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The Need for States to Implement Trauma-Informed Care Policies

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Abstract: Currently, one of the biggest struggles of both the U.S. government and its population is the high percentage of youth and adults who have mental illness which causes several drawbacks where it concerns the economy, but also, one of the main leading causes of death, and incarceration. This research paper demonstrates the advantages of implementing trauma-informed care (TIC) policies at a state level for public organizations such as Social Care, Schools., and Criminal System Justice. TIC is a recent approach that focuses on addressing the impact of early traumatic experiences in an individual's life. **Results**: The results found in this research paper show several advantages in implementing TIC policies at a state level, such as increasing the level of awareness across the community in regards to the impact of traumatic experiences, relieving individuals from additional costs caused by medical interventions, physical violence, or missed work, and increasing the number of trauma screenings helps identify early signs of trauma or mental illness which can help reduce the chance of developing a Serious Mental Illness. Therefore, the case study identifies some solutions to help implement TIC policies including creating a TIC agency, additional number of in-person visits for all incarcerated people, and yearly free trauma and mental health assessments.

Key Words: advantages of trauma-informed care, state policies, public organizations, Trauma-Informed Care Action Plan

1. **Methods:**

This case study aimed to demonstrate the advantages of implementing TIC policies by analyzing different research papers that provided both quantitative and qualitative outcomes for different institutions that apply trauma-informed care. Quantitative data was used in the research paper because it can be used with statistical analysis; it provides insightful content from real life because those represent answers by either stakeholders or experts and is not as costly as other methods.

On the other hand, qualitative research was used in different studies because it aims to ask the most important question, which is why trauma-informed care should be implemented. At the same time, qualitative studies give insight from service providers' perspectives on the benefits and disadvantages of any phenomenon.

2. **Literature Review:**

Before the 1970s, the term trauma was used by specialists such as doctors, scientists, or experts only for physical diagnosis, such as individuals suffering from trauma injuries from war or the working environment. However, Sigmund Freud's theory on psychoanalysis, along with several studies done by specialists on the effects of post-traumatic stress disorder (PTSD) on veterans' mental health, expanded the use of trauma to include mental health diagnoses, giving birth to Trauma-Informed Care (TIC).

Trauma-informed care is a pretty new method that focuses on better understanding the impacts of traumatic experiences such as sexual and physical violence, child neglect/maltreatment, death in the family, members of the family incarcerated, and violence witnessed within the community or during the war (Hopper et al., 2010). TIC focuses on treating

all demographics suffering from trauma, including children, youth, adults, elders, females, and males, while using the four main approaches (realization, recognition, response, and re-traumatization) (SAMHSA, 2014).

This case study demonstrates the necessity for states to enact TIC policies. This study was primarily motivated by the numerous studies that have been conducted on the successful implementation of TIC across various public organizations. Moreover, states across the US implemented different TIC policies regarding different public institutions, including social care, schools, and penitentiaries while Delaware became the first Trauma-Informed state in 2018 after the Governor signed Executive Order 24.

Several works of pieces of literature have been written about the effectiveness of trauma-informed care across different public organizations, including Barto et al.'s (2018) article *The Impact of Statewide Trauma-informed Child Welfare Initiative and Children's Permanency and Maltreatment Outcomes* where the authors analyze the impact of a five-year initiative done in Massachusetts's child welfare systems on whether TIC helps reduce the percentage of child maltreatment and child abuse. The outcomes of the results saw the percentage of adoptions increase by 21% while the percentage of child maltreatment dropped by 15%, and the rates of physical abuse dropped by 12% (Barto et al., 2018, p.155).

Another critical study used for this research concerning trauma-informed care was Oral et al.'s (2020) article *Nationwide Effects for Trauma-informed Care Implementation and Workforce Development in Healthcare and Related Fields,* where the authors investigated multiple healthcare agencies that implemented TIC and their outcomes. Some results found in this study were that several organizations increased the rates of trauma screening (from 12-21% to 46-88%), while the percentage of service provider's TIC knowledge and awareness improved (Oral

et al., 2020). Other results identified in this study were how staff workers can identify better early signs of traumatic experiences or mental illness in patients (Oral et al., 2020).

Additional primary and secondary pieces of literature used for this case study to identify the advantages of implementing trauma-informed care were Chan et al.'s (2012) article *The Dollar and Sense of Restraints and Seclusions*, Purtle et al.'s (2020) study *Systematic Review of Evaluation of Trauma-Informed Organizational Interventions that Include Staff Trainings*, or Elwyn et al.'s (2015) research *Safety at a girls juvenile justice facility*. Those studies included how organizations that implemented trauma-informed care either manage to reduce the number of seclusions/restraints on patients, thus reducing additional costs, diminishing the percentage of physical violence, or increasing safety rates among both staff and service users.

The case study also includes literature that contains information on the implementation of TIC policies across different states such as California, Texas, Illinois, and Delaware. The significant articles used for this section of the case study were Kim et al.'s (2021) study *Organizational Assessment to Implement Trauma-Informed Care for First Responders, Child Welfare, and Healthcare Professionals*, Coon's (2022) article *California Takes the Lead on Mandated reimbursement for screening for childhood trauma*, Marris (2024) research *Trauma-Informed Public Policy: Highlights from 2023 or* Family Service Council Cabinet (2024) five-year initiative plan 2*023 Delaware's Journey to Hope: Our Five-Year Commitment to Trauma-Informed Care.* All the articles mentioned helped identify how different policies across different states in the US demonstrate the benefits of trauma-informed care.

One of the main limitations found in most articles mentioned above is the need for more information regarding financial costs and funding. While the papers identified several ways additional costs are reduced by implementing trauma-informed care, it was never specified.

Additionally, no research paper has a cost-benefit analysis process in their studies which means that the case study associated the reductions mentioned in the studies by looking over average costs/loss of revenues caused by physical violence in schools, child maltreatment, seclusions/restraints, or absenteeism. Future research could investigate the financial costs of implementing trauma-informed care in different organizations. Such research can contribute to a better understanding of the financial impacts of trauma-informed care.

3. Section 3: Introduction

3.1. What is Trauma-Informed Care?

Even though trauma-informed care does not have a universal definition, experts and clinicians, when implementing the steps of creating a trauma-informed organization or when treating patients suffering from trauma, usually follow the recommendation suggested by the Substance Abuse and Mental Health Service Administration (SAMHSA):

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014, p.7)

Besides SAMHSA's definition of trauma-informed care, several experts came up with different ways to identify trauma in a person's life. For example, with the help of several specialists who analyzed vital ways to identify trauma, researchers Hopper, Bassuk, & Olivet reached a consensus definition of what trauma is and how to identify it:

"Trauma-informed care is a strength-based framework that is grounded in an understanding of a responsiveness to the impact of trauma, that emphasizes the physical, psychological, and

emotional safety for both providers and survivors, and that creates opportunities for survivors to

rebuild a sense of control and empowerment." (Hopper et. al, 2010, p.82)

Therefore, trauma-informed care approaches are used by specialists, doctors, clinicians, and even leaders in dealing with individuals who suffered from traumatic experiences such as "sexual, physical, or emotional abuse, childhood neglect, having one family member diagnosed with a mental health or substance use disorder, poverty, systematic or cultural discrimination, and experience/witness of violence either within the community or while serving the military" (Menschner & Maul, 2016, p.2). The procedure is helpful for all demographics that have been suffering from trauma: children, elders, males, females, sexually abused survivors, war veterans, etc., because it relies on four guidance concepts known as "Four R's" (realization, recognition, respond, and resisting re-traumatization), along with TIC's six core principles: safety, trustworthiness & transparency, peer support, collaboration & mutuality, empowerment &choice, and cultural, historical & gender issues (Moore, 2020 & Office of Readiness and Response, 2020).

This case study aims to identify the benefits of implementing trauma-informed care across different public organizations such as social care and first responders departments, schools, and criminal justice systems (jails, penitentiaries, and juvenile systems). Additionally, this case study will demonstrate the benefit of implementing TIC policies at state levels by analyzing the impacts of current TIC regulations in states such as California, Texas, and Illinois. This would help demonstrate the necessity of enacting TIC regulations at state levels across the US. Finally, the case study would propose some solutions on what policies could be implemented at a state level that does not represent a high financial burden for the governments but would also help improve citizens' well-being.

3.2.Brief history of Trauma-Informed Care

While the concept and idea of trauma existed for a long time, experts, doctors, and scientists half a century ago only considered trauma at a physical level, such as people suffering from trauma injuries from war or the working environment. However, the theory of psychoanalysis developed by Sigmund Freud in the late 19th century would be the beginning of what is currently understood as trauma. The psychoanalysis theorem focuses on the idea of how an individual's mental health and personality are affected by childhood trauma and events (Nash, 2018).

Even though Freud's theorem existed for some time, psychologists only acknowledged that trauma can have an impact both physically and mentally on an individual in the late 1970s. Therefore, the late 1970s also represented the beginning of what is today known as Trauma-Informed Care or TIC. Despite that the actual term trauma-informed care was introduced in 2001, the period between the late 1970s and early 2000s demonstrates how the concept of trauma has evolved concerning diagnosing people and acknowledging the impact it has on people's mental health.

During the 1980s, the U.S. government took two essential steps to help better understand how trauma affects an individual's health. First, on March 2, 1985, the U.S. founded the International Society for Traumatic Stress Studies (ISTSS). The organization's main goal was to unite "clinicians and researchers from around the world to advocate for the field of traumatic stress" (ISTSS.org, n.d.). The platform became a focal point for scientists and clinicians to research answers on how to treat highly traumatized people and also explore new alternatives on how to reduce traumatic stressors.

Following the success of ISTSS, by managing to build a server understanding of how trauma affects civilians where all experts would share their studies, in 1988, the U.S. Department of Veterans Affairs created the National Center for Post-Traumatic Stress Disorder. The center's primary purpose was to address the needs of fellow Veterans who have PTSD, a severe mental health that "can occur after a traumatic event such as military combat, a physical assault, or a natural disaster" (U.S. Department of Veterans Affairs, 2024).

More development and research on how trauma affects individuals happened in the 1990s. For instance, in 1990, for the first time, trauma was recognized as an essential factor that affects people by the Substance Abuse and Mental Health Administration (SAMHSA), while in 1994, SAMHSA delved into the impact of physical and sexual abuse on women and how it relates with trauma (Wilson et al., 2013). Towards the late 1990s, one critical study was carried out over five years and was carried out in 27 sites (Curi, 2018). The Women, Co-Occurring Disorders and Violence Study "provided recommendations for trauma-integrated services counseling" (Wilson et al., 2013) for women suffering from mental health and substance abuse disorders. Towards the late 1990s, a critical study was carried out over five years, which led to the development of the Adverse Childhood Experiences (ACEs) study. The study shows how traumatic experiences in childhood can have lasting effects on an individua's physical and mental health, leading to a significant increase in the number of people seeking treatment for trauma-related disorders (Felitti, 2002).

One of the most significant steps taken in acknowledging the importance of trauma was taken in 2001 when the U.S. Congress, with the help of SAMHSA, founded the Donald J. Cohen National Child Traumatic Stress Initiative (NCTSN). The project's primary purpose was to provide more accessible services for kids suffering from trauma, families, and communities

across the U.S. and to support several other programs, such as Trauma-Focused Cognitive Behavioral Therapy and Child-Parent Psychotherapy (Wilson et al., 2013). Following the success of the NCTSN initiative, in 2005, SAMHSA established the National Center for Trauma-Informed Care, and in 2009, two researchers specializing in trauma-informed care identified the core values of TIC (safety, trustworthiness, choice, collaboration, and empowerment (Choi et al., 2023, p. 2). While the core five core values are still used today to associate TIC, in 2012, SAMHSA, with the help of the U.S. Department of Health and Human Services, one other core value was introduced that became very important for future studies and implications on trauma which is cultural, historical, and gender issues (Choi et al., 2023, p. 2).

