

## **A GUIDE TO TRAUMA-INFORMED ADVOCACY** **Organize First, Educate Second, Advocate Third**



### **INTRODUCTION AND PURPOSE**

In recent years there has been an explosion in the number and diversity of trauma-informed and resilience-building programs across the country. The current science of trauma and resilience is strong enough to warrant the widespread development of public policies and programs designed to reduce exposure to potentially traumatic events, provide support to at-risk individuals and groups, and make trauma-specific interventions available for those who have been affected.

However, most governmental policymakers, including the United States Congress and the Executive Branch, are less than fully knowledgeable about the science of trauma or about effective programs. As a result, Federal programs continue to pour resources into treating the symptoms of trauma rather than preventing or treating the underlying trauma. In addition, while the problems these programs are seeking to address all share a common underlying cause, programs continue to operate in silos, making it difficult for communities to develop and implement comprehensive trauma-informed initiatives.

For this situation to change, trauma advocates across the country need to organize in order to educate their elected officials and advocate for legislation to bring federal and state programs into line with the science of trauma and resilience. This manual is designed to provide basic information to help in these efforts. It provides background on how Congress operates, describes ways to organize for effective advocacy, and sets out a structured approach for educating and advocating with your Congressional delegation.

Education and advocacy are also needed at tribal, state, county, and municipal levels. The basic approaches set out in the paper can also be used to impact these levels of government, although they may need to be tailored for specific circumstances.

# THE BASICS

## HOW CONGRESS WORKS

Congress has the ultimate authority to set policy for existing programs and to create and structure new programs. Systemic changes needed to make Federal programs trauma-informed must start with Congress.

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## THERE ARE TWO KINDS OF STAFF IN CONGRESS

### A member's personal staff . . .

- Work in the Washington office or in their state or district office,
- Local staff are generally responsible for addressing constituent concerns, forwarding information to the DC office
- Each staff person in the Washington office is responsible for providing advice to the Senator or Congressperson about relevant legislation in a particular substantive area (e.g., health, law enforcement, or foreign affairs).

### Committee staff . . . .

- Work for a particular committee or subcommittee – for example, the Senate Health Education Labor and Pensions (HELP) Committee or the House Subcommittee on Interior Appropriations.
- Work either for the Committee Chair (from the majority party) or the Ranking Minority (senior member on the Committee from the other party).
- Are knowledgeable about programs and issues under their Committee's jurisdiction.
- Theoretically work for all the majority or minority members of the Committee or subcommittee, but see themselves working for the Chair or Ranking Minority.
- Help the Committee Chair decide which bills (of the hundreds introduced each year falling under that Committee's jurisdiction) should be put on the Committee's agenda of bills to move through the process, which generally involves holding hearings and then presenting the bill to the Committee for a vote.

## THERE ARE TWO KINDS OF COMMITTEES

### Authorizing committees . . .

- Process legislation authorizing or revising programs in areas under their jurisdiction (e.g., legislation involving health, education and welfare go through the HELP Committee).
- Any Senator or Congressperson may introduce legislation, but for it to "move", the chair of the authorizing committee must agree to put it up for a vote and then, if it passes, send it to the full House or Senate for a vote. The voting at the Committee level is often called a "mark-up" because before voting, members of the Committee often present amendments to the original bill that are voted on by the Committee, so that the original bill is marked up with these changes before a final vote.

- Amendments are rarely approved without support from the chair, and most commonly are agreed to before the Committee meets to vote.

### **Appropriations Committees . . . .**

- Pass appropriations bills making funding available for programs the authorizing committees have created.
- The House and Senate each have Full Appropriations Committees
- Each Appropriations Committee has subcommittees for each major area of Federal involvement (e.g., the Appropriations Subcommittee on Labor, Health and Human Services and Education is responsible for determining how much money will be made available for Federal programs in the Departments of Labor, Health and Human Services, and Education).
- Appropriations bills for each subcommittee are drafted by subcommittee chairs and their staff (sometimes with input from the Ranking Minority), which give the chairs tremendous power to determine program funding.
- Appropriations Subcommittee chairs also determine what goes into the Report accompanying the appropriations bill (see below).

