

# Policy Approaches to Addressing Childhood Adversity: Findings from a Policy Scan of 2019 State-Level Legislation

The Illinois  
ACEs Response  
Collaborative

Health & Medicine  
POLICY RESEARCH GROUP

## Introduction

As legislators, advocates, and other stakeholders focus on the impact of childhood adversity across the lifespan, there is a growing call to create trauma-informed states and to incorporate the concepts of trauma and childhood adversity into legislation. To date, few—if any—reviews assess the current landscape of state-level legislation to understand how childhood adversity is currently addressed in policies. As part of its goal to encourage lawmakers to utilize a trauma-informed framework when crafting policy, the Illinois ACEs Response Collaborative (the Collaborative) has undertaken such a review. By focusing on state-level legislation across the country that incorporates adverse childhood experiences (ACEs), trauma, and trauma-informed care, the Collaborative hopes to identify promising approaches and opportunities for growth in Illinois and other states.

This policy scan continues the Collaborative's efforts to promote trauma-informed legislation, which include creating a Trauma-Informed Policymaking Tool to guide lawmakers and other stakeholders in how to best craft legislation that addresses trauma and its origins; leading efforts to recognize the first Illinois Trauma-Informed Awareness Day on May 15<sup>th</sup>, 2019; and the release of three policy briefs focusing on the education, health, and justice sectors.

This scan reflects a larger movement for trauma-informed legislation on multiple levels. For example, the Campaign for Trauma-Informed Policy and Practice (CTIPP) is working to promote trauma-informed federal legislation with Congress. A thorough examination of how state-level lawmakers are incorporating trauma-informed knowledge into policies can also provide guidance for national legislation.

## Scan Methodology

A review of state legislation was done using the National Conference of State Legislatures' (NCSL) Bill Tracking Databases. The NCSL is a bipartisan non-governmental organization that serves members and staff of state legislatures throughout the United States. As part of this work, the NCSL tracks and catalogues all bills introduced to state legislatures, updating the status of bills every week. The bills are divided into 49 searchable databases organized by topic.

Within each database is the availability to search by specific topics, state, year, and keyword. Search results include the bill's title, author, its state of origin, bill number, year it was introduced, current status, date of last action, topics covered, summary, and a link to the history of the bill.

Of the 49 databases available, 18 were selected for review based on the likelihood that they would contain bills that directly related to trauma or ACEs (Appendix I). To identify relevant bills, a search was run on each selected database using the keywords 'adverse childhood experiences,' 'trauma,' and 'trauma-informed.' The "Injury Prevention" database was the only one that contained a specific category of "Adverse Childhood Experiences" for bills, and so an additional search with no keywords was conducted in that category. Search results were limited to bills introduced in 2019 to capture the most recent additions to legislation.

The initial search found a total of 122 bills in ten databases (Appendix II), with the majority of bills (93) found in Injury Prevention. Of the databases reviewed, six had no results based on the parameters set. Bills were excluded from the final individual bill count based on duplication or redundancies and irrelevant bill topic. For more information on how bills were excluded, see Appendix III.

The content of each bill was then reviewed to understand its targeted sector. Each bill was assigned to one or more sector, based on the fields addressed:

- Child Welfare
- Early Childhood
- Justice & Corrections
- K-12 Education
- Mental Health
- Policy Framing & Governance\*
- Public Health
- Social Services

Bills were also assigned to a focus category, indicating their function or intended type of action. Some bills were assigned multiple focus categories:

- Awareness: raises public consciousness around trauma and trauma-informed practices.
- Task Force and State-Level Coordination: coordinates state agencies or creates a state-level taskforce or committee.
- Intervention Program: creates direct service and intervention programming.
- Training: provides guidance around professional training on trauma, ACEs, or trauma-informed practices.
- Funding: allocates or provides guidelines pertaining to the budget of state programming as it relates to trauma or trauma-informed practices.
- Screening: provides guidelines to practitioners regarding screening for ACEs
- Licensing: provides guidelines to professional bodies regarding the licensure of practitioners such as physicians, educators, and social service providers.