3.3. **Why do trauma-informed care approaches exist?**

Currently, the U.S. is suffering from a mental health crisis because of several factors related to trauma, which were considered taboo in the past. For instance, according to several studies done by the Centers for Disease Control and Prevention (CDC), more than half of the female population and almost 1 in 3 men suffered from a type of sexual violence either involving verbal or physical (Violence Prevention, 2022). Where it concerns intimate partner violence, "1 in 5 women and 1 in 7 men suffered any physical violence within their households" (Violence Prevention, 2022). Moreover, "1 in 5 women and 1 in 12 men experience sexual violence involving a romantic partner" (Violence Prevention, 2022). Finally, approximately 1 in 7 children has suffered from trauma due to abuse, neglect, or both. (Violence Prevention, 2022)

Not only do the results found by the CDC concern the overall U.S. population, but the consequences of those practices also result in a high percentage of civilians living with or experiencing traumas in their lives. According to researchers on trauma, almost 90% of the 2,935

US respondents have experienced some trauma throughout their lifetime (Kim et al., 2021, p.2). Moreover, even global results on trauma are concerning. Based on studies by the World Health Organization, approximately 70.4% of responders from 24 countries experienced an average of 3.2 traumas (Psychotraumaol, 2017; Kim et al., 2021, p.2). Factors considered traumatic include emotional, sexual, or physical abuse, neglect, systematic discrimination, poverty, death of a loved one, serious health issues, or experience of violence in the community (Psychotraumaol, 2017).

Therefore, trauma-informed care approaches exist to help both the service users suffering from mental health diseases and also ensure the clinicians/doctors/teachers would not end up suffering from second-stress trauma following the sessions with the patients. Moreover, TIC approaches were developed to understand better how trauma impacts people's lives and how to certify that specialists are not going to re-traumatize the service users. For instance, one of the main changes TIC made in terms of connecting with patients started by changing the main questions from "What is wrong with you?" to "What happened to you?" (Menschner & Maul, 2016, p.2). Thus, instead of approaching patients through the lens of judgment and disengagement based on the service users' actions in the past, TIC's main priority is to understand and acknowledge how traumatic life events affected the individual's mental development and how to address those past traumas. Thus, TIC approaches exist as an alternative to treating people suffering from trauma.

In order to implement successful trauma-informed care within an organization, whether public or private, SAMHSA recommends following the 4 R's concepts (realizations, recognition, response, and resistance). Those four concepts exist to be able to acknowledge the existence and impact of trauma, identify the symptoms and signs of trauma in an individual where it concerns

behavioral, emotional, relational, or cognitive behaviors, and how it manifests in either children, adults, or elders (Grossman et al., 2021). The third R concept related to TIC (respond) can be considered the most critical principle because this represents the moment either a specialist, clinician, leader, or co-worker reacts to an individual suffering from a traumatic episode; it includes different areas that "weaves trauma-informed principles, policies, procedures, and practices throughout the entire organization" (Jake, 2022.). Finally, the fourth R concept exists to prevent individuals from suffering from re-traumatization that can happen from the environment in which individuals are working. These practices can correlate with past traumatic events in a person's life or situations that can activate their fight, flight or freeze reactions. The fourth concept of TIC exists to ensure that the environment people are working/attending helps them heal, improve, and excel (Jake, 2022).

One huge difference that makes TIC stand out compared to other practices is that it gives a chance for the service user to engage more in their health care and "establish therapeutic relationships" (Choi et al., 2023, p. 9) with the caretakers. For example, specialists can assist the patients in taking charge of their lives by offering to collaborate on how the sessions will proceed. As an illustration, the clinician/specialist can ask the patient whether they should keep the door opened or not, if they would prefer to be asked more questions, or let them speak freely, or ask for their advice on how to improve treatment processes for other service users (Goldstein et al., 2024, p.142).

While TIC approaches exist to treat patients who suffer from traumas, those approaches benefit service specialists because they help reduce burnout among employees in public or private institutions. Following the COVID-19 pandemic and its aftermath, the number of workers experiencing burnout increased significantly, resulting in higher turnover, impacting not only the

service users and civilians but also businesses/organizations. For instance, in 2023 alone, approximately 89% of workers experienced burnout, 21% of employees did not have any program to reduce the stress, and 60% of health workers presented symptoms of burnout (Flynn, 2023; Elisseuo, 2023). One of the leading causes of burnout among workers in most situations is job insecurity, long working hours, work-life imbalance, and low social or moral support (Yaraghi, 2022).

However, an organization that implements trauma-informed care principles can help reduce the percentage of workers experiencing burnout for several reasons. Firstly, open communication between the leadership team, workers, and employees can contribute to changes concerning policies and organizational planning and can help increase productivity (Lavin & Rosetti, n.d.). Secondly, TIC builds an environment where people are not scared of setting boundaries when they reach higher stress levels. Finally, TIC approaches help increase social support among peers by working together when an emergency arises (Lavin & Rosetti, n.d.).

4. Section 4. How to Implement a Comprehensive TIC Approach in an Organization

According to SAMSHA, there are ten main domains where trauma-informed approaches could be implemented, such as governance leadership, policy, physical environment, organizations where workers have to work with patients who are in recovery or suffering from trauma, cross-sector collaboration institutions, treatment screening services, training & workforce development, process monitoring &quality assurance, financing, and evaluation (SAMHSA, 2023, p. 8).

Thus, to implement a successful trauma-informed care approach in an organization, whether it is a school, healthcare, penitentiary, or private business, there is a vital need for

support from the leadership team in order to implement changes at both organizational and clinical levels. Without the support of the leadership, TIC cannot be fully implemented due to the lack of necessary funds required to train all the staff or include different screenings/assessments to identify trauma (Jungyoon et al., 2021, p.5).

Building an organization following a trauma-informed care approach has become popular over the years based on several studies demonstrating the increased amount of stress, overwork, and fear employees suffer at work. For example, each year in the U.S., there are more than two million workplace injuries and approximately two million victims of workplace violence (Manning, 2023). Moreover, the percentages of violence in healthcare industries, social assistance industries, groceries, and business retail increased, too. For instance, from 2018 to 2020, the percentage of violence in healthcare and social assistance industries increased by 8.2%, in groceries by 63%, and in convenience stores by 75% (Manning, 2023).

Therefore, several studies have been made regarding trauma-informed leadership steps that provide tips and information on how to transform their business and follow the core principles of trauma-informed care approaches to implement them at an organizational and clinical level.

4.1. Trauma-Informed Leadership

Some of the advantages several organizations choose to switch to a trauma-informed organization are increasing cooperation and trust between the managerial team and the workers, producing an environment where individuals feel physically and psychologically safe, reducing the amount of staff turnover because people feel less burnout and can engage in deep conversation because there is a level of transparency and understanding that individuals do not

leave their traumas the moment they step foot into their workplace (Miller, 2023; Pohl et al., 2021). Additionally, a trauma-informed institution cares about its staff experiences and previous trauma, so it ensures the place provides safe spaces for individuals. Consequently, employees feel supported and appreciated, resulting in increased productivity, employee engagement, and team collaboration, as well as less staff turnover and absenteeism, which results in fewer expenses (Magazzo, n.d. & Marris, 2023).

Compared to other leadership styles, which rely on controlling and manipulating the employees by threatening to fire them, trauma-informed leadership focuses on building a foundation of safety and trust between the managerial team and the employees. When it concerns safety, there are two main areas a leader should focus on: physical and psychological safety. While physical safety focuses on creating a work environment where employees are not afraid of threats of violence from others, psychological safety encourages employees to speak freely on issues such as past and current traumas, conflicts, or needs; leaders support new ideas coming from the workers, increases accountability, and reduces conflicts (California Training Institute, 2022, & Pohl et al. 2021).

To have a trauma-informed leadership style, a commander should build a more robust level of trust and transparency with the workers by inviting them to participate in making decisions or implementing new policies, checking up on them (asking questions, listening to their worries, engaging in challenging conversations), or "facilitates opportunities for staff to get to know each other and learn from one another" (Miller, 2023, & California Training Institute, 2022). Strengthening the connection between the managerial team and the employees increases collaboration and mutuality, but it also helps create staff engagement in the workplace. Having the support of the worker helps the leader in implementing TIC better and faster because it is

easier for the manager to communicate new changes and expectations, acknowledges employee's strengths and weaknesses, lead by example, share the company's values, and bring in the support necessary to ensure workers are practicing their jobs in a safe environment (California Training Institute, 2022; Menschner & Maul, 2016, p. 5).

At the same time, trauma-informed leadership is advantageous for the commander too. For example, having the support of the workers helps alleviate directors' stress on knowing everything that happens at their organization because they can rely on the employees' knowledge across different departments (California Training Institute, 2022). Moreover, being the head of an organization can make an individual feel lonely sometimes, but he/she can rely on peer support through open communication and self-care strategies (Marris, 2023).

4.2. Trauma-Informed Care Implementation Approaches

The first table integrates how to implement a successful TIC approach in several public institutions (social care organizations/first responders, schools, and jails/prisons/detention centers). Where it concerns TIC approaches across all domains, some of the essential strategies to use at the beginning of any organizational change across all domains would be to ensure the leadership team is supporting the idea, followed by increased collaboration between the workers, the leaders, and the patient/students/families/innates (Bargeman et al., 2022; Goldstein et al., 2024; Colorado Department of Education, 2018). Next, teachings and training sessions are required for all the employees across all departments because workers such as front-desk, security, or even cleaners can end up interacting with patients/students/innates where they experience a traumatic event or their job might be the cause people would react negatively because of past experience (Menschner & Maul, 2016, p.4, and, Goldstein et al., 2024, p. 147).

An additional strategy to become trauma-informed at an organizational level is to build a stronger connection between the service users and the organizational staff. For instance, introduce the service user to the concept of trauma and how it can affect their health, invite them to share ideas on how to improve an organization's policy, discuss the treatment process, ask questions to make them feel comfortable, and include patients with lived experiences to share their ideas on treatments and assessments (Goldstein et al, 2024). At the same time, collaboration with other trauma-informed organizations is vital because it can build a shared network among workers to learn new techniques/procedures, share experiences, and build awareness (Menschner & Maul, 2016; Goldstein et al., 2024; The National Child Traumatic Stress Network, 2017). Concerning policy, it is crucial to invite staff workers to share their input based on their experiences with service users and to incorporate TIC's mission and values in the vision statements. Finally, to monitor the progress, it is ideal to have open communication and transparency with the workers, as well as check-ins with the employees by providing surveys and meetings (Menschner & Maul, 2016).

Looking at the data, it could be observed that to implement a successful TIC approach, there is a huge need for funding and budgeting for staff to receive adequate training, and to make the structural changes the organizations need to increase the level of safety. Therefore, even though the managerial team offers their full support in applying TIC in their organizations, state and federal grants are needed for the institutions to hire experts to provide training for the employees, which is a critical reason why states should implement TIC policies.

Table 1 also emphasizes on the importance of evaluation and progress monitoring because it increases the level of awareness across all departments within the organization regarding what are some new implementations enacted. Additionally, including surveys once or

twice a year can help the organization understand better what are some policies that are working, or what needs to be improved, and actions that have not proven to be successful (Marris, 2023). Finally, evaluating and monitoring the way TIC approaches are used in organizations can help improve future research, but also increase the level of collaboration with other institutions by sharing new data and finding common ways to improve.

