysenate.gov/legislation/bills/2025/K459</a></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 wellbeing 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 wellbeing 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</p>

			<p>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 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><a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR14">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR14</a></p>
California	<p>Assembly Concurrent Resolution 18 &amp; Senate Concurrent Resolution 9</p> <p>ACR-18 &amp; 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</p>

			<p>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: <a href="https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR18">https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260ACR18</a>  SCR-9: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SCR9">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SCR9</a></p>
California	Senate Resolution 10  SR-10	<u>Adopted</u>  5/16/25	<p>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.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SR10">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SR10</a></p>
California	Senate Concurrent Resolution 67  SCR-67	<u>Adopted</u>  7/3/25	<p>This measure would designate May 19, 2025 as Family Justice Center Day and recognizes the California Family Justice Network and its affiliated Family Justice Centers as a statewide backbone for survivor support. It frames Family Justice Centers as a trauma-informed under-one-roof integrated model designed to reduce fragmentation by collaboratively bringing coordinated services together, including advocacy, mental health, legal support, medical care, and other community and system partners in a single setting.</p> <p>Notably, the resolution explicitly links domestic and sexual violence to the downstream impacts of childhood trauma and lifetime polyvictimization, and it emphasizes that these harms carry serious and enduring mental and physical</p>

			<p>health consequences. It also makes visible the scale of need by citing high service volume and increased demand since the pandemic, and by emphasizing that children comprise a meaningful portion of those served, which reinforces that survivor response is also child and family response.</p> <p><a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SCR67">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202520260SCR67</a></p>
Colorado	Senate Joint Resolution 7	<p><u>Adopted</u></p> <p>2/19/25</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p><a href="https://leg.colorado.gov/bills/sjr25-007">https://leg.colorado.gov/bills/sjr25-007</a></p>
Delaware	House Concurrent Resolution 27  HCR 27	<p><u>Adopted</u></p> <p>4/9/25</p>	<p>This resolution recognizes April 6 - 12, 2025 as “Crime Victims’ Rights Week” in the state, in coordination with National Crime Victims’ Rights Week.</p> <p>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>

			<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><a href="https://legis.delaware.gov/BillDetail?LegislationId=142063">https://legis.delaware.gov/BillDetail?LegislationId=142063</a></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 wellbeing, 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><a href="https://www.legis.ga.gov/legislation/69732">https://www.legis.ga.gov/legislation/69732</a></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</p>

			<p>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 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><a href="https://www.legis.ga.gov/legislation/70545">https://www.legis.ga.gov/legislation/70545</a></p>
Hawai'i	<p>House Concurrent Resolution 139, House Resolution 133, Senate Concurrent Resolution 73, &amp; Senate Resolution 56</p> <p>HCR 139, HR133, SCR73, &amp; SR56</p>	<p><u>Adopted</u></p> <p>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 Hawai'ian 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"> <li>• Research and trauma-informed practices identifying the nature and impact</li> </ul>

			<p>of early childhood trauma, and strategies to resist re-traumatization</p> <ul style="list-style-type: none"> <li>• Culturally-grounded and evidence-based recommendations to support children’s transitions into middle school, high school, and adulthood</li> <li>• An outline of existing programs and services addressing pandemic-related social and emotional learning loss</li> <li>• An analysis of services available to children and families impacted by the 2023 Maui wildfires</li> <li>• Information on supports for educators and frontline workers experiencing secondary traumatic stress</li> <li>• Recommendations to strengthen frontline workforce resilience and self-care efforts</li> </ul> <p>HCR139: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HCR&amp;billnumber=139&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HCR&amp;billnumber=139&amp;year=2025</a>  HR133: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HR&amp;billnumber=133&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=HR&amp;billnumber=133&amp;year=2025</a>  SCR73: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&amp;billnumber=73&amp;year=20">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&amp;billnumber=73&amp;year=20</a>  SR56: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&amp;billnumber=56&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&amp;billnumber=56&amp;year=2025</a></p>
Hawai'i	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"> <li>• The purpose of OWR to improve wellness and resilience through trauma-informed strategies</li> <li>• The launch of the state’s Quality of Life and Wellbeing Dashboard in December 2024, fulfilling a mandate to track social determinants of health</li> <li>• The challenge that siloed, department-specific datasets pose for cross-sector analysis</li> <li>• The critical role of shared, de-identified, and aggregated data in developing effective programs that address community needs</li> </ul>