## **THERE ARE FOUR DIFFERENT WAYS CONGRESS CAN MAKE CHANGE IN FEDERAL PROGRAMS AND POLICIES**

### **Authorizing legislation . . .**

- The most common way to create or revise federal programs is for Congress to pass an authorizing bill. Authorizing legislation must be introduced by one or more members, considered and voted on (“marked up”) by the authorizing committee(s), and sent to the floor for a vote by the full House and Senate. If passed by both Houses, the bill must be signed by the President.
- Each step is fraught with barriers. For example, if a bill is introduced only by members of the minority party, the authorizing committee chair is unlikely to bring it up for a vote.
- Even if a bill gets through the relevant committee, if the Senate or House leadership does not like the bill, they will not put it on the calendar for a vote by the full body. On the other hand, if they support a bill, they have the ability to motivate the committee chair to move it forward quickly.
- If the program requires funding, the authorizing bill will authorize a certain amount of appropriations for the program. Generally, the amount of funding authorized is treated as the maximum that the appropriations committee may appropriate.
- Funds will not be available until the appropriations committee actually appropriates funding. Usually the amount actually appropriated is less than the authorized amount.

### **Appropriations legislation . . .**

- Theoretically, every year Congress approves an appropriations bill reported out by each Appropriations subcommittee, approved by the full Appropriations Committee and then the full House or Senate.
- While appropriations bills are not supposed to be used to authorize new programs,

in fact they are commonly used for that purpose, particularly when Congress is so deadlocked that it is virtually impossible to get an authorization bill passed.

- When Congressional deadlock makes it difficult or impossible to pass individual appropriations bills, a continuing resolution may be used to enable government to continue to operate. The continuing resolution puts individual appropriations bills developed by subcommittees but that may or may not have been approved by the full Senate or House into a single Omnibus Appropriations bill, developed primarily by Senate and House leadership in a back room, and then submitted to the full House and Senate for a single up and down vote.
- Even if Congress ends up lumping all appropriations bills into an Omnibus bill, it is possible to get some authorizing provisions into it, so long as there is support from the leadership of both parties.

### **Appropriations Bill Report Language . . .**

- Every bill approved by a committee or subcommittee is accompanied by a “report” which contains more narrative discussion than does the bill itself. Report language explains what is in the bill and the reasons the committee included various provisions.
- For appropriations bills, the report contains paragraphs explaining why the subcommittee added or reduced funding for a program. It also often contains directions to the agency receiving the funding, setting out actions for the agency to take.
- Those directions are not legally binding, and agencies sometimes ignore them. However, report language offers another way to send a signal to a Federal agencies to implement specified trauma-informed initiatives.

### **Non-legislative actions . . .**

- Members of Congress often direct letters to the Secretary of a Department requesting that he or she take a certain action. These letters are not binding, but may help to raise an issue to the Secretary’s attention.
- Letters tend to be more effective if signed by a number of Senators or Congresspersons from both parties, particularly the party in control of the White House.

### **PUTTING IT ALL TOGETHER**

Effective advocacy requires learning how and when to use the various mechanisms and, as important, when not to. For example, sometimes it is strategic to advocate for a bill that you know has no chance of passage because it provides an opportunity to educate members of Congress about an issue, laying the foundation for future efforts. To lobby effectively you need to know how to use all four strategies. If one route, such as authorizing legislation, is not available, you try to find a way to use one of the other routes to accomplish your objective, such as getting your provision inserted into an appropriations bill.

### **POINTS TO REMEMBER**

Achieving policy changes involves much more than just paying a visit to your Senator’s office. It requires building trusting relationships with the policymakers and their staff, a long-term effort that is unlikely to produce dramatic accomplishment quickly. Every day the halls of Congress are full of lobbyists going from office to office advocating for their interests. However, policymakers rarely take **major** actions on recommendations brought to them by people they do not have some experience with. Effective lobbying means developing relationships with policymakers and their staffs so that over time they view you as part of

their team, someone they can trust, someone who has their interests at heart - a resource that can help them accomplish their goals. Members and staff often try you out on small matters to see if your information is reliable and if you will stick with them. As you engage with them over time, they will trust you more and be willing to act on your larger requests and advice. You are in a unique position to develop such relationships because you represent a coalition composed of large and small institutions located in the Senator or Congressperson's district or state and therefore are usually welcome in the door.

## **THE THREE ELEMENTS OF A SUCCESSFUL LEGISLATIVE STRATEGY ORGANIZE, EDUCATE AND ADVOCATE**

### **ORGANIZE**

Coalitions composed of different trauma-informed programs in your state, region or city are most effective. The best lobbying is done by a well-organized, committed and well-connected group that represents diverse constituencies and interests from the official's state or district- health, social welfare, business, education, law enforcement, etc. Broad-based trauma-informed coalitions already exist in many states, counties, tribes and municipalities. [ACEsconnection](#) (a social networking site for trauma-informed individuals and groups) is a good place to start if you are trying to locate a coalition in your area. Many coalitions are formed to improve local service delivery, but they can be effective advocates if they are willing to take on this additional task. The Campaign for Trauma Informed Policy and Practice can also assist you begin your organizing effort and then can direct you to expert consultants to move the development to the next stages. ([www.ctipp.org](http://www.ctipp.org))

If a coalition like this does not exist, you might want to organize one. Quantity is less important than diversity when organizing such a coalition. The more diverse the membership, both in regard to political affiliation and areas of trauma-informed programs involved, the better. Diversity increases the coalition's ability to help your Congressional delegation understand the broad range of benefits trauma-informed programs can produce, and it increases the weight the coalition will carry with your delegation.