## Results

The scan found 101 unique state-level bills including the words ACEs, trauma, and/or trauma-informed introduced in thirty-two states in 2019. All regions of the country were represented, and California, New York, and Illinois introduced the most bills, with 12, 10, and nine respectively. The majority of bills (77) were introduced by a Democrat, with Republicans and bipartisan committees leading some efforts (22 and two, respectively). Of the states represented in the results, 10 had state governments controlled entirely by Democrats, including Illinois and California, 11 had mixed governments, such as Montana and Pennsylvania, and 12 had governments controlled entirely by Republicans, including

Oklahoma and Tennessee, in 2019 ( a full list of the states is found in Appendix IV).

The 101 national bills represented all sectors, K-12 education, policy framing and governance, and mental health were the most common sectors. In Illinois, K-12 education, policy framing and governance, and justice and corrections were the top sectors (Figure I).

Nationally, awareness, task force and state level coordination, and intervention program accounted for the top three focus areas. In Illinois, the most common focus areas were awareness, intervention programs, and funding (Figure I).

Of the 101 bills introduced in 2019, forty-nine have been adopted or enacted as of May 2020. Another 50 bills are pending, one has been adjourned and one has failed to pass.

**Figure I: Bills by Sector**

Sector*	Total Bills	Illinois Bills
Child Welfare	14	1
Early Childhood	8	0
Justice & Corrections	12	2
K-12 Education	26	4
Mental Health	19	1
Policy Framing & Governance	24	3
Public Health	10	1
Social Services	5	1

\*Some bills were placed in multiple sectors

**Figure II: Bills by Focus**

Focus*	Total Bills	Illinois Bills
Awareness	27	4
Task Force + State Level Coord.	24	2
Intervention Program	21	2
Training	19	1
Funding	14	3
Screening	10	0
Licensing	6	0

\*Some bills were placed in multiple focus areas

## Bill Examples

The following bills were selected as examples of each action, highlighting the different ways that states have incorporated a trauma-informed framework into policies. These were chosen simply to illustrate the various focus areas and sectors represented and should not be taken as endorsements. Rather, it should be noted the many ways in which trauma-informed principles can potentially be applied to policymaking. The accompanying summaries of the bills were provided by their authors to the NCSL upon submission. Their status indicated is as of May 2020.

## Awareness

- [IL SR 99: Trauma Informed Awareness \(Adopted\)](#)  
*Urges policy decisions enacted by the State Legislature to acknowledge and take into account the principles of early childhood brain development and should consider the concepts of toxic stress, early adversity, and buffering relationships and note the role of early intervention and investment in early childhood years as important strategies to achieve a lasting foundation for a more prosperous and sustainable state through investing in human capital. Establishes May 15<sup>th</sup>, 2019 as Trauma-Informed Awareness Day in Illinois.*
- [TN H 961: Opioid Epidemic \(Pending\)](#)  
*Requires the commissioner to report to the health committee of the House of Representatives and the senate Health and Welfare Committee on the adequacy of resources to assist children and youth impacted by the opioid epidemic and adverse childhood experiences by January 15, 2020.*

## Task Force and State-Level Coordination

- [CA A 887: Office of Health Equity: Surgeon General \(Pending\)](#)  
*Requires the Office of Health Equity to advise and assist other state departments in their mission to increase the general well-being of all state residents and to work toward eliminating adverse childhood experiences. Prescribes the qualifications of the Surgeon General. Eliminates the position of Deputy Director of the Office of Health Equity.*
- [IL H 2649: Children of Incarcerated Parents \(Enacted\)](#)  
*Amends the Code of Criminal Procedure, creates the Task Force on Children of*

*Incarcerated Parents, provides for membership, provides that the Task Force shall review available research, best practices, and effective interventions to formulate recommendations.*