Table 1: Implementation of Trauma-Informed Care in different public organizations

TIC Implementation Domains	Social Care Organizations and First Responders	Schools	Juvenile and Criminal Justice System
Engagement & Involvement	1. Determine the main characteristics of "physical and emotional safety." 2. Foster collaborative treatment planning by including patients with lived experience, family members of the patients, caretakes, staff and non-staff workers 3. Invite clients to share their perspectives on new policies and organizational planning 4. Build a stronger relationship between practitioner-patient (open-communication in relation with their treatment process, ensure patients feel comfortable) 5.Increase peer support through different wellness programs 6. Conduct Focus and Peer Support Groups	1. Determine the main characteristics of "physical and emotional safety." 2. Build stronger relationship between staff and students (open communication) 3. Educate parents/caregivers about the effects of trauma, stress, neglect on children 4. Invite students to learn how trauma, and stress affects their health, 5. Invite students/families to share their input on new policies/organizational planning 6.Engage families in screening and treatment procedures 7.Incorporate TIC into educational curriculum	1. Implement a Peer Support Group 2. Educate incarcerated individuals about trauma and its impacts 3. Foster collaborative sessions between the innates and the specialists by letting them know what questions would be asked, and who will be able to see the information 4. Conduct Focus Groups 5. Involve innates in their treatment process including what medication they are on, and the side effects
Training and Workforce Development	1. Identify and present key definition of TIC 2. Acknowledge the effect of trauma on patients 3. Provide TIC training, coaching, practice sessions during organizational changes for both clinical and non-clinical staff 4. Promote TIC champions 5. Increase the level of confidence in practitioner to identity trauma 6. Provide training on how to calm or de-escalate a situation with a patient 7. Provide training and workshop to prevent secondary traumatic stress	1. Identify and present key definition of TIC 2.Acknowledge the effect of trauma on students 3. Train staff into understanding the basic concepts of TIC and the effect it has over students 4. Provide training, coaching practice sessions from professionals to "support implementation, assessment, behavioral supports, family, caregiver and community partnerships" 5. Provide training sessions on problem-solving, cognitive skills, emotional regulation, and social emotional learning 6. Provide training on how to calm or de-escalate a situation with a student/parent 7. Create and Emergency Operation Plan and include all staff members	1. Identify and present key definition of TIC 2. Acknowledge the effect of trauma on innates 3. Train staff into understanding the basic concepts of TIC and how to conduct assessments in recognizing trauma 4. Adopt Trauma-Informed Language 5. Provide training sessions on problem-solving, cognitive skills, emotional regulation, and social emotional learning 6. Provide training on how to calm or de-escalate a situation with an innate

Cross-Sector Collaboration	1. Universal language for TIC for all employees 2. Collaboration with other organization to identify causes of health issues (homelessness, food insecurity, financial burdens) 3.Emphasieze on cultural safety 4.Formation of focus groups for staff members to prevent burnout, secondary traumatic stress, and learn different calming strategies 5.Establish referral networks	1. Universal language for TIC for all employees 2. Collaboration with other schools, community agencies, and state and local governments to identify causes of health issues (homelessness, food insecurity, financial burdens) 3. Emphasize on cultural safety response approaches	1. Universal language for TIC for all employees 2. Collaborate with other correctional institutions 3. Utilize same-sex practitioners if possible 4. Offer classes/workshops for innated on basic anatomy/psychology to identify the effects of trauma
Screening, Assessment, and Treatment services	1.Use different screening procedures to identify trauma. 2.Open-comunication with the patients and their families to identify how the sessions would progress. 3.Clinicians involved in the formation of TIC planning across the organization. 4. Universal screening for all patients- assume everyone has some level of trauma. 5. Trauma assessment: in-depth analysis of how traumatic events affected an individual	1.Open-comunication with the patients and their families to identify how the sessions would progress. 2. Emergency Operations Plan 3. School-based screenings/assessments to identify potential trauma on students 4. Universal screening for all students with the assumption that all suffer from trauma	1.Universal screening tool for all innates, incarcerated individuals with the assumption that all suffer from past traumas 2. Substance Abuse Programs integrate TIC principles 3. Coping strategies treatments
Governance & Leadership	1. Leader prioritize TIC by allocating budgets, has clear expectations, and honest communication with all workers. 2. Leaders support the implementation of new trainings and allocates time and money for workers to learn 3.Communication across all organizational levels about the changes 4. Hire consultants to help implement TIC 5. Show Transparency 6. Acknowledge the differences in staff needs	1. Leader prioritize TIC by allocating budgets, has clear expectations, and honest communication with all workers. 2. Leaders support the implementation of new trainings and allocates time and money for workers to learn 3.Communication across all organizational levels about the changes 4. Hire consultants to help implement TIC	1. Leaders support the implementation of new trainings and allocates time and money for workers to do them 2.Communication across all organizational levels about the changes
Policy	1.Incorporate TIC into mission and vision statements, and promote them consistently as a reminder of TIC objectives 2.Encourage flexible care delivery models that encourage patients to make decisions about their treatments 3. Invite patients/staff to provide input into policy changes/decisions	1.Incorporate TIC into mission and vision statements, and promote them consistently as a reminder of TIC objectives 2.Encourage flexible care delivery models that encourage students to make decisions about their treatments 3. Invite students/parents to provide input into policy changes/decisions 4. Standard Discipline Procedures Policies: zero tolerance policy, out-of-school discipline, 5.Pol	1. Incorporate TIC into missions and visions statements, and promote them consistently as a reminder of TIC objectives 2. Ensure the language used in the policies adopt Trauma-Informed Language
Evaluation	1.Analyze data where it concerns staff turnover, employees work satisfaction,	1.Analyze data where it concerns staff turnover, employees work satisfaction, and student's satisfaction	1.Innate check-ins and debriefs 2.Unit meetings 3. Use surveys to identify which strategies work,

	2. Use surveys to identify which strategies work, what can be improved, and what needs to change	2. Use surveys to identify which strategies work, what can be improved, and what needs to change	what can be improved, and what needs to change
Progress Monitoring	1.Keep monitoring by having ongoing assessments 2.Analyze data related with TIC 3.Evaluate programs 4. Have a workgroup that monitors progress	1.Keep monitoring by having ongoing assessments 2.Analyze data related with TIC 3.Evaluate programs	Keep monitoring by having ongoing assessments 2.Analyze data related with TIC 3.Evaluate programs
Financing	1.State, Federal, and Local Grants 2.Private Investors 3.Investment in resources, trainings, and leadership programs 4.Public insurance programs 5.Incorporate trauma-informed activities into existing reimbursable services	1.State, Federal, and Local Grants 2.Private Investors 3.Investment in resources, trainings, and leadership programs 4.Public insurance programs 5.Incorporate trauma-informed activities into existing reimbursable services	1.State,Federal, and Local Grants 2.Private Investors 3.Investment in resources, trainings, and leadership programs 4.Public insurance programs 5.Incorporate trauma-informed activities into existing reimbursable services
Physical Environment	1.Ensure security is positioned somewhere where they could see who comes in and out, but also keep some distance from the patients because some can get re-traumatized 2.Ensure parking lots, exits, entrances, bathrooms signs are easy to detect 3.Lower noise levels in waiting rooms 4.Ensure patients feel safe and welcomed 5.Spatial layout, create visual interest, use cool colors, have natural light, and plants	1.Ensure security is positioned somewhere where they could see who comes in and out, but also keep some distance from the patients because some cand get re-traumatized 2.Ensure parking lots, exits, entrances, bathrooms, and classrooms signs are easy to detect 3. Ensure students and staff feel safe and welcomed 4.Spatial layout, create visual interest, use cool colors, have natural light, and plants 5. Staff self-care and secondary traumatic stress programs: in-school support, employee assistance programs, support service programs 6. Create trauma-sensitive classrooms	1.Create sensory rooms 2.Ensure room spaces are easy to detect 3. Ensure some level of privacy areas such as showers (privacy walls) 4. Create some visual interest

Note: The information from the table was taken from different articles with some categories including the same principles. The data for Social Care Organizations and First Responders and Juvenile and Criminal System is from *Key ingredients for Successful Trauma-Informed Care Implementation,* by Christopher Menschner and Alexandra Maul, 2016; *Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis,* by Goldstein et al., 2024; *Understanding the Conceptualization and Operationalization of Trauma-Informed Care Within and Across Systems: A Critical interpretive Synthesis*, Bargeman et al., 2022, *Using Trauma-informed Practices to Enhance Safety and Security in Women's Correctional Facilities*, by National Resource Center on Justice involved Women, 2014. The data for Schools is from *Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis,* by Goldstein et al., 2024; *Understanding the Conceptualization and Operationalization of Trauma-Informed Care Within and Across Systems: A Critical interpretive Synthesis*, Bargeman et al., 2022; *Trauma-Informed Approaches in Schools:*

Keys to Successful Implementation in Colorado, by Colorado Department of Education, 2018; *Creating, supporting, and sustaining trauma-informed schools: A system framework, by The National Child Traumatic Stress Network*, 2017.

5. **Section 5: Current Policies Across Different States**

While 2023 represented a successful year in terms of advocacy and implementation of trauma-informed policies across different states, there is still work to do. Currently, there are still several states who either do not implement any state policy in their legislature (Idaho, Alabama, and Iowa), while others only passed one (Wyoming, North Dakota, South Dakota, Alaska, and Ohio), and less than half of the US states (20 states) have more than six trauma-informed policies (Marris, 2024, p.2). The high rates of individuals suffering from mental illnesses have caused worries among state governments since the percentage of trauma-informed policies that got passed in 2023 represented 25% of the total proposed projects, which is way higher than the average policies that became law (<7%) (Marris, 2024, p.3).

Figure 1:Legislative Measures Aligned with Trauma-Informed Approaches in 2023
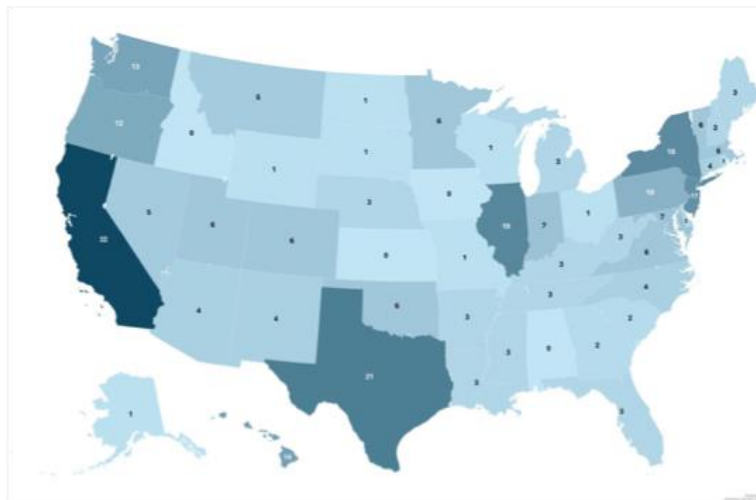
Note: The image was taken from *Trauma-Informed Public Policy: Highlights from 2023*, by
Whitney Marris, 2024

However, some states have made significant efforts to improve residents' well-being, such as California, Texas, New York, New Jersey, or Illinois, by implementing several policies in their

legislation that helped identify early signs of trauma/mental disorder. The following policies

implemented can become helpful not only in the states where the laws were passed but

everywhere across the US because TIC's main priority is to mitigate the risks of developing a

severe mental illness, provide adequate treatment, and identify individuals suffering from

trauma, and educates the population in the consequences of how trauma and stress impact their

health.