It is unlikely that ordinary constituents will ever get face-to-face time with elected officials. If you ask for a meeting they will hand it off to staff. The ones who get meetings tend to be large contributors to their election campaign, elected officials in their state, such as mayors, and people they know from their previous life. You should therefore try to get people in one or more of these categories as part of your coalition.

There is no need to create a formally incorporated organization; a loose association will work. However, it is essential that there is leadership and an organization that serves as the anchor or platform for the coalition, taking on responsibility for disseminating information to the other members of the coalition.

Your coalition can informally affiliate with CTIPP (see sidebar) and have access to the information about what is happening in regard to trauma policy in Washington that CTIPP's policy committee is able to acquire and

## **CTIPP-CAN**

The CTIPP Community Advocacy Network combines the ability of local coalitions to educate and advocate with their Congressional delegation with CTIPP's Washington presence.

CTIPP will keep members informed about DC policy activities through monthly conference calls and will educate and advocate on the Hill.

Members will generate ideas for policy reform based on their experience in the field, and will conduct educational and advocacy activities with their Congressional, state and local elected officials.

Membership is open to any local trauma-informed coalition willing to partner with CTIPP. For further information, contact Dan Press at [dsp@vnf.com](mailto:dsp@vnf.com)

disseminate. Or it can be a completely independent body. Either way, we request that you keep CTIPP informed about your activities and contacts with your Congressional delegation. The long-term goal is to have a coalition in every state that is formally or informally connected to CTIPP that can advocate with their Congressional delegation whenever trauma-informed legislation is under consideration.

## **EDUCATE**

There are five elements to the education component:

- (1) Educating *yourselves* about your Congressional delegation
- (2) Educating your Senators and Congresspersons' *local staff in their offices in the state or district,*
- (3) Educating your Congressional *delegation's personal staff in Washington,*
- (4) Educating *staff of the relevant committees,* whether or not one of your members is on that committee, and
- (5) Educating *your Senators and Congresspersons.*

In general, the most effective strategy for education people about trauma is to begin with the science, providing brief descriptions of the ACE study and other research on prevalence and impact, the neuroscience of how trauma causes changes in the brain and in the stress response system, and the role of epigenetics in passing trauma between generations. When dealing with your Congressional delegation and their staff, you may luck out and find a person that is already knowledgeable about the ACE study, trauma, and trauma-informed programs. But more likely, you will be educating them from scratch. The science is so powerful that listeners realizes they are not just hearing another empty claim, but one that is supported by the evidence. The science can be followed by descriptions of trauma-informed programs in the State or District. Whenever possible, use personal stories to illustrate how the trauma-informed program made a difference in a person's life. Personal stories stay in people's minds long after statistics have faded.

### **Educate yourself about your congressional delegation . . .**

- While each Senator has one vote, they are not all equal. Take the time to learn which committees and subcommittees your Senators and Congresspersons sit on, chair, or serve as ranking minority for.
- If members of your delegation sit on committees that have jurisdiction over relevant issues - such as health, welfare, education or law enforcement - or over the funding of agencies that operate programs in those areas, those members should be your first priority.
- If they chair or sit as ranking minority for one of those committees, or serve in their party's leadership, their importance is even greater.
- It is also important if one of your Senators sits but does not have a leadership position on a relevant committee or subcommittee, since he or she has the ability to propose

### ***A story can make a difference . . .***

When Judge Daniel Michael from Memphis spoke at a Senate staff briefing on trauma, he described two youthful offenders who came before his court for committing violent crimes. One agreed to receive trauma-informed therapy, was released on parole in a few years, and is now an A student at a Memphis college. The other was treated in the usual way violent criminals are treated, was released after his sentence was up, committed additional offenses and is now serving a 50 year prison term. Months later, people were still talking about this story.

trauma-informed amendments to a bill that is moving in that committee. At the end of this paper is a list of the key Senate and House Committees and subcommittees and the members of each.