- [ME H 851: Response to Childhood Trauma \(Enacted\)](#)  
*Directs the Commissioner of Education to convene a task force, inviting the participation of experts and interested parties, to develop guidance for kindergarten to grade twelve administrators on appropriate training and responses to childhood trauma.*
- [MN S 1935: Task Force on Childhood Trauma Informed Policy \(Pending\)](#)  
*Relates to human services, establishes a task force on childhood trauma informed policy and practices, requires reports.*

## Intervention Program

- [CA A 581: Sentencing: Members of Military: Trauma \(Pending\)](#)  
*Allows a defendant convicted of a felony offense who is or was a member of the U.S. military who may be suffering from post-traumatic stress disorder, substance abuse, or mental health problems as a result of the defendant's military service, to petition for recall of sentence and resentencing without regard to whether the defendant was sentenced prior to January 1, 2015. Clarifies that this relief is available whether or not there was argument or evidence about the defendant's condition at trial.*
- [CA S 419: Pupil Discipline: Suspensions: Willful Defiance \(Enacted\)](#)  
*Prohibits the suspension of a pupil enrolled in a school district or charter school in kindergarten or any of grades 4 to 8, for merely disrupting school activities or otherwise willfully defying the valid authority of school personnel, clarifies that it is the intent of the Legislature that the Multi-Tiered System of Supports, which includes restorative justice practices, trauma-informed practices, social and emotional learning, and school-wide positive behavior interventions and support, may be used to help pupils gain critical social and emotional skills, receive support to help transform trauma-related responses, understand the impact of their actions, and develop meaningful methods for repairing harm to the school community.*

- [IL H 5: Substance Use and Mental Health Services Access \(Enacted\)](#)  
*Amends the Department of Human Services Act, requires the Department of Human Services to ensure access to substance use and mental health services statewide for pregnant and postpartum women, and to ensure that programs are gender responsive, are trauma informed, serve women and young children, and prioritize justice involved pregnant and postpartum women, amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code regarding maternal care. Also requires health care facilities and regional systems to develop methods to track maternal mortality and morbidity.*
- [WA S 5876: Women's Division and System in Corrections Facilities \(Pending\)](#)  
*Creates a women's division and system of gender responsive, risk need responsiveness, and trauma informed practices within the department of corrections.*
- [VT H 500: Universal Home Visiting and Parenting Class \(Pending\)](#)  
*Relates to universal home visiting and parenting classes; dictates that classes for parents should be trauma-informed.*

## Training

- [NJ S 115: Domestic Violence Training for Judges \(Pending\)](#)  
*Concerns domestic violence training for certain judges and judicial personnel relating to core training regarding issues such as the dynamics of domestic violence, the impact of domestic violence on children, trauma-informed danger assessments, batterer intervention and anger management programs, and domestic violence risk factors and lethality.*
- [NY A 4268: Direct Care Worker Training \(Enacted\)](#)  
*Provides for mandating training of direct care workers in adverse childhood experiences.*
- [TN S 64: Adverse Childhood Experiences Training \(Pending\)](#)  
*Requires each local board of education to adopt a policy requiring all K 12 teachers, principals, and assistant principals employed by the Local Education Agency to participate in adverse childhood experiences training on an annual basis.*

## Funding

- [CA S 843: Public Safety \(Enacted\)](#)  
*Makes policy changes to implement appropriation in SB 826 (2016). Requires the corrections department to establish a three-year medically assisted substance use disorder treatment model pilot program for the treatment of inmates; establishes program guidelines. Expands eligibility for inmates to transfer to a reentry facility by permitting transfer with less than one-year left to serve on the term rather than 120-days left to serve. Precludes the department from prohibiting family visits to inmates sentenced to life or life without parole based solely on the sentence. Requires the department to award funding to nonprofit organizations whose in-prison programs have demonstrated success and focus on offender responsibility and restorative justice so the programs can be replicated at underserved facilities... Authorizes an infrastructure grant program designed to increase and expand mental health or substance use disorder treatment facilities or trauma-centered service facilities.*
- [IA H 766: Health and Human Services Appropriation \(Enacted\)](#)  
*Appropriates \$40,000 to support the Iowa effort to address the needs of children who experience adverse childhood experiences.*
- [MN S 2072: Trauma Informed School Incentive Aid \(Pending\)](#)  
*Relates to education, appropriates money for trauma informed school incentive aid.*