			<ul style="list-style-type: none"> <li>The emphasis on privacy protections, strict data governance, and maintaining individual confidentiality</li> </ul> <p>SCR135: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&amp;billnumber=135&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&amp;billnumber=135&amp;year=2025</a>  SR114: <a href="https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&amp;billnumber=114&amp;year=2025">https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SR&amp;billnumber=114&amp;year=2025</a></p>
Michigan	House Concurrent Resolution 1  HCR 1	Pending – with carryover to 2026  (Com. on Families And Veterans, 8/19/25; reported with recommendation without amendment, 10/28/25)	<p>This resolution urges the Governor to take an executive action step that moves ACEs reduction from a values statement into an operational expectation across state government.</p> <p>Specifically, it calls for an executive directive requiring administrative agencies to assess whether their programs reduce ACEs, paired with annual reporting and public-facing data so progress can be monitored transparently over time. The measure’s emphasis on structured assessment and recurring public reporting strengthens accountability and creates a mechanism for tracking whether efforts to disrupt cycles of ACEs are impactful.</p> <p>Notably, the resolution acknowledges that “ACEs are widely recognized as dominant factors in the current and future well-being of children due to their harmful effects” and asserts “the growing body of evidence on the science of human development incorporates research findings on ACEs and the long-term neurobiological, biomedical, and epigenetic consequences of toxic stress.”</p> <p>The measure also anchors in state data collected, noting specific statistics about 4.4 million adults within the state providing key information on their experiences and outcomes, creating a strong case for ongoing attention to this issue through legislative action.</p> <p><a href="https://legislature.mi.gov/Bills/Bill?ObjectName=2025-HCR-0001">https://legislature.mi.gov/Bills/Bill?ObjectName=2025-HCR-0001</a></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-supporting behavioral health prevention systems. Recognizing growing system complexity, unsustainable funding trajectories, and a lack of coordinated oversight, the resolution calls for a</p>

		<p>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 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"> <li>• Conducting a statewide inventory of all youth-serving primary prevention programs across school-based, health-based, community, tribal, and faith-based settings</li> <li>• Mapping the prevention workforce, including education, behavioral health, child welfare, mentoring, and healthcare providers</li> <li>• Evaluating the coordination, efficiency, and equity of current prevention funding streams, including state, federal, local, and private sources</li> <li>• Assessing the effectiveness and reach of evidence-based, culturally responsive prevention practices that address mental health, substance use, and ACEs</li> <li>• Identifying duplicative services, critical gaps, and missed alignment opportunities in prevention delivery</li> <li>• Reviewing national models for integrated prevention infrastructure and analyzing their potential adaptation for the state</li> <li>• Generating recommendations for a unified statewide strategic plan, complete with estimated costs, implementation timelines, oversight mechanisms, and accountability infrastructure</li> </ul> <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,</p>
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			<p>prioritizing upstream investment, interagency coordination, culturally responsive design, and sustainable infrastructure to improve long-term outcomes for youth and families.</p> <p><a href="https://bills.legmt.gov/#/laws/bill/2/LC2098?open_tab=sum">https://bills.legmt.gov/#/laws/bill/2/LC2098?open_tab=sum</a></p>
New Jersey	<p>Assembly Joint Resolution 183 &amp; Senate Joint Resolution 67</p> <p>AJR183 &amp; SJR67</p>	<p>Pending</p> <p>(Passed in Senate, 5/13/24; Assembly Children, Families and Food Security Committee Com., 5/13/24)</p>	<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> <ul style="list-style-type: none"> <li>• The critical importance of mental health to children’s development</li> <li>• The impact of emotional disturbances and mental health challenges on children’s functioning</li> <li>• ACEs as a major factor affecting long-term health and wellbeing</li> <li>• The effects of toxic stress on brain development</li> <li>• The need for enhanced public education, stigma reduction, and improved access to pediatric mental health care</li> </ul> <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: <a href="https://www.njleg.state.nj.us/bill-search/2024/AJR183">https://www.njleg.state.nj.us/bill-search/2024/AJR183</a>  SJR67: <a href="https://www.njleg.state.nj.us/bill-search/2024/SJR67">https://www.njleg.state.nj.us/bill-search/2024/SJR67</a></p>
New Mexico	<p>House Memorial 61</p> <p>HM 61</p>	<p><u>Adopted</u></p> <p>3/22/25</p>	<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"> <li>• Collaborating with speech-language pathologists and trauma-informed behavioral and mental health providers to deliver language development training for families and caseworkers</li> <li>• Acknowledging the healing potential of narrative therapy-based practices and culturally-rooted storytelling traditions as essential supports across diverse communities</li> </ul>