5.1. California

In California, one of the most vital policies passed was the California Proposition 56

Trauma Screening October 2019 policy because it supports easier access to health since Medi-

Cal programs pay $29 for any ACE screening (Kim, 2022). Economic help from the state

provides relief for several public institutions that need to implement trauma-informed

approaches. The additional budget on trauma screening is beneficial to identifying early signs of

mental illness, which becomes advantageous to start early treatment to mitigate the risks of the

disease worsening. In 2019, the state provided some economic relief for its population and public

organizations concerning screening service users for trauma, and in October 2021, California

enacted the ACEs Equity Act. The law mandates commercial insurance to cover Adverse

Childhood Experiences (ACEs), a test for adults and children to identify signs of childhood

trauma (abuse, neglect, sexual violence, parental divorce, or death) to reduce the chances of a

person developing chronic disease (Coons, 2022).

Therefore, the two bills implemented helped in training more than 20,500 California

clinicians on how to screen for ACEs, which resulted in an additional half a million children and

adults receiving ACE screening (Acesawarer, 2021). Some statistical analysis of the people

screened in California for ACE showed that 62% of residents have "experienced at least one

ACE" (Acesaware, 2021).

When it concerns the education system, some TIC laws passed by California are

Assembly Bill 1071 or Senate Bill (Melanie's Law), which introduces different programs to

teach both teenagers and parents about dating violence prevention, the adverse effects of

harassment, bullying, intimidation, or opioid overdose prevention/treatment (Marris, 2022, p.13

& 17). Finally, TIC laws for juvenile and criminal justice systems were passed in California,

including Assembly Bill 505 and Senate Bill 35. The first bill was passed with the idea of

helping youths released from the juvenile justice system using trauma-response and culturally

informed services. In contrast, the second one emphasizes the alternative of using trauma-

informed practices and access to better mental health options to treat patients with severe mental

illnesses instead of sending them to jail or psychiatric institutions (Marris, 2022, p.9 & 18).

5.2. Texas

While in California, more laws passed on trauma-healthcare practices were for

social/healthcare institutions, Texas focused on implementing TIC policies for the educational

system compared with the criminal justice service or healthcare. According to data from the

Texas Education Agency, in a class with 24 students, almost four suffer from a mental health

issue, and almost half of them experience a traumatic event (Keller, 2023). Therefore, to lessen

the impact, one of the laws applied in Texas that fully integrates TIC practices is the Tex. Educ.

Code 38.036 Trauma-Informed Care Policy clearly states that each school district "shall adopt

and implement a policy requiring the integration of trauma-informed practice in each school

environment" (Casetext, 2023). This policy includes core TIC values such as creating an agency

specializing in TIC practices, teaching staff and parents about the consequences of trauma and the impact it has on kids' overall health, building a safer environment across campus and inside schools, and introducing counseling options specialized in trauma-informed care (Casetext, 2023). Additionally, if the school lacks the necessary funds to implement TIC practices, the government would partner with and provide funds to bring in trainers from health organizations (Casetext, 2023).

Several advantages of this policy are beneficial not just in Texas but across other states in the US, too. First, several schools in Texas allow corporal punishment, which can severely impact a child's mental health because it can trigger several physical or psychological responses such as fear, anger, sadness, and panic attacks and increase the rates of developing a mental disorder in the future (World Health Organization, 2021). However, the policy forbids physical discipline and focuses more on open communication and collaboration between staff and children, which reduces the chances of kids developing a mental illness. The trauma-informed policy from Texas is also beneficial in other states because corporal punishment is still allowed in 16 other US states (Beers, 2023).

Second, the regulation helped reduce the number of suspensions, increase the percentage of students passing their exams, and make school environments peaceful. The teacher retention rate was also lowered because of the main attributes of collaboration and empowerment. For example, before the trauma-informed care policy implementation, John T. White Elementary School registered concerning stats where 76% of students reported trauma, which, as a consequence, the school was not able to pass the state exams (Barsel & Curt, 2022, p. 8). Post-training and implementation of TIC practices, John T. While Elementary School's number of suspensions decreased significantly from an average of 445 per year to 19 per year and were

finally able to pass the state school exam for the first time (Barsel & Curt, 2022, p.8). Thus, implementing the Trauma-Informed Policy in Texas can be an example for other states because it brings several advantages to the school system, such as lower suspension rates among students, lower teacher retention rates, and better collaboration between staff and students.

5.3. Illinois

Like the previous states mentioned above, Illinois has several policies that apply trauma-informed care practices. One implementation recently approved in Illinois provides financial benefits for the state's residents. The Mental Health and Wellness Act (HB2847) requires private insurance companies to provide an annual mental health assessment and wellness visit at no additional cost to the insured (Marris, 2022, p.45 & Moen, 2023). The examination includes identifying mental health illness, ACEs screening, and full dialogue between the clinician and service user (Marris, 2022, p.45). The passed bill is beneficial because it relieves residents from spending additional money for a mental health assessment, encourages individuals to get screenings/tests to identify whether they have a mental disorder since it is free, also provides insights into whether a person needs to change their medication or start an early treatment.

To ensure Illinois is on the right path to becoming a trauma-informed state, Lieutenant Governor Juliana Stratton, with the help of law and policymakers, advocates, and social workers, proposed the Illinois Healing Centered-Task Force Act (Senate Bill 646), which became law in August of 2023. The law allowed the creation of a trauma-informed task force whose main priority is to create a universal trauma-informed language, acknowledging the impact of trauma and how to teach staff, parents, and students the effect of trauma (Marris, 2022, p.53). Moreover, the task is also responsible for analyzing current policies and providing suggestions to include

TIC practices by collaborating with workers from the social welfare systems, criminal justice system, schools, and even trauma survivor individuals (Marris, 2022, p.53).

Finally, where it concerns the criminal justice/juvenile system, Illinois passed House Bill 3414. During a court hearing, the prosecution can take into consideration the leading causes of the committed offense done by the individual under the age of 18 was due to childhood trauma caused by the family, environment, social background, or other ACEs experiences before giving the sentence (Marris, 2022, p.46). Moreover, the bill also gives the possibility for the youth to halt prosecution if it is demonstrated that the younger committed the offense because of outside peer pressure (family, negative influences, peers) and is willing to participate in different treatments and training programs of the juvenile courts (Marris, 2022, p. 46).

Based on the analysis of the states mentioned above, trauma-informed policies are beneficial at a state level across public institutions because they increase the level of collaboration between staff members and service users, reduce and relieve individuals of some additional costs where it concerns their mental health, it provides a safer environment for students, teachers, patients, and identifies early signs of mental disorder.

The examples mentioned above demonstrate the importance of implementing trauma-informed care at a state level because they provide additional help for adults and children to identify early signs of trauma/mental disease. Identifying early signs of trauma/mental disease can help begin a proper treatment that helps prevent the illness from worsening. Secondly, trauma-informed care policies also demonstrate governments' efforts to care for their residents and families by ensuring that the institutions people access are safe and welcoming. Finally, trauma policies at the state level reduce some financial struggles of residents by providing free trauma assessments, which allow people to identify whether they suffer from a mental issue.

Several people who live check-by-check or in poverty do not have the privilege of getting tested for a mental illness, so providing them for free represents a massive step in assisting the lower and poorer classes.

6. Section 6: Why States Should Implement TIC Policies (Advantages, Challenges, Financial Responsibility, Loopholes)

6.1.**Advantages**:

Currently, one of the biggest struggles of both the U.S. government and its population is the high percentage of individuals who have mental illness. According to several studies, approximately 57.8 million U.S. people suffer from a mental disease, which means more than 1 in 5 U.S. adults have a mental health illness (National Institute of Mental Health, 2021). Not only that but out of the 57.8 million U.S. adults over the age of 18, 14.1 million suffer from Serious Mental Illness (National Institute of Mental Health, 2021). However, one concern regarding the number of people who have mental diseases is that only 26.5 million received any mental health service, which represents less than half of the total amount of people diagnosed with a mental health illness (National Institute of Mental Health, 2021). By looking at the data from Table 2, the current categories of individuals who have the highest percentages of individuals who have a mental illness are young adults (18-25 years old), with more than 1 in 3 having a mental illness, and two times more than adults over the age of 50 (National Institute of Mental Health, 2021).

Figure 2: Percentage of US Adults suffering from any Mental Illness

Past Year Prevalence of Any Mental Illness Among U.S. Adults (2021)

Data Courtesy of SAMHSA
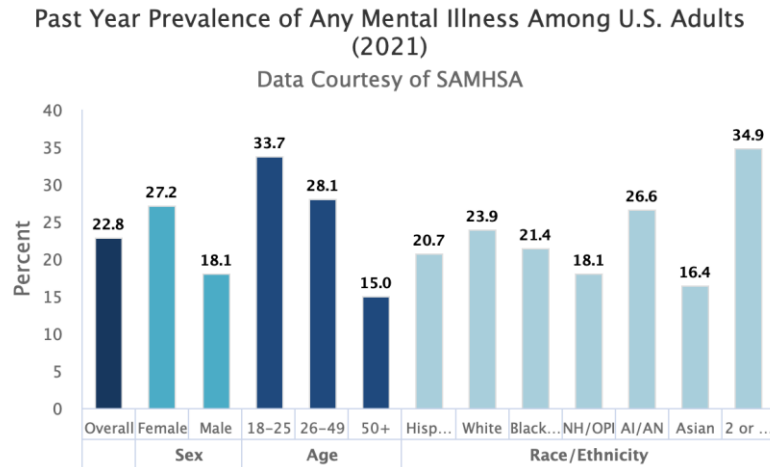
Note: The image was taken from *Mental Illness* by the National Institute of Mental Health (2023)

The early to mid-20s still represent a time when the brain is developing, so having so many young adults who have a mental illness can have a severe negative impact on society for several reasons. First, one of the main leading causes of death in the U.S. is suicide, and currently, 1 in 6 youth have contemplated suicide in 2019, which also represented a 44% increase since 2009 (Quinn, 2022). Second, a younger population can profoundly affect a state's economy because of non-employment, absenteeism, and presenteeism costs; the youth will be less likely to come to work and more likely to be sick (The White House, 2022).

A high population of individuals suffering from mental illness can have a negative impact on society because it "has a negative influence on homelessness, poverty, employment, safety, and local economy" (Tacoma-Pierce Country Health Department, 2016, p.1). For instance, people suffering from mental illnesses require more sick leave times and additional personal time off compared to individuals who do not have a mental disease (The White House, 2022). Therefore, several studies show that mental illnesses cause an estimated $190 billion in lost revenues (Tacoma-Pierce Country Health Department, 2016, p.2), plus an additional $3 billion from days missed at work (Mahon, 2022, p.9).

Figure 3: US Government Medical Expenditures on Mental Illness
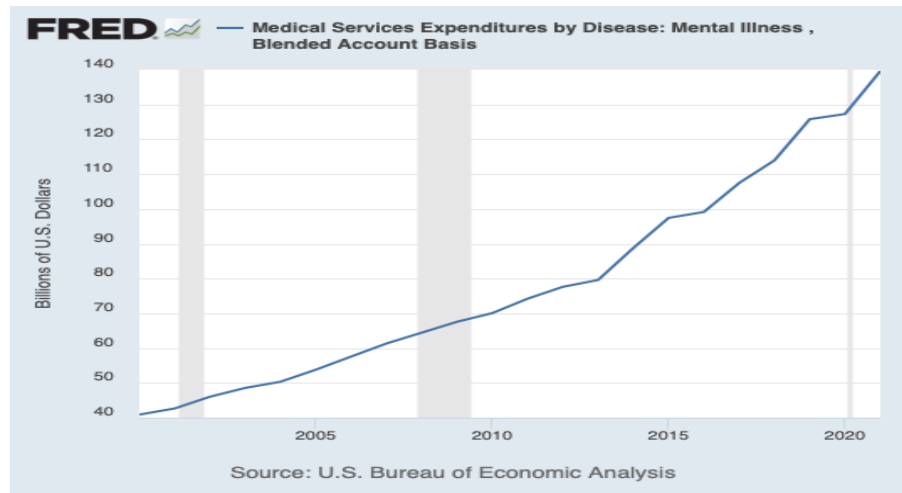
Note: The image was taken from *Medical Services Expenditures by Disease: Mental Illness, Blended Account Basis*, by FRED, 2024

Concerning government expenditures on medical services, the costs have increased significantly. For example, according to Table 3, while the cost of medical services expenditures on mental illness was $42.65 billion in 2001, in 2021, the government's spending reached $139.61 billion, which represents a 327.3% increase (U.S. Bureau of Economic Analysis, 2021). Therefore, preventing and promoting adequate treatments for individuals with mental illnesses can reduce the costs of government expenditures, increase populations' well-being, and reduce non-employment, absenteeism, and presenteeism costs.

