

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 28, 2021

TO: The Honorable Representative Sylvia Luke, Chair
House Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **HB 1322 HD1 – RELATING TO TRAUMA-INFORMED CARE.**

Hearing: March 2, 2021, 11:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure and notes per the testimony of the Department of Health, it aims to fund the program through available federal funds. The Committee on Health, Human Services, & Homelessness amended the measure by:

- (1) Amending the membership of the task force;
- (2) Requiring the task force develop an implementation and sustainability plan;
- (3) Changing the effective date to July 1, 2060, to encourage further discussion; and
- (4) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

PURPOSE: The purpose of this measure establishes a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State. Effective 7/1/2060. (HD1)

DHS will participate as a member of the trauma-informed task force. Creating a trauma-informed and responsive system requires "steady leadership and clear communications." A

2016 issue brief¹ from the Center for Health Care Strategies, Inc., remains relevant across sectors as it lays out strategies and key ingredients to implementing wide spread organizational change necessary to become a trauma-informed organization.

As the list of predictions of long term negative impacts of the pandemic grow, with particular concern of the impact on the mental health of children and youth, there is urgency for coordination and collaboration on a statewide, so children, families, and individuals receive appropriate support to build personal and community resiliency.

Thank you for the opportunity to testify on this measure.

¹ See, https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf



HB1322 HD1
RELATING TO TRAUMA-INFORMED CARE
Ke Kōmike Hale o ka ‘Oihana ‘Imi Kālā
House Committee on Finance

Malaki 2, 2021

11:00 a.m.

Lumi 308

The Office of Hawaiian Affairs (OHA) **SUPPORTS** HB1322 HD1, which would establish a trauma-informed care task force that will help the state address the long-term impacts of adverse childhood experiences by urging policies and programs that can prevent and mitigate these experiences, including through culturally grounded approaches and interventions.

Native Hawaiians are alarmingly overrepresented in a range of negative mental health associated statistics. For example, psychiatric disorders are more prevalent among Hawaiian youths, especially females, compared to other ethnicities.¹ OHA has long advocated for meaningful policies, including targeted and systemic actions necessary to address mental health associated disparities, to help reduce the health inequities of Native Hawaiians and to better protect and uplift the health and vitality of the Lāhui. Accordingly, OHA appreciates that the actions urged by this measure would help to implement social determinants of health-based policymaking that can address what may be root causes contributing to the mental health disparities seen in the Native Hawaiian community, by focusing on early childhood mental health impacts while also urging the use of culturally based preventative and intervention measures.

Notably, this measure may particularly facilitate the implementation of recommendations made over recent years to improve the well-being of Native Hawaiians. For example, in “Haumea: Transforming the Health of Native Hawaiian Women and Empowering Wāhine Well-Being,”² OHA specifically recommended interventions for our keiki in schools, by: (1) creating improved mental health screening, (2) addressing self-harm with gender-sensitive and grade-appropriate strategies for best practice in public schools, (3) working with trained professionals in mental and behavioral fields to ensure appropriate treatment and follow-up, (4) providing assessments of drug alcohol use disorders among adolescents, and (5) improving educational programs that

¹ See Naleen Andrade, et. al., *The National Center on Indigenous Hawaiian Behavioral Health Study of Prevalence of Psychiatric Disorders in Native Hawaiian Adolescents*, 45 J. OF THE AM. ACAD. OF CHILD & ADOLESCENT PSYCHIATRY 26 (2006).

² OFFICE OF HAWAIIAN AFFAIRS, HAUMEA—TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN WOMEN AND EMPOWERING WĀHINE WELL-BEING 19-25 (2018).

address the risks and consequences of substance abuse.³ In addition, it is well recognized that culturally based programs that utilize Native Hawaiian perspectives and methodologies can address or mitigate underlying risk factors for both mental and physical health. The Native Hawaiian Health Task Force, for example, has reported that “a strong positive Native Hawaiian identity and a supportive environment can help to mend the cross-generational transmission of cultural trauma and lessen the psychosocial and sociocultural stressors associated with chronic mental and physical diseases.”⁴ Furthermore, the Office of Hawaiian Education has provided additional data that enriches our understanding as to how the impacts of trauma may influence the school to prison pipeline, and of the importance of addressing such impacts as a means to mitigate the disproportionate impacts of the criminal justice system on the Native Hawaiian community.⁵

OHA recognizes that mental health programs and services that are aligned with Native Hawaiian cultural identity, values, and practices can have beneficial impacts on Native Hawaiian keiki and in strengthening the Lāhui as a whole. As such, OHA re-affirms its commitment to address these matters as part of the task force and applauds the recommendation that agencies integrate connection to land, cultural trauma, and other Native Hawaiian approaches into programs to build community wellness and maximize keiki resilience.

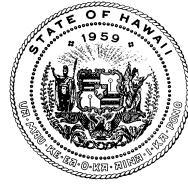
OHA commends the addition of appropriate and needed representation from the Department of Native Hawaiian Health and the Compact of Free Association community. OHA notes that the Committee may also wish to consider representation from the juvenile justice and criminal justice systems as relevant stakeholders in the task force’s work.