			<ul style="list-style-type: none"> <li>• Assisting children in foster care in developing autobiographical narratives as a way to support emotional healing and strengthen coherent language skills</li> <li>• Designing concrete, forward-focused activities with caregivers that build connection</li> <li>• Providing strategies for families to manage potential emergence of traumatic memories</li> <li>• Centering trauma-informed practices in all efforts to foster healing, voice, and resilience</li> </ul> <p>This measure is aligned with House Bill 534, which proposes a binding mandate to implement this framework statewide.</p> <p><a href="https://www.nmlegis.gov/Legislation/Legislation?chamber=H&amp;legtype=M&amp;legno=61&amp;year=25">https://www.nmlegis.gov/Legislation/Legislation?chamber=H&amp;legtype=M&amp;legno=61&amp;year=25</a></p>
New Mexico	Senate Memorial 10 SM 10	Dead  (Rules Com./ Indian, Rural and Cultural Affairs Com., 2/18/25; session adjourned before adoption, died sine die)	<p>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 ensure that perpetrators are held accountable.</p> <p>Key elements acknowledged in the memorial include:</p> <ul style="list-style-type: none"> <li>• The widespread prevalence of sexual violence, with particular emphasis on the intergenerational and disproportionate burden borne by Native American communities and children</li> <li>• The lasting trauma and adverse effects on survivors' health, wellbeing, and life outcomes</li> <li>• The underreporting of sexual assault, especially among child and youth survivors, and the need to dismantle barriers to disclosure</li> <li>• The role of ACEs and violence in shaping life trajectories, health risks, and early mortality</li> <li>• The need for more resources, systemic accountability, and reform of statutes of limitations that currently disadvantage survivors</li> </ul> <p><a href="https://www.nmlegis.gov/Legislation/Legislation?chamber=S&amp;legtype=M&amp;legno=10&amp;year=25">https://www.nmlegis.gov/Legislation/Legislation?chamber=S&amp;legtype=M&amp;legno=10&amp;year=25</a></p>

Pennsylvania	Senate Resolution 31  SR31	Pending – carryover to 2026  (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"> <li>• 9 out of 10 survivors report experiencing trauma from the incident</li> <li>• Among those exposed to gun violence within the past year, more than half reported trauma affecting their wellbeing and ability to function</li> <li>• 2/3 of survivors are identified as needing mental health services, therapy, and support, while nearly half require crime victim legal assistance</li> <li>• Needs for medical care, rehabilitation, surgical equipment, home health services, and funeral expenses are substantial</li> <li>• 59% of American adults have been impacted by gun violence in their lifetime, including 3 million children are affected annually</li> </ul> <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><a href="https://www.palegis.us/legislation/bills/2025/sr31">https://www.palegis.us/legislation/bills/2025/sr31</a></p>
Rhode Island	House Resolution 6156  H6156	<u>Adopted</u>  5/29/25	<p>This resolution establishes a Special Legislative Commission to Study Educational Outcomes for Children in State Care, with a particular focus on children in the custody of the Dept. of Children, Youth, and Families, including those in the foster system and alternative family settings.</p> <p>The measure recognizes the state’s constitutional obligation to ensure equitable educational opportunities and calls for a comprehensive, cross-system review of outcomes for children in state care. the resolution meaningfully incorporates trauma-informed perspectives by explicitly including expertise from trauma-informed education, social work, lived experience, disability advocacy, and child-supporting systems, positioning trauma exposure and system involvement as central contextual factors shaping educational outcomes.</p> <p><a href="https://webserver.rilegislature.gov/BillText25/HouseText25/H6156A.pdf">https://webserver.rilegislature.gov/BillText25/HouseText25/H6156A.pdf</a></p>
Rhode Island	House	<u>Adopted</u>	This resolution proclaims April 2025 as “Crime Victims Awareness Month” and