With such a high number of individuals suffering from mental illnesses and the high amount of money the U.S. government must spend, the implementation of trauma-informed care policies at a state level would represent a huge benefit both for the well-being of the patients and for the economy of the country. For instance, one of the main characteristics of TIC is that it is better to understand mental illness through the lens of trauma. As an example, due to an increased number of knowledges acquired over the last three decades, TIC clinicians know better how to treat patients who have PTSD and its effects and can identify faster the root causes of

their mental illness, which can significantly reduce the possibility of going into a violent rampage.

An additional benefit TIC policy would bring is to identify more individuals suffering from mental health diseases and be able to start treatment for them faster. For example, an institution that implements trauma-informed care practices assumes every individual suffered from trauma, so every service user gets tested to identify whether they experienced a traumatic event throughout their lifetime and whether it had an impact on their health (physically or mentally) (Menschner & Maul, 2016). Testing every service user in a trauma-informed way helps identify early signs of mental illnesses and trauma and, as a result, a specialist can start an early treatment with an individual to reduce the severity of the illness and ensure the person's quality of life and function stays intact (Rockville (MD): Substance Abuse and Mental Health Services Administration, 2014).

Case in point, several studies identified an increase in physicians' attitudes toward patient's behaviors, early signs of traumas, and early treatments to prevent severe mental illness. In *Nationwide efforts for trauma-informed care implementation and workforce development in healthcare and related fields: a systematic review*, it was reported by some healthcare institutions that implemented TIC policies and changes at the organizational level reported significant increases in trauma screening (from 12-21% to 46-88%) but also improvements in clinicians "knowledges, attitudes, and confidence to identity and work with traumatized patients" (Oral et al., 2020, p.910). Identifying early signs of a mental illness is beneficial for the U.S. economy, too, because, with the proper treatment identified, it helps mitigate the severity of the disorder, which consequently will reduce the rate of absenteeism, presenteeism, and fewer sick days leave used by individuals (Nwachukwu, 2022). Additionally, identifying early signs of

mental illness can help in providing an adequate treatment instead of going through multiple

therapy trials or treatments, which significantly reduces the cost of medications.

Finally, TIC practices significantly help reduce the use of restraints and seclusions in

inpatient institutions, reducing significant costs for the organization, government, and people.

While there is no overall total cost of one episode of seclusion/restrained due to the difference in

policies each organization has, some studies estimated that one event that will require the use of

seclusion/restraint costs between $302 to $354 per person (Chan et al., 2012, p.75). However,

TIC practices across different healthcare organizations significantly reduced restraints/seclusion

practices. For example, in a youth psychiatric hospital, prior to trauma-informed training, on

average, there would be around 93 seclusions/restraint events in six months (Purtle, 2018, p.

728). However, after trauma-informed training, the number of seclusion/restraint events was

reduced to 31 during a two-year period (Purtle, 2018, p. 728). Another study at a different

psychiatric hospital reduced the rates of seclusions by more than half after a two-day trauma-

informed training (from 9.2 out of 100 patients to 4.4 out of 100 patients) (Oral et al., 2020,

p.911). In contrast, a half-day trauma-informed train helped reduce seclusion/restraint events by

82.3% in a pediatric psychiatric hospital (Purtle, 2018, p.728).

Based on the results mentioned above, more than half of the population who are

diagnosed with a mental health illness did not receive any treatment. According to researchers,

some reasons are misinformation, fear of being judged, taboo subjects in their family,

insufficient funds, refusal to acknowledge the disease, and thinking they could solve the issue

without treatment (Conroy et al., 2020, p.21). Moreover, similar reasons for not testing for a

mental illness happen for some individuals who were never diagnosed with any disease; they are

scared to find out or ashamed. However, a trauma-informed organization's main priority is to

ensure patient empowerment and shared decision-making through open communication, explaining how the treatment will proceed, and teaching service users and their families the principles of trauma and its effect on a person's health. The results from organizations implementing TIC policies and principles show increased provider-patient communication, patient satisfaction and trust, and reduced healthcare costs (Oral et al., 2020, p.910). For instance, some clinical institutions implemented the Healthy Steps model, a trauma-informed care screening for children. However, since TIC relies on collaboration between staff and service users, it educates patients' families about the impacts of trauma. Therefore, the families were invited to participate in the screening process and treatments too, and the results show an increase of families who referred to services from 16% to 26%, and the percentage of families who agreed to participate in the treatment more than tripled (from 20% to 63%) (Oral R et al., 2020, p.910).

Enacting trauma-informed regulations can help prevent violent interactions between service users and specialists, regardless of whether it is in a psychiatric ward, hospital, school, or penitentiary, but also reduce the money organizations spend on taking care of a hurt employee. TIC training educates specialists in better understanding the impact trauma has on people's brains; not only that, but it teaches them valuable skills in how to calm down a patient when they suffer from violent episodes, such as de-escalation or mindfulness techniques. For instance, some studies at different psychiatric hospitals showed that staff injuries were reduced by 48% (Purtle, 2018, p.30). In contrast, the percentage of aggressive patients was reduced by half in the first year after implementation and staff safety in 5 out of 10 areas (Purtle, 2018, p. 30).

Another study at the NCSTU Girls Program, one of the only female juvenile justice facilities in Pennsylvania, implemented the Sanctuary Model (a type of trauma-informed care

approach) to check whether the method helps reduce the number of injuries, assaults, and grievances for both staff and youth. The results of the study show a notable difference before and after the Sanctuary Model was applied. For instance, in the pre-sanctuary Model, the rate "of youth misconduct resulting in injury, confinement, and/or restraint per 100 days was 6.6, but in the post-sanctuary Model, it dropped to 1.0 per 100 days (Elwyn et al., 2015, p. 213). At the same time, where it concerns staff members, the assaults on staff decreased from 1.4 to 0.4 per 100 days, while the fear for safety rates dropped for both the youth and the staff (44 to 11 for youth, and 17 to 9 for staff) (Elwyn et al., 2015, p. 214).

There are several advantages of reducing and preventing violence in the workplace besides economic reasons. First and foremost, it keeps employee's safety which in turn reduces the level of absenteeism and turnover since they are not afraid to show-up at the workplace (Compliance Training Group, 2023). Second, it enhances employee engagement and increases the level of trust and collaboration between employees and service users (Compliance Training Groups, 2023). Finally, preventing violence at work reduces employer insurance costs. For instance, according to Liberty Mutual's 2021 Workplace Safety Index, in 2018, employers paid around $1 billion weekly for "direct workers' compensation costs for disabling, non-fatal workplace injuries" (U.S. Department of Labor, 2023). Therefore, trauma-informed care policies are advantageous at a state level because they help reduce the rates of violence at the workplace and employer's insurance costs, but they also improve safety levels at the workplace, which reduces the fears and worries of both staff and service users.

In addition to the high number of adults who have mental illness in the U.S., child neglect, maltreatment, or abuse illustrates another critical issue that not only impacts the U.S.'s economy substantially, but it can negatively impact different function areas like "attachment,

biology, mood regulation, dissociation, behavioral control, cognition, and self-concept" (Barto et al., 2018, p.150). The consequences of child abuse/maltreatment can extend beyond childhood and into adulthood and have a severe impact on a person's educational and employment outcomes, social dynamics with other individuals, and higher chances of developing a mental illness (Barto et al., 2018, p.150).

Therefore, one advantage of implementing trauma-informed care policies at a state level is to identify early signs of child maltreatment/abuse because one of the main principles of TIC is to screen patients/service users, including children (The National Child Traumatic Stress Network, 2017). The Adverse Childhood Experience (ACE) study was created to identify traumatic childhood events that can impact an adult's health. At the same time, this assessment is essential for testing children, too.

Based on statistics done by researchers, approximately "1 in 3 children will have a maltreatment investigation", (Wojciak et al, 2021, p.1) while annually, on average more than 1 million children suffer from abuse or neglect (Gelles & Perlman, 2012). Moreover, the percentage of children and teenagers between the ages of 12 and 17 who suffered from a major depressive episode reached almost 21%, while in 2019, approximately 36.7% of teenagers have been constantly feeling sad (CDC, 2023). Higher rates of child abuse cause significant economic burdens for the U.S. population. For instance, in 2015, according to the CDC, the U.S. population spent on substantiated incident cases $428 billion, while the economic burden for "estimated incidence of investigate annual incident cases" was $2 trillion (Peterson et al., 2018, p.178).

Moreover, at a state level, there have been several studies to show the economic impact of child maltreatment. In Texas, for instance, in 2019, there were approximately 67,313

"confirmed cases of child abuse and neglect" (Lucy et al., 2021, p.2), whereas more than 19% (1.4 million) of the youth population in Texas experiences at least two traumatic experiences before the age of 18 (Lucy et al., 2021, p.1). The studies done by TexProtects show that only in 2019, the costs of child abuse in Texas were $52.9 billion (Lucy et al., 2021, p.2). At the same time, Table 2 displays the economic costs of child abuse in the state of Tennessee for the year 2022. According to the table, in Tennessee, the total cost of child abuse is more than $3 billion. At the same time, Tennessee ranks in the bottom quartile when it comes to the rankings for the best states for child well-being (Harris & Pratt, 2023, p.2).

Table 2: Economic Impact of Child maltreatment in Tennessee

Category	3% Discounting	5% Discounting
Child Mortality	$38,925,282	$38,925,282
Special Education	$23,039,790	$20,856,146
Residential Care	$148,089,256	$148,089,256
Juvenile Detention	$7,873,866	$7,873,866
Childhood Medical Costs	$606,276,077	$536,214,507
Adult Medical Costs	$173,813,368	$101,077,749
Lower Productivity	$2,755,328,224	$2,047,707,259
Adult Criminality	$91,445,958	$68,311,011
Premature Adult Mortality	$1,124,753,232	$361,736,821
Total	$4,969,545,053	$3,330,791,897
Lifetime Costs, Per Victim	$425,912	$285,464

Note: Taken from *The Economic Costs of Child Abuse and Neglect in Tennessee* (Harris &Pratt, 2023, p.1)

One way TIC approaches help reduce the rates of child abuse or maltreatment is because it emphasizes educating both staff members and parents/caregivers about the consequences of trauma, stress, and neglect. Furthermore, TIC policies focus on collaborating with different organizations or other communities and providing adequate screenings. A critical study to demonstrate the impact of TIC where it concerns child maltreatment is the Massachusetts Child Trauma Project (MCTP), a 5-year statewide TIC initiative that worked directly with the Department of Children and Families, a couple of behavioral agencies, and some urban medical health centers. One of the primary purposes of this project was to increase the knowledge of child welfare workers and caregivers, which concerns whether kids had experienced traumas and how to respond better (Barto et al., 2018, p.151).

