A BILL FOR AN ACT

RELATING TO TRAUMA-INFORMED CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that research over the last two decades in the fields of neuroscience, molecular 2 3 biology, public health, genomics, and epigenetics reveal that experiences in the first few years of life build changes into 4 the biology of the human body that, in turn, influence a 5 person's physical, mental, and spiritual health. Adverse 6 7 childhood experiences are traumatic experiences that occur during childhood, including physical, emotional, or sexual 8 abuse; physical and emotional neglect; household dysfunction, 9 10 including substance abuse, untreated mental illness, or 11 incarceration of a household member; domestic violence; and 12 separation or divorce involving household members. These experiences can have a profound effect on a child's developing 13 14 brain and body and, if not treated properly, can increase a person's risk for disease and other poor health conditions 15 16 through adulthood.

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The legislature further finds that early adverse childhood 1 experiences shape the physical architecture of a child's 2 3 developing brain and can prevent the development of a sturdy foundation for learning, quality health, and positive behavior. 4 Strong, frequent, or prolonged stress in childhood caused by 5 6 adverse childhood experiences can become toxic stress, impacting 7 the development of a child's fundamental brain architecture and 8 stress response systems. Early childhood education offers a 9 unique window of opportunity to prevent and heal the impacts of adverse childhood experiences and toxic stress on a child's 10 11 brain, body, and spirit. Research on toxic stress and adverse 12 childhood experiences indicates a growing public health crisis 13 for the State with implications for the State's educational, 14 juvenile justice, criminal justice, and public health systems. 15 The legislature also finds that neurobiological,

16 epigenetics, and physiological studies have shown that traumatic 17 experiences in childhood and adolescence can diminish 18 concentration, memory, and the organizational language abilities 19 students need to succeed in school, thereby negatively impacting 20 a student's academic performance, classroom behavior, and the 21 ability to form relationships. A critical factor in buffering

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1 children from the effects of toxic stress and adverse childhood experiences is the existence of supportive, stable relationships 2 between children and their families, caregivers, and other 3 4 important adults in their lives. Cultural practices that provide asset-based approaches involving the influence of a 5 stable non-relative adult can provide the resilience needed to 6 7 mitigate a child with high adverse childhood experiences. 8 Positively influencing the architecture of a child's developing 9 brain is more effective and less costly than attempting to 10 correct poor learning, health, and behaviors later in life.

11 The purpose of this Act is to establish a task force to 12 develop and make recommendations for trauma-informed care in the 13 State.

SECTION 2. (a) There is established within the department of health for administrative purposes a trauma-informed care task force. The task force shall consist of the following members or their designees:

18 (1) The director of health, or the director's designee,
19 who shall serve as the chairperson of the task force;
20 (2) The director of human services;

21 (3) The superintendent of education;

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1	(4)	The director of public safety;
2	(5)	The director of the executive office on early
3		learning;
4	(6)	A member of the judiciary;
5	(7)	A faculty member from the John A. Burns school of
6		medicine, department of native Hawaiian health;
7	(8)	The chief executive officer of Kamehameha Schools, who
8		shall be invited by the chairperson;
9	(9)	A member of the law enforcement community, who shall
10		be invited by the chairperson;
11	(10)	A member of the non-profit sector, who shall be
12		invited by the chairperson; and
13	(11)	A community member or non-profit representative from
14		the Compact of Free Association islander community,
15		who shall be invited by the chairperson.
16	(b)	The task force shall develop and make recommendations
17	for traum	a-informed care in the State. Specifically, the task
18	force sha	.11:
19	(1)	Create, develop, and adopt a statewide framework for
20		trauma-informed and responsive practice. The
21		framework shall include:



1	(A)	A clear definition of trauma-informed and
2		responsive practice;
3	(B)	Principles of trauma-informed and responsive care
4		that can apply to any school, health care
5		provider, law enforcement agency, community
6		organization, state agency, or other entity that
7		has contact with children or youth;
8	(C)	Clear examples of how individuals and
9		institutions can implement trauma-informed and
10		responsive practices across different domains,
11		including organizational leadership, workforce
12		development, policy and decision-making, and
13		evaluation;
14	(D)	Strategies for preventing and addressing
15		secondary traumatic stress for all professionals
16		and providers working with children and youth and
17		their families who have experienced trauma;
18	(E)	Recommendations to implement trauma-informed care
19		professional development and strategy
20		requirements in county and state contracts; and

1		(F) An implementation and sustainability plan,
2		consisting of an evaluation plan with suggested
3		metrics for assessing ongoing progress of the
4		<pre>framework;</pre>
5	(2)	Identify best practices, including those from native
6		Hawaiian cultural practices, with respect to children
7		and youth and their families, who have experienced or
8		are at risk of experiencing trauma;
9	(3)	Provide a trauma-informed care inventory and
10		assessment of public and private agencies and
11		departments;
12	(4)	Identify various cultural practices that build
13		wellness and resilience in communities;
14	(5)	Convene trauma-informed care practitioners so that
15		they may share research and strategies in helping
16		communities build wellness and resilience;
17	(6)	Seek ways in which federal funding can be used to
18		better coordinate and to improve the response to
19		families impacted by coronavirus disease 2019,
20		substance use disorders, domestic violence, poverty,
21		and other forms of trauma, including making



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1		recommendations for a government position that will
2		interface with federal agencies to seek and leverage
3		federal funding with county, state, and
4		philanthropical agencies; and
5	(7)	Coordinate data collection and funding streams to
6		support the efforts of the interagency task force.
7	(c)	The task force shall submit a report of its findings
8	and recom	mendations, including any proposed legislation, to the
9	legislatu	re no later than twenty days prior to the convening of
10	the regul	ar session of 2024.
11	(d)	The task force shall cease to exist on July 1, 2024.
12	SECT	ION 3. This Act shall take effect upon its approval.



Report Title: Department of Health; Trauma-informed Care; Task Force

Description:

Establishes a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State. (SD1)

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