	Resolution 6193  H6193	4/8/25	<p>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"> <li>• Recognition that progress in improving the treatment of crime victims has been driven by survivor advocacy and lived experience leadership</li> <li>• Affirmation that honoring the rights of victims is essential for rebuilding trust in social systems</li> <li>• Acknowledgment of the importance of identifying and reaching all victims, particularly those from historically underserved and marginalized communities</li> <li>• A call to ensure that accessible, appropriate, and trauma-informed services are available for all survivors and their families</li> <li>• Recognition of the essential role of community members, victim service providers, and criminal justice professionals in promoting healing and justice</li> </ul> <p><a href="https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H6193.pdf">https://webserver.rilegislature.gov/BillText/BillText25/HouseText25/H6193.pdf</a></p>
Washington, DC	Council Resolution 26-0108  PR26-0108	<u>Adopted</u>  12/16/25	<p>“Sense of the Council on Supporting Humane and Trauma-Informed Responses to Behavioral Health Crises Resolution of 2025” – 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 reducing 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, aligned with 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"> <li>• Strengthening crisis call centers (988 and the Access Helpline) to ensure 90% of diverted calls are answered within 15 - 20 seconds</li> </ul>

			<ul style="list-style-type: none"> <li>• Ensuring warm handoffs and follow-up after crisis calls</li> <li>• Expanding and resourcing mobile crisis teams to respond within 5 - 9 minutes, paralleling fire and emergency medical service response standards</li> <li>• Investing in crisis stabilization beds, observation units, and respite centers as alternatives to hospitalization or incarceration</li> <li>• Implementing a behavioral health crisis response registry so individuals can specify preferred responses to crises</li> </ul> <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><a href="https://ims.dccouncil.gov/Legislation/PR26-0108">https://ims.dccouncil.gov/Legislation/PR26-0108</a></p>
Federal	House Resolution 284  H.Res.284	Pending – carryover to 2026  (House 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"> <li>• Acknowledges the connection between ACEs and major causes of death, emphasizing that ACEs are foundational public health concerns vs. isolated individual events</li> <li>• 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</li> <li>• Emphasizes the lasting impacts of early trauma on physical and mental health</li> <li>• Recognizes the lifelong consequences of child sexual abuse, including physical and mental health challenges, increased risk of substance use,</li> </ul>

			<p>and suicide without access to appropriate healing services and supports</p> <ul style="list-style-type: none"> <li>• Highlights the importance of education and public awareness around the signs of child abuse and neglect as critical components of prevention efforts</li> <li>• 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</li> <li>• Calls for increased investments and federal legislative efforts to advance prevention, healing, and justice for survivors of childhood abuse and sexual abuse</li> </ul> <p><a href="https://www.congress.gov/bill/119th-congress/house-resolution/284/text">https://www.congress.gov/bill/119th-congress/house-resolution/284/text</a></p>
Federal	<p>House Resolution 660</p> <p>H.R.660</p>	<p>Pending – carryover to 2026</p> <p>(Com. on the Judiciary, 8/19/25)</p>	<p>This resolution articulates a trauma- and rights-grounded critique of mass incarceration, explicitly naming the legal and carceral system as a driver of intergenerational trauma, racialized harm, family separation, and community destabilization.</p> <p>The resolution frames incarceration and over-policing as public health and equity issues, citing high rates of trauma exposure, mental health needs, disability, substance use disorder, and gender-based violence among incarcerated populations, particularly women, LGBTQIA2S+ people, people with disabilities, immigrants, and Black, Indigenous, and other Communities of Color. It also explicitly links school policing, zero-tolerance discipline, and exclusionary practices to a “cradle-to-prison pipeline,” explicitly uplifting the need for trauma-informed, restorative, and community-based alternatives.</p> <p>Importantly, the measure calls for a paradigm shift away from criminalization and confinement and toward:</p> <ul style="list-style-type: none"> <li>• Investments in comprehensive, trauma-informed health and mental health care services</li> <li>• Access to housing and transportation</li> <li>• High-quality, gender-responsive education and vocation training and access to sufficient libraries and reading materials</li> <li>• Restorative justice</li> <li>• Community-led safety strategies</li> <li>• Survivor-centered supports</li> </ul>