The MCTP followed several trauma-informed care approaches, such as using the Breakthrough Series Collaborative Methods (BSC), which included screenings for several evidence-based trauma treatments (EBTS) like the Attachment Self-Regulation and Competency, Child-Parent Psychotherapy, and Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), but also formed the Intensive Learning Community (ILC) training required for staff involved in the child welfare system (Barto et al, 2018, p. 151). A Trauma Informed Leadership Team coordinated the BSC and the ILC to ensure the sessions between the children and the staff/caregivers were more responsive to trauma.

During the five-year initiative, 91,253 children in the Massachusetts child welfare system participated in the project. Of all participants, 55,145 children were included in the intervention group, while 36,108 were in the comparison group. (Barto et al, 2018, p.152). The intervention group was assisted and coordinated by the Trauma-Informed Leadership Team. At the same time, around 647 staff from 40 mental health provider agencies were trained in the Child Welfare

Trauma Training Toolkit to provide for the intervention group in an evidence-based trauma treatment model. On the other hand, for the comparison group, there was no implementation, and the same child welfare practices were continued. The results between the intervention group and the comparison group demonstrate the importance of trauma-informed care to reduce child abuse/maltreatment and to increase permanency. For example, the intervention group saw a 21% increase in adoptions compared with the comparison group (Barto et al., 2018, p. 155). At the same time, children in the intervention groups were "15% less likely to have a substantiated report of maltreatment, 12% less likely to experience physical abuse, and 14% less likely to experience neglect" compared with children in the control group (Barto et al., 2018, pp. 155-156).

Where it concerns the child welfare system (CWS), another reason trauma-informed care policies should be implemented at a state level is because it increases the amount of trauma screening and because not a lot of kids receive any type of trauma screening in the child welfare system. Increasing the number of children screened for trauma is beneficial for several reasons, such as improvements in documentation for future studies, increased staff and parents/caregivers' awareness of the impacts of trauma, identify early signs of potentially traumatic events (PTEs) in children which help providers in beginning a more appropriate treatment and mitigate the impacts of child maltreatment.

For example, one study done by Greer et al. demonstrated that a trauma-informed care approach on children diagnosed with posttraumatic stress disorder (PTSD) "incurred five times fewer expenses in high-end mental health services" (Connell et al., 2023, p. 338). Connecticut, similar to Massachusetts, implemented a 5-year state initiative to implement Child Trauma Screening (CTS) in the state's CWS and to identify whether TIC has a positive or negative

impact. The study results show significant statistical improvements concerning staff's treatment recommendations; instead of sending the youth to mental health services, staff recommends that the youth attend trauma-focused services (Connell et al., 2023, p.340).

Thus, the Massachusetts Children Trauma Project and Connecticut's 5-year state initiative for CWS demonstrate the benefits of implementing trauma-informed policies at a state level because they managed to reduce the percentages of child neglect and abuse, increase the number of adoptions, increase the level of awareness about the consequences of trauma. Moreover, reducing the rates of child maltreatment and child abuse also relieved some economic burdens that citizens and states are suffering. According to some studies where it concerns child abuse costs in Texas, reducing the number of traumas experienced during childhood by 10% could save $65 billion annually across the U.S. (Lucy et al., 2021, p.1).

When it concerns the U.S. Criminal Justice system, mainly prisons, jails, and detention centers, the percentage of incarcerated adults is higher than in most of the world. For example, the U.S. incarceration rate is sixth in the world at 531 people per 100,000 and first for the total number of people incarcerated at 1,767,200 individuals (World Review Population, 2024). At the same time, when it concerns the number of inmates suffering from a mental disease or traumatic experience, the rates are very high. According to the CDC, 97% of inmates suffer from at least one traumatic adverse childhood experience (Smith, 2024). Some studies related to the Adverse Childhood Experience (ACEs) assessment concluded that an individual who scores at least 4 out of 10 on the test is seven times more likely to go to prison (Smith, 2024).

Regarding mental illnesses and substance abuse disorder among incarcerated people, the percentages are pretty concerning around 75% of individuals have a history of substance abuse, 44% of people in jail and 37% of individuals in prisons suffer from a mental disease, and 63% of

jail inmates and 58% of prisoners suffer from a substance abuse disorder (Abdullahi, 2023; SAMHSA, 2022). Finally, statistical analysis done at different correctional settings across the state of Illinois concludes that a high percentage of inmates have posttraumatic stress disorder (PTSD), even though, in general, only a small number of people develop PTSD after a traumatic event (Adams et al., 2017).

For instance, researchers from the Illinois Criminal Justice Information Authority (ICJIA) conducted a statistical analysis to determine the percentage of female prisoners who have PTSD. The study included 163 incarcerated women, and the results were astonishing: 61% of women met the criteria for PTSD, 83% had been affected by a PTSD symptom within a month, and 71% suffered from repeated negative memories (Adams et al., 2017). At a different prison in Illinois, another research done by authority researchers along with WestCare Foundation (Illinois) surveyed 613 male prisoners and found that 24% "met the criteria for PTSD" while 90% of them suffered from at least one traumatic event (Adams et al., 2017).

Therefore, implementing trauma-informed policies at a state level for the criminal justice system has several advantages. First, one of TIC's main principles is to create a safer environment. However, since most prisons, jails, and detentions are understaffed, it results in a higher number of prisoners placed in a tiny, small living environment. Moreover, fewer guards also mean less movement, with more restrictions and regulations which can severely impact an inmate's mental health or cause re-traumatization (Adams et al., 2017). Creating a safer environment for the inmates, such as reducing the number of individuals living in the same room, ensuring some level of privacy in the bathroom, or improving the lighting, can reduce stress and improve the well-being of both prisoners and guardians (Rose et al.,2022, p.5).

Secondly, TIC approaches focus on collaboration, engagement, and involvement of staff, inmates, and their families. Since most prisoners already suffer from at least one traumatic event, the idea of being locked inside a cell plus being separated from their families/communities can negatively impact their mental health, which can affect their reintegration into society once released (Smith, 2024). However, minor changes such as increasing the number of family visits for the inmates, changing family search procedures, providing more time between the prisoners and their families, or reducing the costs of phone calls positively impact a prisoner's mental health and well-being. For instance, reports show that increasing the number of visits between prisoners and their families reduced misconduct by 25% and recidivism by 26% (McCoy & Boppre, 2024). Additionally, making phone calls cheaper relieves families from additional costs, especially since a higher percentage of inmates come from either single-income families or poorer, and the total estimated cost to families for making phone calls to prisons/jails is estimated at $1.3 billion (McCoy & Boppre, 2024).

Third, TIC principles focus on providing individuals with necessary screenings and treatments for trauma, such as Substance Abuse programs, Seeking Safety programs, or coping mechanisms strategies that help individuals acknowledge how much impact trauma had on their well-being, educate them on different topics addressing behavioral or interpersonal domains, how to address different feelings such as anger, fear, shame, and how to mitigate their PTSD symptoms (Adams et al., 2017). Moreover, TIC approaches also help prevent a new phenomenon that arises called Post Incarceration Syndrome (PICS). Studies show on average, out of the 600,000 inmates released each year, half of them will suffer from PICS and, as a result, will have higher rates of recidivism (Smith, 2024). Additionally, around 44% of individuals released from prison will return to jail within a year (World Population Review, 2024).

However, implementing TIC in prison/jail/detention can help reduce the chances of a person getting reincarcerated because of the treatment, education, and vocational training received (Smith, 2024). Nevertheless, reducing the number of individuals getting reincarcerated has a positive financial impact on the American taxpayer and government spending because the cost for a federal inmate in a Bureau/non-bureau facility is, on average, $120.01/day, while the cost of a Federal inmate in a Residential Reentry Center is on average $101.40/day (Federal Register, 2023).

Therefore, trauma-informed care policies for the criminal justice system should be implemented at a state level because they reduce the rates of recidivism and misconduct among prisoners, improve the relationship between staff and inmates and inmates and their families, and reduce additional costs for families and taxpayers.

With the high population of youth and adults who have a mental illness, implementing trauma-informed care policies at a state level is beneficial for schools for several reasons. First, based on several studies, the number of children suffering from a traumatic experience by the age of 16 is pretty high, with more than 2/3 indicating one traumatic encounter (SAMHSA, 2023). Moreover, preschool kids have higher chances of experiencing a traumatic event, with some studies estimating that one out of two preschoolers have a traumatic encounter (Chudzik et al., 2023). Therefore, implementing trauma-informed care in schools is beneficial because it teaches staff to acknowledge the impact of trauma on youth's lives and mental development.

Additionally, TIC approaches focus on creating a safe environment and building a stronger relationship between the staff and the youth. Implementing trauma-informed policies can improve students' behavior and reduce behavioral and disciplinary incidents. For example, examinations done by the Health Environments and Responses to Trauma in Schools (HEARTS)

found that within the first year after implementing TIC, the percentage of office disciplinary referrals dropped by 32%, while after five years, it dropped by 87% (Kentucky Department of Education, 2019, p.4). Reducing disciplinary referral rates has several benefits for staff and students, such as increasing academic performance and safety in schools, reducing the percentage of bullying, and creating a more collaborative environment.

Reducing the rates of physical violence and school crime in schools illustrates another advantage of introducing TIC regulations at a state level because it improves the safety of both staff and students; they are not afraid of the chances of getting injured, sent to the hospital, or even killed. Furthermore, reducing physical violence in schools also reduces additional costs suffered by youth families and workers. Based on statistical results across the US, the amount of money lost because of schools' crime and physical violence in schools is approximately $616 million each year in the US because of medical/counseling expenses, missed work, or damaged/stolen properties (Planty et al., 2019). Reducing physical violence in schools can substantially reduce additional costs and relieve both workers and staff financially. Some research done in schools that implemented TIC approaches showed that the percentage of physical aggression dropped by 43% in the first year and by 86% over five years (Kentucky Department of Education, 2019, p.4). Moreover, preventing physical aggressions also prevents re-traumatization in youths.

Finally, similar to the previous public organizations mentioned above, TIC policies at a state level can identify early signs of trauma using trauma screenings, which can help mitigate the chances of developing a severe mental illness. Furthermore, identifying early signs of trauma and mental health illness can help staff create a better treatment plan with the youngster to reduce the percentage of absenteeism and increase academic performance and mental well-

being. For instance, the Yoncalla District School in Oregon implemented in their schools TIC practices to check whether it helps reduce chronic absenteeism or not because in the 2021-2022 academic year "93% of kindergartners and 71% of elementary students overall were chronically absent" (Arundel, 2023). Following the implementation of TIC in those districts for the next academic year, the percentage of chronic absenteeism dropped significantly to "78% for kindergartners and 49% schoolwide" (Arundel, 2023).

Kansas City Public Schools also implemented TIC practices in their 50 schools with a total population of 22,000 students to identify whether chronic absenteeism can be reduced. While in 2019 the percentage of chronic absenteeism was 50% before TIC, in 2023, the percentage dropped to 36% after the implementation of trauma-informed care (Arundel, 2023)

Therefore, implementing TIC policies at a state level for public organizations can have several advantages, such as reducing additional costs suffered by both the residents and governments, identifies early signs of trauma and mental illness, which can help mitigate the development of severe mental health conditions with the proper treatment, improve the level of safety in organizations.