- In addition, there are certain Senators or Congresspersons who may not sit on one of the key committees but are known to be influential because of their seniority, leadership role, or particularly for Republicans, are known to have strong interests in social and health issues, such as Senator Murkowski from Alaska and Senator Caputo from West Virginia, and therefore can join with Democrats to push provisions through that might not have general Republican support.
- Finally, learn about your Members' areas of interest. It could be an issue directly relevant to trauma-informed programs, such as mental health or early childhood education, or it could be something largely unrelated. To the extent possible, when making a presentation to the official or their staff, relate the discussion of trauma-informed programs to their area of interest to the extent possible.

### **Educate your Senator or Congressperson's local staff . . .**

Often the best way to start the education process is to meet with Members' local staff. A Senator will have multiple offices throughout the state; a Congressperson will have one or a few in his or her district. You can find contact information for local offices on the Member's webpage. Take advantage of the following:

- Local staff are tuned in to what is happening in the State or district
- They have more time to spend with you than DC staff
- They can visit your facility or attend a local event
- To some extent, they can control the Member's schedule when he or she is home, opening up the possibility of getting time with the Member
- They have direct lines to the Member's DC staff, so information relevant to something going on in D.C. will be quickly transmitted;
- They can help you set up meetings with the Member's DC staff

The first step is getting a meeting with local staff at the office nearest you, which just involves calling that office and asking for the staffer responsible for health, education and welfare. If someone in your coalition already knows a local staffer, use that connection. Come to the meeting with material on local programs along with general material on the ACE study and the neuroscience. After the first meeting, further develop the relationship by inviting the staffer to an activity at one of the facilities that is part of your coalition.

Your "asks" of the local staffer can include:

- Forwarding information you provide to the appropriate staffers in the D.C. office;
- Asking that they set up a meeting with the D.C. staffers;
- Asking that they put you on the elected official's calendar when he or she is home during a Congressional recess. This can be a meeting or having the elected official attend an event where he or she gets to speak.
- A growing number of Members will bring their entire D.C. staff back to their State or District during one of the Congressional recesses. Ask to present to the entire staff when they are home or even better, if their time permits, arrange for a tour of a facility that will give them a hands-on sense of what trauma-informed means in action.

## **Educate your members' Washington D.C. personal office staff . . .**

If the official is not chair or ranking minority on a committee that addresses some aspect of trauma, it is the personal staffers responsible for health, education, social programs, justice programs, and other trauma-related subjects who will be advising their boss about trauma-informed legislation - whether to support it, to endorse it, and/or vote for it. If you will be sending a delegation to Washington, it should not be difficult for constituents to schedule a meeting with the personal staffer(s) responsible for the trauma-related areas. Steps to take include:

- Find the areas of responsibility of various staff on the Member's website.
- Call the Senator or Congressperson's office, ask for the staffer, explain what you want to meet about, making it clear that you represent a coalition from the Member's State or District, and ask to set up a meeting. Some offices ask that you submit an email request for such meetings, with the email connection available on their webpage.
- If there is no pending legislation you will be asking the official to support, let the staffer know you do not have an "ask" but just want to let them know about some innovative programs being run in their State to address problems in the staffer's area of responsibility.
- You will likely get just a half an hour for the meeting, so prepare a tight presentation. Give the staffer a two-pager with the most important information you are sharing, but carry additional information in your briefcase to bring out if the staffer indicates an interest in a particular subject.
- If you are asking for support for a specific piece of legislation, provide a summary of the bill. Do not expect a staffer to agree to endorse the bill at that meeting. He or she will need to run it by other staff and the Member. Call or email in a week or so to see what the status is.

## **Educate committee staff . . .**

It is critical that the staff of committees with responsibility over issues that relate to trauma-informed programs be educated about trauma. Particularly important are education, health, and mental health services (all under the Health Education, Labor and Pensions Committee in the Senate and the Energy and Commerce Committee in the House) and Medicare (under the Finance Committee in the Senate and the Ways and Means Committee in the House). If your Member is the Committee chair, it should not be a problem getting a meeting with the relevant staff on the Committee or subcommittee. If your Member serves on the Committee, ask the Member's staff to connect you with Committee staff - Republican staff if your Member is Republican, and Democratic committee staff (who work for the ranking minority member) if your Member is a Democrat. Even if your Member is not on the committee, staff generally will agree to meet with you if they are not tied up working on a particular bill.

- Find the staffers responsible for the issues you plan to cover on the Committee website.
- Be prepared: Committee staff ask hard questions. They hear from so many lobbyists pitching solutions to problems that they become skeptical of new ideas. They will ask for firm evidence that the trauma-informed approach you are advocating for has been shown to be effective.
- Hand out a two-pager with the most important information you are presenting. Also come with plenty of additional supporting material in your briefcase and be prepared to bring it out when appropriate.