## Screening

- [PA HR 345: Joint State Government Commission Study Directive \(Pending\)](#)  
*Directs the Joint State Government Commission to conduct a comprehensive study to find an age appropriate measuring tool that could be used by the 500 school districts in this Commonwealth to measure childhood trauma.*

## Licensing

- [NY S 6785: Physician Education in Adverse Childhood Experiences \(Pending\)](#)  
*Amends the Education Law, requires that a physician must complete education regarding the screening of children for adverse childhood experiences prior to re registration.*



## Limitations

Several limitations should be noted. Search parameters were limited to selected keywords, and only bills introduced in 2019 were reviewed. While all summaries, and selected full text, of the aforementioned bills were reviewed, the categorization of bills into focus and sector may not reflect every facet and nuance of the bill. Additionally, though there is a focus category dedicated to funding, the majority of the bills did not have appropriated funding included. Capacity limitations prevented a more thorough review of appropriations and states' budgets to determine the amount dedicated towards each proposed policy. Finally, a more extensive review of each bill's history may have elucidated policymakers' motivations and intended outcomes—which could have provided a richer analysis for this policy scan and is recommended for future studies.

## Discussion

This scan showcases the growing interest in incorporating trauma-informed knowledge and practices into state-wide legislation. With more than one hundred individual bills introduced in 2019 alone, many states across the country are applying trauma-informed principles to legislation that cuts across a broad range of sectors and foci, engaging lawmakers across the political spectrum. Several lessons and key takeaways have emerged from this review.

First, in many cases legislation would be strengthened by including more details about ACEs and trauma. The term trauma-informed itself was often not defined or operationalized in bill text. Related programs and actions—such as assessments or trainings—were left vague. For example, length of trauma-related trainings and required content (i.e., ACE Study, historical trauma, secondary trauma) were often not outlined. Additionally, while establishing a state taskforce on ACEs is an important step, articulating the objectives, membership, timeline, and funding amount could facilitate the success of these groups. This reflects trends the Collaborative has experienced in practice; while “trauma-informed care” has become a buzzword in recent years, many stakeholders use the term without a deep understanding of what it means to truly become trauma-informed.

This policy scan revealed promising approaches that may be applicable across sectors. For example, a California bill acknowledging veterans' PTSD in sentencing may set a precedent for other

populations. CA A 581: Sentencing: Members of Military: Trauma proposes to review the trauma history of veterans who are facing sentencing in civilian criminal court. This, the bill argues, must be done in acknowledgement of the effects that posttraumatic stress can have on cognitive abilities and decision-making skills that might have directly led to an alleged crime. This is an excellent step in acknowledging that a history of trauma can have a direct effect on behavior, even long after the traumatic event. If the trauma of war can be considered a mitigating factor, then so could trauma caused by ACEs or exposure to community violence. Social service and legal sectors that serve civilians could look to these bills as a model to propose similar consideration for clients that have survived trauma.

Those looking to find examples of potential state-level integration already taking place can look to California again with CA A 887: Office of Health Equity: Surgeon General. This bill not only establishes an office to promote health equity and trauma-informed principles in the state, it specifically calls for this newly established office to assist other state departments in ensuring trauma-informed principles and practices are being implemented and promoted. This can provide a blueprint for other states who are looking to integrate trauma-informed principles on a wide, multi-sector scale, including with partners or departments who may not see a natural fit immediately— a vital step in ensuring state-wide transformation.

CA A 887 was also one of the few bills to explicitly acknowledge equity's role in trauma-informed principles. Equity and trauma are inextricably linked, with people of color far more likely to experience ACEs, as well as those traumas not measured in the original study like historical and structural racism and discrimination, mass incarceration, housing insecurity, and community violence. Without a commitment to health and racial equity, trauma-informed principles cannot be fully realized. States committed to implementing trauma-informed policies must also commit to administering them with a racial equity framing. This need has become even more essential in the context of police killings of Black Americans and the subsequent protests and calls for police reform or defunding, prison abolition, and increased support for Black Americans.