Thus, having TIC policies at a state level for public organizations provides several advantages that can benefit residents and the government in the long term. Firstly, it helps raise public awareness of trauma's impact on other community members, improving people's support level. Secondly, it provides economic relief for residents and the government because they can access better care services required for their needs. Third, TIC policies in public institutions help reduce the rate of violent incidents in schools, jails, or healthcare institutions and help improve the level of safety within the community and the mental well-being of people. Fourth, TIC policies can help reduce the percentage of individuals suffering from trauma by addressing the

root causes of trauma, such as poverty, racism, or violence. Finally, trauma-informed care approaches help identify early signs of trauma or mental illness, which can help alleviate symptoms and mitigate the chances of developing a severe mental condition by creating an appropriate treatment, which, as a consequence, helps reduce the rate of absenteeism or recidivism.

6.2.Challenges of implementing TIC policies:

Even though implementing TIC policies at a state level can provide several advantages that will benefit both the population and the economy, several challenges could diminish the impact trauma-informed care brings.

Based on several studies done at different public institutions such as healthcare, child welfare organizations, or schools, some of the main challenges to implementing TIC principles successfully start due to a lack of full support from the leadership team. Since the leadership team is the leading actor that approves institutional budgets and all the policies enacted within the organization, it becomes crucial to have managerial support when introducing TIC approaches.

Therefore, if the managerial team does not fully support TIC implementation, the budget would be restricted, resulting in staff not receiving the appropriate training required to provide for the service users in a trauma-informed way (Huo et al., 2023). Additionally, TIC practices focus on creating a safer physical environment, so without the support of the leadership team when it concerns allocating the budget, changes cannot be entirely made within the organization, such as changing the aspect of the institution to make it safer and more welcoming for the service users/students/children.

Where it concerns trauma-informed care policies, leadership's support is necessary to implement TIC principles successfully. For example, several studies done in different healthcare organizations identified challenges to implementing TIC approaches because even though the policies were enacted, staff needed more time to get the proper training (Huo et al., 2023). Additionally, other organizations presented barriers in implementing trauma-informed care principles because the policies were incompatible with TIC values and were caused by the hierarchical structure, poor engagement, and lack of collaboration between the staff and the managerial team and between employees across all the different departments (Lewis et al., 2023; Huo et al., 2023).

Nonetheless, the lack of leadership's support can be seen through the policies enacted across the organization and whether they follow TIC principles, such as how flexible the organization is "to how staff delivered services and how service users engaged with the service" (Huo et al., 2023, p. 16). If the staff has full support from the leadership, they have more flexibility to implement TIC policies without feeling pressured or stressed; however, lack of support from the managerial team results in limited flexibility, which can result in increased staff turnover and limit the success of TIC approaches (Marris, 2023). Therefore, even though TIC policies are passed at the state level, some challenges might appear when introducing the TIC values within an organization if the leaders do not fully support the new changes because they might not allocate enough funds to integrate trauma-informed care successfully or introduce necessary policies to support staff's training and needs.

While the leadership's support plays a crucial role in successfully integrating TIC approaches in an organization, another challenge of successfully implementing TIC is the high amount of staff turnover, especially in social care organizations. Ever since the COVID-19 pandemic, the

percentages of staff turnover across healthcare, schools, and jails have increased significantly because of high levels of stress, lack of managerial support, inadequate benefits, or burnout, which, in turn, can affect how TIC values are executed (Yaraghi et al., 2022). While TIC can help reduce staff turnover, at the same time, organizations with high rates of turnover can reduce the success of trauma-informed care approaches because it is getting more challenging to keep the new staff trained for TIC and requires additional funding for the new employees to receive the proper TIC education (Hardan et al., 2023).

Moreover, high staff turnover rates can have a significant impact on a patient's mental health, which beats the purpose of TIC because one of the core values of trauma-informed care is to foster a supportive and nourishing relationship between staff and service users. However, high staff turnover significantly affects the level of trust and cooperation between the patient and the organization, and from the perspective of a service user, it can get more complicated to open up about their traumas several times. For example, Hardan et al. (2023) analyzed the effects of turnover rates in child welfare-serving organizations and how they affect the implementation of TIC services. The authors identified a strong correlation between the effectiveness of TIC and staff turnover. The higher the turnover rate, the harder it is to successfully implement TIC services (Hardan et al., 2023). Therefore, even if TIC policies are implemented at a state level, staff turnover within the organization exists. Reducing employee turnover rates by ensuring better organizational commitment, reducing burnout, and improving staff job satisfaction can significantly improve TIC services.

Besides staff turnover, another challenge when implementing trauma-informed care is employees' resistance to applying TIC values in their practices. For instance, based on some studies done by researchers, some barriers to successfully implementing TIC are that some staff

might not want to implement TIC in their approaches because they do not feel comfortable or familiar with the practice, while others believe that "screening for trauma is controversial" (Lewis et al., 2023, p.10). Additionally, in the case of social care organizations, some argue that it reduces the level of privacy in seeking mental health treatment (Choi et al., 2023).

From the service users', students', and inmates' perspectives, avoidance represents a significant challenge when it comes to successfully implementing TIC policies. Even though states pass bills/regulations that help increase trauma screening or introduce programs to educate residents on the impact of trauma, some individuals who have PTSD, for instance, maybe more reluctant to discuss past experiences with staff due to fear, shame, or stigma (Altheirmer, 2023).

Finally, another challenge to implementing trauma-informed care policies at a state level is money. There is a need for a vast amount of additional government spending to train healthcare providers, educators, and other professionals on how to effectively identify trauma survivors. Moreover, implementing trauma-informed care policies requires changes in organizational structures and practices, which represents additional costs. Additionally, there is also the current issue of polarized political parties in the US, so implementing new regulations can take longer if there is no bipartisanship. Therefore, without the proper amount of funds, it might be difficult for states to implement trauma-informed care policies successfully.

6.3.Financial responsibility:

Depending on the type of TIC bill/law passed at a state level, several actors could be involved in providing financial assistance for public organizations to implement trauma-informed services. For instance, if the states with no TIC policy pass a bill similar to California

ACE's Equity Act, the financial responsibility would fall onto commercial insurance companies to include free trauma screening coverage for everyone in their health insurance.

Second, suppose a state implements a TIC policy that requires all public organizations such as schools, social care, or criminal justice systems organizations to implement trauma-informed services. In that case, the financial responsibility can fall to the state and local governments and public organizations. For instance, if there is a level of collaboration between the state and the cities within the state, they can create trauma-informed care agencies whose primary purpose is educating other public institutions. For instance, the city of San Antonio, Texas, established a Trauma-Informed Care Certifying entity (TICC) with the scope of providing technical assistance and program training for other public organizations such as "education/Pre K12, early care and education/births, child foster care, mental/behavioral health, medical/hospital/clinic, justice system, local government, philanthropy, youth development/after school, faith-based sector/churches, and family support services" (San Antonio Metropolitan Health District, 2019, p. 2) to receive TIC certification.

The business plan to create the TICC was done over a 5-year period, with a total budget of approximately $4 million (San Antonio Metropolitan Health District, 2019). While in the first two years of the business plan, the budget was fully funded by the city of San Antonio, in the last three years of the program, part of the funds would be sustained by the city while the TICC entity would fund the other part through philanthropic support or grants from private institutions (San Antonio Metropolitan Health District, 2019). After the five-year business plan, the TICC entity will be responsible for certifying other organizations and working with other local governments across Bexar County to promote local TIC policies. Table 3 represents the estimated total certification fee for public organizations that want to become TIC certified, with a

total cost range between $30,000-$50,000. However, those costs do not include staff time, additional training, or physical organizational changes. Currently, the TICC entity starts running at the beginning of 2024. As of February 2024, the San Antonio Police Department and the City of San Antonio Metropolitan Health District are already receiving Level 1 Foundational Trauma Informed Care Organizational Certification (Alegria & Alvarez, 2024).

Thus, to ensure the best outcome when implementing TIC policies at a state level, where financial responsibility is concerned, there should be a level of collaboration between the state's government, local governments, and public organizations. At the same time, some private industries, such as Health insurance companies, would also play an essential role financially speaking if TIC policies are implemented at a state level.

Table 3: Estimated Total Certification Fee Structure

Service	Estimated Fee	Direct Staff Hours	Description
Certification	$25,000/organization	65	2 initial on-site training visits, a mid-year onsite follow-up visit, and a 2-day on-site certification visit as well as 25 hours of monthly consultation over 12 months
Learning Communities	$10,000	128	3 on-site visits by the Consultants to the organization seeking certification and phone or web-based learning community meetings
Online Learning/ Webinars	$100-$400/attendee	Undetermined	The cost will be determined by session length and if continued education credits are included
On-Site Training	$300/hour	4-8 hours	On-site introductory staff trainings on topics such as trauma, ACEs, resilience, secondary traumatic stress, and TIC

Note. Taken from the *San Antonio Metropolitan Health District* (May 2019, p.30)

6.4.Loopholes:

Like any regulation, some loopholes impact how TIC is implemented at a state level. Some states argue that implementing trauma-informed care at a state level would be too expensive. Since TIC requires a long-term plan to succeed, some states rely on the excuse that there is no additional funding to promote TIC services especially since there are not enough cost-benefit analysis studies to show how much funds other states use for their TIC policies and whether they had any positive impact. At the same time, other state governors argue that the emphasis on safety and avoiding triggers in trauma-informed care could lead to an overly sensitive and coddled society.

When it comes to public policies at a state level, the private sector or business lobby plays a crucial role in determining whether a law would pass in the government or not. One of the main reasons the private sector has such a considerable influence over a state's public policy is due to their financial contributions, "most notably to election campaigns or political committee that support a given candidate" (Strickland, 2018). The financial support to a political party/candidate increases the influence of private businesses' future bills, especially if the candidate they endorsed is the winner. Thus, if the private companies do not see any benefit in implementing trauma-informed care policies at a state level, they can use lobbying efforts to influence the final decisions.

Besides financial contributions, the private sector uses the lobbying industry as another strategy to shape public policy. Currently, in the US, the private sector uses the lobbying industry to influence government officials' decisions in legislation, not in the favor of the population but for their interests (Strickland, 2018). Therefore, having trauma-informed policies that would require private health insurance companies to provide additional services without increasing

individuals' price of the insurance coverage could result in the company cutting their financial contribution towards the current political party/candidate, and as a consequence, state governors would not pass a TIC regulation in their state if they are supported by insurance companies.

7. Section 7: Solutions

Since there are insufficient studies to identify the exact amount of funds states invested in the policies they implemented for trauma-informed care, some solutions can still be considered. Overall, implementing trauma-informed care policies at the state level is still going to be cheaper than the costs governments and individuals spend on child maltreatment and mental illnesses. Therefore, here are some proposed solutions on how states can enact trauma-informed care regulations.

First, one proposed solution is for states to follow Delaware's five-year Trauma-Informed State Action Plan. The primary purpose of this plan was to provide the tools state departments need to implement trauma-informed care. In October 2018, Executive Order 24 was signed by Governor Carney to Delaware Trauma-Informed State at the recommendation of the Family Services Cabinet Council, which was also one of the main actors overlooking the project. During the first year of the action plan, some of the core actions were to create the Delaware Developmental Framework for Trauma-Informed Care to provide the necessary guidance for state agencies to implement TIC (Family Services Cabinet Council, 2024, p.3) and to train all Family Services Cabinet Council members "and their leadership teams on the impact of childhood trauma, and the foundational Trauma-Informed Care Principles" (Family Services Cabinet Council, 2024, p.3).

Following the training of the Family Service Cabinet Council members, the working group's main tasks were to educate state employees and the community on "the impact of exposure to ACEs, to promote ACE awareness, and to improve services" (Stevens, 2018) for children and families who suffered from a traumatic experience.