			<ul style="list-style-type: none"> <li>• Participatory policymaking led by directly impacted communities</li> <li>• Dismantling of policies that perpetuate trauma through prolonged incarceration, solitary confinement, family separation, and denial of care and “rebuilding a compassionate, just, and humane” system</li> </ul> <p>The resolution consistently situates its analysis within trauma-informed care principles, including recognition of cumulative trauma exposure, avoidance of re-traumatization, attention to structural drivers of harm, and emphasis on healing-centered, community-based supports.</p> <p><a href="https://www.congress.gov/bill/119th-congress/house-resolution/660/text">https://www.congress.gov/bill/119th-congress/house-resolution/660/text</a></p>
Federal	Senate Resolution 184  S.Res.184	<u>Adopted</u>  4/29/25	<p>This resolution expresses the Senate’s formal support for the designation of April 2025 as National Child Abuse Prevention Month and for the goals and ideals underlying national child abuse prevention efforts.</p> <p>Unlike its House counterpart, this measure quickly advanced through and was adopted by the Senate, whereas House action did not advance preceding its month of designation.</p> <p>Notably, the measure:</p> <ul style="list-style-type: none"> <li>• Acknowledges the connection between ACEs and major causes of death, emphasizing that ACEs are foundational public health concerns vs. isolated individual events</li> <li>• 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</li> <li>• Emphasizes the lasting impacts of early trauma on physical and mental health across the lifespan</li> <li>• 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 and supports</li> <li>• Highlights the importance of education and public awareness around the signs of child abuse and neglect as critical components of prevention efforts</li> <li>• Elevates the role of evidence-based programs in providing family supports that reduce recurrence of abuse, promote resilience, and improve</li> </ul>

			<p>outcomes like school readiness and high school graduation</p> <ul style="list-style-type: none"> <li>• Affirms the need for prevention, healing, and justice efforts related to childhood abuse, neglect, and sexual abuse, including support for survivors and accountability for harm</li> </ul> <p><a href="https://www.congress.gov/bill/119th-congress/senate-resolution/184/text">https://www.congress.gov/bill/119th-congress/senate-resolution/184/text</a></p>
Federal	<p>Senate Resolution 318</p> <p>S.Res.318</p>	<p>Pending – carryover to 2026</p> <p>(Health, Education, Labor, and Pensions, 7/10/25)</p>	<p>This resolution recognizes climate change as a growing and compounding public health threat, explicitly including mental, behavioral, and psychosocial health impacts. It affirms a broad scientific consensus that climate-driven disasters, environmental instability, and chronic exposure to extreme conditions contribute to population-level distress, including pre-disaster anxiety, post-traumatic stress, depression, substance use, domestic violence, and suicidality, with disproportionate impacts on children, people with disabilities, communities of color, low-income communities, workers in high-risk occupations, and those living in under-resourced or high-exposure regions.</p> <p>The resolution emphasizes the cumulative and community-wide effects of climate-related harm and calls for coordinated federal action to strengthen health system readiness, data infrastructure, workforce protections, and climate resilience across health and social service systems, while uplifting the need for sustained federal support to address physical and psychological impacts of climate disruption.</p> <p>Notably, the resolution explicitly uplifts community-led mental wellness and resilience-building initiatives and mutual aid networks as essential components of preparedness and recovery.</p> <p><a href="https://www.congress.gov/bill/119th-congress/senate-resolution/318/all-info">https://www.congress.gov/bill/119th-congress/senate-resolution/318/all-info</a></p>