Accordingly, OHA urges the Committee to **PASS** HB1322 HD1. Mahalo nui for the opportunity to testify.

³ *Id.* at 25.

⁴ NATIVE HAWAIIAN HEALTH TASK FORCE, 2017 PRELIMINARY REPORT AND RECOMMENDATIONS 11 (2016)

⁵ OFFICE OF HAWAIIAN EDUCATION, PŪPŪKAHI I HOLOMUA: A STORY OF HAWAIIAN EDUCATION AND A THEORY OF CHANGE 24-25 (2020).



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB 1322 HD 1
RELATING TO TRAUMA-INFORMED CARE**

REPRESENTATIVE SYLVIA LUKE, CHAIR
REPRESENTATIVE TY J.K. CULLEN, VICE CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: 3/2/2021

Hearing Time: 11:00 am

1 **Department Position:** The Department of Health (“Department”) strongly SUPPORTS the bill
2 and offers the following amendments.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the
4 Department’s Behavioral Health Administration (BHA) whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the Department is committed to carrying
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
8 person-centered.

9 The Department acknowledges that years of research demonstrate the harmful effect
10 that adverse childhood events (ACES; abuse or dysfunction in childhood) have on health care
11 spending, health care utilization, poorly controlled chronic illness, obesity, substance use,
12 smoking, and other risk factors later in life.¹ Thus, the Department is committed to developing a
13 system of care that is trauma-informed: recognizing and responding to the impact of traumatic
14 stress on those who have contact with the system in ways that promote healing and avoid
15 retraumatization. This commitment involves infusing “trauma awareness, knowledge, and skills

¹ e.g., Hughes et al. (2017) The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*.

1 into organizational cultures, practices, and policies to create a climate of empathy and
2 respect.”²

3 Excitingly, other states³ have already begun to incorporate trauma-informed
4 approaches into health and human service systems of care. Such efforts have demonstrated
5 improvements in organizational culture, availability and uptake of evidence-based treatments,
6 use of trauma informed practices, and improvements in staff and caregiver knowledge and
7 attitudes.²

8 Locally, the Department is proud of its numerous efforts to infuse trauma-informed care
9 within current practice. This includes, but is not limited to:

- 10 1. Inclusion of a screener for ACES within initial mental health evaluations for
11 clients within the Child and Adolescent Mental Health Division (CAMHD);
- 12 2. A successful effort to minimize the use of seclusion and restraint in residential
13 treatment programs for adolescents in Hawaii;
- 14 3. Execution of a SAMHSA system of care grant project, supporting girls exposed to
15 trauma (Project Kealahou);
- 16 4. Implementation of the Trauma-Informed Care Initiative (TIC-IT) in the Adult
17 Mental Health Division (AMHD);
- 18 5. Development of routine staff, provider, and peer-specialist trainings on trauma-
19 informed practices;
- 20 6. Involvement in numerous trauma-informed care efforts throughout the system
21 of care and;

² U.S. Department of Health and Human Services. (2019). *Review of Trauma-Informed Initiatives at the Systems Level*. Retrieved from https://aspe.hhs.gov/system/files/pdf/262051/TI_Approaches_Research_Review.pdf

³ Missouri Department of Mental Health. (2019). *The Missouri Model: A Developmental Framework for Trauma-Informed Approaches*. Retrieved from <https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches>

1 7. Routine meetings with family court judges.

2 We also acknowledge that many other city, county, state, grass roots, and non-profit
3 entities have made significant progress in incorporating trauma-informed care into their work.
4 That said, more coordinated, strategic effort is needed to maximize resources and formally
5 institute practices statewide. This is particularly vital as a result of the recent trauma inflicted
6 by the COVID-19 pandemic and community exposure to social justice issues.

7 **Offered Amendments:** We strongly recommend the following amendments:

8 1. The task force shall submit a report to the legislature, no later than twenty days prior to
9 the convening of the regular session of 2024, rather than 2023. This will allow the
10 Department time to effectively gather stakeholders, develop full interagency
11 collaboration and consensus, provide cross-system education on trauma-informed work,
12 and develop a quality report. We anticipate that a sustainable interagency plan to
13 implement trauma-informed practices will take a significant amount of time to
14 effectively complete.

15 2. The task force shall cease to exist on July 1, 2024, rather than July 1, 2023.

16 Thank you for the opportunity to testify on this measure.

17 **Fiscal Implications:** The Department estimates that financial resources will be essential to
18 effectively lead the task force. Thus, we plan to draw on existing federal funding to finance this
19 effort.



STATE OF HAWAII
Executive Office on Early Learning
2759 South King Street
HONOLULU, HAWAII 96826

March 1, 2021

TO: Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair
House Committee on Finance

FROM: Lauren Moriguchi, Director
Executive Office on Early Learning

SUBJECT: Measure: H.B. No. 1322 H.D. 1 – RELATING TO TRAUMA-INFORMED CARE
Hearing Date: Tuesday March 2, 2021
Time: 11:00 am
Location: videoconference

Bill Description: Establishes a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State. Effective 7/1/2060. (HD1).