Thus, Table 4 represents some of Delaware's state departments' objectives throughout the five-year action plan and the results, which show why other states should follow Delaware's Trauma-Informed Care Action Plan. Looking over Table 4, some shared successes that every department managed to achieve were training all their agency staff in trauma awareness or creating a TIC curriculum for every staff member. Additionally, depending on the main priorities of each department, some of them also managed to provide TIC training for all employees, such as the Department of Services for Children, Youth, and their Families or the Department of Health and Social Services. In contrast, others created wellness programs for staff, trained workers in different calming techniques, or provided mandatory TIC training for new employees. Finally, some departments, such as the Department of Education, managed to facilitate different TIC training programs for other communities, such as after-school communities or partner communities, to educate them on trauma-informed care so it could be implemented in their organizations, too.

While the primary purpose of the Executive Order was to provide the necessary tools for state departments to receive trauma-informed care teachings, communities across Delaware also benefited from making TIC a statewide initiative. For instance, the Department of Education, following the implementation of TIC across the entire department, managed to implement Project THRIVE, a program that provides free mental health services for all students from Delaware struggling from traumatic experiences (Delaware Department of Education, 2024).

Therefore, the first proposed solution for this case study is for other states to follow Delaware's Executive Order 24 trauma-informed action plan because it provides the necessary help to introduce TIC principles into all state departments. As a consequence, they could provide the necessary training for their respective organizations and improve the well-being of citizens.

Table 4: State Departments TIC Objectives and Results

	Objectives	Results
Department of Safety and Homeland Security	1. Provide staff with the necessary TIC training and resources to improve the physical and emotional safety 2. Increase the department's resource offerings to handle secondary traumatic stress 3. Expand the Wellness Program	1. 100% of agency staff trained in trauma-awareness 2. Implemented a wellness app 3. Provided a Resilience Training program 4.Implemented a Wellness program run by Peer Support members 4. Agency leadership trained in trauma-sensitivity 5. Agency leadership engaged in state-wide trauma awareness training
Department of Services for Children, Youth, and their Families	1. Create a universal TIC language 2. Create a Culture of Caring model 3. Provide TIC training and webinars 4. Open communication across all levels 5. Engage in state TIC groups/initiatives	1. All new staff receive TIC training 2. Workforce wellness and satisfaction improved 3. Partnerships are leveraged to support trauma informed 4. Created a TIC Curriculum 5. Leadership engaged in state-wide trauma awareness training 6. Facilitated 48 TIC training sessions 7. 4 community agency train-the-trainer sessions were held
Department of Health and Social Services	1. Manage training for all staff in all levels of TIC training 2. Engage in state TIC groups/initiative 3. Continue to have a trauma-informed leadership support	1. 100% staff trained in trauma awareness 2. All staff receive TIC training 3. Created a TIC Curriculum 4. Agency leadership engaged in state-wide trauma awareness training 6. Each division has a Trauma Informed Strategic Plan
Department of Labor	1.Ensure all employees are trauma-informed trained 2. Promote sell-care and self-awareness 3. Share external training	1.Created a TIC Curriculum 2. Agency leadership engaged in state-wide trauma-awareness training 3. 100% staff trained in trauma awareness 4.Open-communication, and transparency 5.Flexible work schedule
Delaware State Housing Authority	1.TIC training during onboarding 2. Create a TIC manual for all employees 3.Provide training for all employees	1.Created a TIC Curriculum 2. Agency leadership engaged in state-wide trauma-awareness training 3. Hybrid work model 4. Hired a specialist to provide TIC trainings
Department of Education	1.Invest in capacity building 2. Train non-staff employees TIC principles (bus drivers, clerical staff) 3. Provide self-care trainings	1.100% of staff trained in trauma awareness 2. Agency leadership engaged in state-wide trauma-awareness training 3. Created a TIC Curriculum 4. Created a database percentage of schools participating in TIC trainings 4. Helps implement TIC in schools 5.Trained over 145 after-school communities and 826 community partners 6. Trained 11,123 Delaware educators the TIC principles
Department of Correction	1. Animal Assisted Therapy program for all employees	1.Created a TIC Curriculum 2.Agency leadership engaged in state-wide trauma-awareness training 3. Internal trauma-informed resources website

	2.. Improve employee well-being by providing better benefits (higher hiring bonus, and starting salaries) 3. Improve work-life balance 4. Create Wellness programs 5. Create a Trauma, Addiction, Mental Health and Recovery program for prisoners	4. TIC training for all new employees 5.Mandatory trauma-informed awareness training for all employees (more than 11,000 did the training)
Department of Human Resources	1.Continue reviewing statewide policies 2. Improve the physical environment 3. Include TIC activities and wellness activities 4. Develop a TIC toolkit for employees	1. Created a TIC Curriculum 2. Agency leadership engaged in state-wide trauma-awareness training 3. TIC is incorporated into the statewide policies, procedures, practices 4.Created a TIC language (Standards of Conduct Policy) 4. Trained 15,500 employees in TIC 5. Improved the Behavioral Health/Emotional Wellbeing website

Note: The information was taken from Family Service Council Cabinet (2021) *Trauma-Informed Delaware State Progress and Action Plan 2019-2020* and Family Service Council Cabinet (2024) *2023 Delaware's Journey to Hope: Our Five-Year Commitment to Trauma-Informed Care*

Second, states can work with local governments to create a Trauma-Informed Care Certifying agency whose primary purpose is to provide the necessary training, workshops, and recommendations for public organizations such as hospitals, schools, police departments, and jails to get certified as trauma-informed care institutions. For example, states could follow San Antonio's business plan to establish the agency. The five-year plan included an anticipated cost of around $4 million. However, one different solution for this case study would be for the state government to work side-by-side with the city governments. Most states in the US are divided into counties, so one proposed solution would be to create a trauma-informed care certification agency for each county within the state, but part of the budget to be sustained by state's government grants and the other part by local governments across the counties.

While there is no state that has collaborated with local governments to create a trauma-informed care agency, this could be a future plan through the help of subsidiary grants or discretionary/non-discretionary funding. For instance, in 2022, Massachusetts subsidized a community funded project in Worcester. The state provided $430,000 in funds to help the city establish Veteran Access On Demand (Vet-AOD) project; a plan that provides the necessary help

to treat veterans, military service members and their families for mental illness or substance use disorder, create a supportive environment, and vocational services (SAMHSA, 2023). Thus, the proposed solutions for future plans is for local governments to implement their trauma-informed plans with help of grants from state governments.

A third proposed trauma-informed policy solution would be for states to require commercial and private insurance to include trauma-informed screening assessments such as ACEs screenings each year plus an annual mental health assessment and wellness visit at no extra cost for the insured, similar with the laws passed in Illinois and California. The proposed plan includes an examination for mental health illness, ACE testing, and a meeting with a professional. There are several benefits to including the proposed solution, such as providing an opportunity for low-income individuals to get tested for a mental health illness, especially since they are "1.5 to 3 times more likely than the rich to experience depression or anxiety" (Ridley et al., 2020, p.1). Addressing early signs of mental illness can help reduce the percentage of untreated mental illnesses but also improve the well-being of people and reduce the chances of developing a severe mental illness.

However, one drawback of the proposed solution is whether state leaders and their political parties are financially supported by insurance companies or how much influence they have over state policies. Since the additional financial costs would fall on insurance companies' shoulders, they might contest the new idea or not continue to endorse the candidate.

When it comes to jail/penitentiaries/juvenile system, one TIC policy solution to relieve additional financial costs of inmates' families would be to reduce the costs of phone calls and allow for more family visits or introduce conjugal visits. Currently, for incarcerated people in state prisons, there are only four states in the US who allow conjugal visits (California,

Connecticut, Washington, and New York), while on average inmates in jails have 3-4 family visits per months (England, 2024). However, increasing the number of in-person visits has been highly beneficial for several reasons. Firstly, more in-person visits mean fewer phone calls between inmate's families and the jails/penitentiaries, resulting in lower costs for the families. Second, in-person visits improve the morale and well-being of the prisoners resulting in 13% fewer chances of felony re-conviction and 25% fewer chances of a technical violation of probation or parole (Wang, 2021).

Currently, some states have similar policies such as Massachusetts's S.2371 which mandates that all jail in the state allows for "at least two in-person visits per week and prohibits jails from replacing in-person visits with video calls" (Prison Policy Initiative, n.d.), or Illinois's HB2738 (Protect Prison Visits Bills) which bans the substitution of in-person calls with video calls.

Implementing a policy requiring a minimum number of in-person visits for all incarcerated people not only does not require additional costs the government has to fund, but it also provides some financial benefit in the long run since the practice has been shown to reduce the chances of an individual getting re-convicted, and families do not additional costs by calling the institutions. At the same time, reducing the population of incarcerated people also provides some financial relief for American taxpayers.

8. Section 8: Conclusion

In conclusion, implementing TIC policies at a state level in the US is crucial because of the high rates of individuals experiencing trauma in their lives, plus the high percentage of adults and youths having mental illness. Trauma-informed policies are beneficial across all public

institutions because they help raise the level of awareness in communities on the impact trauma has on people's mental development.

Regarding social care and first responders organizations, TIC policies are beneficial because they help reduce additional costs caused by old practices, such as seclusions or restraints while improving the mental well-being of service users. Additionally, stakeholders feel less stigmatized by the service providers because they understand the impact of trauma on a person's life. Second, TIC policies help reduce physical violence in inpatient institutions, which increases the well-being of staff members. Finally, when it comes to healthcare organizations, receiving TIC training and having a TIC organization helps in reducing stress and burnout while increasing productivity, engagement, and energy because of the trust and transparency relationship between the manager and the staff.

TIC policies are beneficial in schools because they reduce the rates of corporal punishment, which can severely impact a child's mental development. Studies analyzing school districts that implemented TIC values have observed reduced chronic absenteeism rates in kindergartens, primary schools, and high schools. Finally, other schools that implemented TIC policies saw decreased physical violence, increased safety, and improved academic achievements among students.

Concerning jails, penitentiaries, or juveniles, TIC policies have been shown to improve safety by reducing physical violence or misconduct. Moreover, trauma-informed care approaches help reduce the chances of a person getting reincarcerated because of the treatment, education, and vocational training received through TIC. Finally, TIC approaches help incarcerated people acknowledge the impact of trauma on their lives, which further helps to reduce the chances of recidivism.

By looking over the states that implemented TIC regulations (California, Texas, and Illinois), some positive results can be observed: individuals feel less stigmatized from testing for a mental illness and have the opportunity to get tested without paying to provide additional help for low-income people, social care providers receive proper training which is beneficial in better understanding people's reactions during sessions, and finally, within schools, it promotes a safer environment for both youth and staff.

Finally, the case study looks into some solutions for what type of policies states can enact, including following Delaware's Executive Order 24 to provide their state with trauma-informed care. The proposed solutions aim to make each state department trauma-informed care by training all their staff and leadership team to provide the necessary tools for all public institutions across the state to become trauma-informed certified.

An additional proposed solution is for local governments to create Trauma-Informed Care Certifying Agencies with the help of funds subsidized by state governments. Even though there is no actual solution now, some studies show how state governments provided additional grants to local governments to implement projects related to improving residents' mental well-being.

Other proposed solutions would be to require commercial and private insurance companies to provide free annual mental assessments, ACE screening, and a one-on-one meeting with a specialist to better identify early signs of trauma or mental illness. When it comes to the criminal justice system, one proposed solution would be to increase the number of in-person visits or allow conjugal visits for incarcerated people in state penitentiaries.

Finally, one of the main limitations in this case study was the need for more financial costs or cost-benefit analysis plans done by the organizations or states that implemented TIC

policies. Future research could investigate the financial costs of post- and pre-TIC training to

identify whether trauma-informed care benefits an organization financially.

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