As the use of ACEs and trauma increases in policymaking, it will be important to continue

monitoring both new legislation and also the implementation and outcomes of existing legislation. The recommendations taskforces make must also be implemented and monitored as well. This will allow the field to establish best practices around items like state taskforces, as well as professional licensing, and trainings on trauma and resilience.

## Conclusion

This policy scan is just the first step in analyzing and tracking trauma-informed state legislation in the United States. There is still a need to do further analysis of legislation that utilizes trauma-informed principles and if their outcomes reflect these principles.

As all of these states, and the entire country, continue to address the ongoing COVID-19 pandemic and calls for racial equity and police and justice reform, it is imperative that states continue to incorporate a trauma-informed framework into legislation. Advocates and legislators will have to collaborate to address not only the pandemic itself, but its impact on community members, children, and frontline workers. Furthermore, as the effects of the pandemic are felt on the economy, education, the criminal justice system and more, policymakers will need to continue thinking about how best to incorporate trauma-informed principles into all legislation.

As trauma-informed principles continue to be developed and incorporated into community level interventions, legislators must reflect this by incorporating them into the policies they create. Structural transformation will see not only trauma and adversity addressed, but help states, and the nation, move towards a healthier and more resilient future.

## Appendix I: Databases Reviewed

- Child Support and Family Law
- Child Welfare
- Early Care and Education
- Education
- Health Innovations
- Human Trafficking
- Immigration
- Injury Prevention
- Juvenile Justice
- Maternal and Child Health
- Military and Veteran Affairs
- School Safety
- State Pretrial Policy
- Pretrial Release
- Scope of Practice-Health Professions
- Sentencing and Corrections
- State-Tribal
- Substance Use Disorder (SUD) Treatment

## Appendix II: Total Number of Bills by Database

Database	Number of Bills
Child Support and Family Law	1
Child Welfare	2
Early Care and Education	4
Education	4
Immigration	2
Injury Prevention	93
Maternal and Child Health	4
Military and Veteran Affairs	8
Pretrial Release	1
Sentencing and Corrections	2
Total	122

## Appendix III: Unique Bills by Database

Multiple appearances of bills that were in all respects identical, but that had been introduced in multiple state bodies (i.e. an initial introduction to the State House of Representatives before moving onto the State Senate) or bills that appeared under multiple keywords within a database were eliminated from the final count. Additionally, keyword searches in the Injury Prevention database did not yield any unique bills compared to the search using the topic “Adverse Childhood Experience,” and all duplications were eliminated.

Database	Number of Unique Bills
Child Support and Family Law	1
Child Welfare	2
Early Care and Education	2
Education	3
Immigration	2
Injury Prevention	77
Maternal and Child Health	4
Military and Veteran Affairs	7
Pretrial Release	1
Sentencing and Corrections	2
Total	101

## Appendix IV: Unique Bills by State

State	Number of Bills
AL	1
AR	1
AZ	1
CA	12
CO	3
GA	1
HI	4
IA	2
IL	9
IN	1
KY	1
MA	3
MD	1
ME	3
MI	2
MN	4
MT	1
NC	1
NH	2
NJ	4
NM	1
NV	1
NY	10
OH	1
OK	5
PA	2
SC	1
TN	4
TX	3
UT	1

VT	5
WA	8
WI	2
Total	101



### **About the Illinois ACEs Response Collaborative**

Established in 2011, the [Illinois ACEs Response Collaborative](#) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

### **About Health & Medicine Policy Research Group**

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at [www.hmprg.org](http://www.hmprg.org).

*This brief and the work of the Collaborative is made possible by **the Illinois Children’s Healthcare Foundation**. For more information, contact us at **312.372.4292** or [info@hmprg.org](mailto:info@hmprg.org), or visit [hmprg.org.com](http://hmprg.org.com).*