## Educate your Senator or Congressperson . . .

It is CTIPP's experience that few Senators and Congresspersons have been exposed to the science of trauma or the success of trauma-informed programs. They have schedules that keep them running all day, with little time to engage in education. Many learn by sitting in on Congressional hearings, but there have been very few hearings on trauma-related subjects.

Before you can get your elected officials to introduce, support or endorse trauma-informed legislation, they need to be educated. Ideally you should provide this education *before* you appear before them asking for their support of trauma-informed legislation. However, getting time with a Member is difficult, so you may have to do both at once. A few suggestions:

- Try to catch your elected officials in their state or district during a Congressional recess. A particularly effective approach is to get them to tour a trauma-informed program, where they can see real people benefiting from the approach. You can fill them in on the science as you are touring the facility with them.
- Unless you have an "influential person" in your coalition (top donor, former colleague, etc.) the best way to get an elected official to take a tour is to begin with local staff, who can schedule events on the official's calendar.
- If you are able to get a meeting with the Senator or Congressperson at their DC office, it likely will be for a maximum of half an hour. Make sure you have a compact presentation that gets the important points across in the time you are allotted. State with a description of your coalition, letting him or her know you are representing a broad coalition from his or her state or district. Then mix general information about ACEs science with personal stories about ways trauma-informed approaches are making a difference in his state or district.
- If there is no specific bill you are advocating for, let the elected official know at the beginning that you do not have an "ask;" that you just want to let them know about the science of trauma and the exciting trauma-informed programs that have been developed in their state or district.
- Bring and leave behind a two-page summary of your major points. The two-pager should include a combination of hard data showing the success of the program and a few anecdotal examples. Elected officials often respond positively to real-life examples involving people in their state or district.

## ADVOCATE

Advocating comes into play when you are asking your elected official to either introduce a new bill containing trauma-informed provisions, support one that has already been introduced by another member, or in some cases, to amend a bill that has already been introduced by another member. If time permits, you will be able to educate during your first meetings with staff or Members and advocate at a subsequent one. Depending on the timing, however, it may be necessary to combine educating and advocating in a single meeting with staff or the Member. When advocating:

- Begin with a description of the breadth of your coalition. Let officials understand that support for trauma-informed approaches cuts across so many different areas - education, law enforcement, mental health, addiction, business, etc.
- Then describe the science, and move to the description of trauma-informed programs in the official's state or district.

- Briefly describe the bill you want the official to support, explaining how it would benefit his or her state or district.

## **POINTS TO REMEMBER**

As one would expect, there are various trauma-informed approaches as well as political factors driving different trauma advocacy groups. Different groups place different emphasis on individual-based services versus community-focused or prevention programs, so bills can tilt in one direction or the other. While it is well established that money spent on trauma-informed programs, particularly preventative ones, can save a great deal of money over time, the Congressional budgeting process does not take into account such future savings, so any new appropriations are treated as additional spending. Also, it is clear that federal dollars now spent on programs that address the symptoms of trauma, such as substance abuse or youth suicide, could be better spent on addressing the underlying cause. However, this is a difficult argument to win because each of those existing programs has its supporters in Congress and advocates on the outside. Hopefully, over time, as the positive effects of trauma-informed programs are better documented, the transition from funding programs that treat the symptoms to those that treat the cause will be feasible.

In the near future, it is unlikely that legislation will pass that contains large new funding programs to fund trauma-informed programs. However, enacting the first piece of trauma-informed legislation, even if it reflects many compromises and contains little funding, is critical. Once the legislative door is open, it can be built on over the years to obtain many of the objectives that were compromised away in the first bill.

There are a number of possible legislative provisions that could assist trauma-informed initiatives that do not require any new funding or just a small amount, such as:

- Provisions directing Federal agencies to develop and implement a comprehensive, integrated strategy to prevent and treat the underlying trauma or giving cities, states, tribes and other local entities the freedom to combine funding from different grant programs.
- Provisions directing federal agencies to come together to collect and disseminate best practices for preventing and treating the effects of childhood trauma;
- Provisions making it clear that trauma-informed prevention and treatment programs are eligible for reimbursement under such programs as Medicaid and CHIP, and are appropriate uses of grant funds under various existing federal health, social and law-enforcement grant programs.

As the pace of state actions pick up, CTIPP will circulate papers describing and analyzing the trauma-informed activities at the state level.

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