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support

Good Morning. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL supports H.B. No. 1322 H.D. 1 as it relates to the importance of addressing trauma-informed care and defers to the Department of Health.

EOEL is statutorily responsible for the development of the State's early childhood system that shall ensure a spectrum of high-quality development and learning opportunities for children throughout the state, from prenatal care until the time they enter kindergarten, with priority given to underserved or at-risk children.

Adverse childhood experiences (ACEs) are traumatic experiences that occur during childhood and include physical, emotional, or sexual abuse; neglect; household dysfunction such as substance use, or incarceration of a household member; domestic violence; and separation or divorce involving household members. ACEs impact lifelong health and learning opportunities and toxic stress from ACEs can change brain development and affect the physical body. Furthermore, according to the Centers for Disease Control and Prevention, ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood and can diminish concentration, memory, and language abilities students need to succeed in school, impacting academic success. **ACEs, however, can be prevented.**

Supportive, stable relationships between children and their families, caregivers, and other adults can buffer children from the detrimental effects of toxic stress and ACEs. The EOEL Public Prekindergarten Program targets our underserved and at-risk children – teachers must be equipped to support preschoolers and families living in difficult circumstances. If not, what may

result are increased instances of stress-induced behavior problems, inappropriate referrals to special education, and suspensions and expulsions.

As we work to increase access to quality early learning opportunities for our keiki, we must consider that every classroom should have a highly-qualified educator in it. A highly-qualified educator is one who can nurture our children with a trauma-informed lens.

When vulnerable children encounter teachers who are unprepared to support their developmental needs, these children who can benefit the most from early learning are rejected at an even earlier age and their families are left without options.

However, we have a severely limited workforce of qualified early childhood educators.

We would like to note that especially because the EOEL Public Pre-K Program targets our underserved and at-risk children, we work with the educators in the Program by arming them with the competencies to work with children who do not come from optimal backgrounds. We provide coaching and professional learning support through the Early Learning Academy and work with school leadership on staffing to best support preschoolers and families living in difficult circumstances. We also have a strong partnership with the University of Hawaii system to advance the critical work of building a pipeline of qualified early childhood educators for the state. Additionally, EOEL has worked with the Department of Health and other partners on community initiatives to support Trauma-Informed Care initiatives, such as the Trauma Training and Support with Dr. Sarah Enos Watamura.

Should the Department of Health convene a trauma-informed care task force, the EOEL is willing to continue our partnership and participate in the task force's efforts to develop a framework for trauma-informed and responsive practice.

Thank you for the opportunity to provide testimony on this bill.



HB1322 HD1 Trauma Informed Care Task Force

COMMITTEE ON FINANCE:

- Rep Sylvia Luke, Chair; Rep. Ty Cullen, Vice Chair
- Tuesday, Mar. 2 2021: 11:00: Videoconference

HSAC Supports HB1322 HD1:

ALOHACHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 substance use disorder and co-occurring mental health disorder treatment and prevention agencies.

RECOMMENDATION to add to Task Force

- **A Member of the Hawaii Substance Abuse Coalition**

Addressing trauma is considered part of effective behavioral health care strategy and an integral part of any healing and recovery process. While trauma is a common experience for adults and children, it is especially so for people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important.

- Trauma is very personal with the effects ranging from mild to very harsh. It can have lasting negative effects, yet for most people they have difficulties and experience traumatic stress reactions.
- A strong support system in place can help to have little or no lasting traumatic experiences as well help to build resilience. With help, trauma may not affect his or her mental health.

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (e.g., smoking, excessive alcohol use, and taking drugs), mental health conditions (e.g., depression, anxiety, or PTSD), and other risky behaviors (e.g., self-injury and risky sexual encounters) have been linked with traumatic experiences.

A task force is important because we can make a difference by addressing these behavioral health concerns that can present challenges in relationships, careers, and other aspects of life. A task force will help us to understand the nature and impact of trauma, and to explore healing. Trauma is harmful, and a costly public health concerns that we can not ignore.

We appreciate the opportunity to provide testimony and are available for questions.

HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 904 Honolulu, Hawaii 96813

Phone: (808) 489-9549

Web site: <http://www.hysn.org> E-mail: info@hysn.org

Carole Gruskin, President

Judith F. Clark, Executive Director

Bay Clinic

Big Brothers Big Sisters of Hawaii

Big Island Substance Abuse Council

Bobby Benson Center

Child and Family Service

Coalition for a Drug Free Hawaii

Collins Consulting, LLC

Domestic Violence Action Center

EPIC, Inc.

Family Programs Hawaii

Family Support Hawaii

Friends of the Children of West Hawaii

Friends of the Children's Justice Center of Maui

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Children's Action Network

Hawaii Health & Harm

Reduction Center

Ho'ola Na Pua

Kahi Mohala

Kokua Kalihi Valley

Kokua Ohana Aloha (KOA)

Maui Youth and Family Services

Na Pu'uwai Molokai Native

Hawaiian Health Care Systems

P.A.R.E.N.T.S., Inc.

Parents and Children Together (PACT)

PHOCUSED

PFLAG – Kona Big Island

Planned Parenthood of the Great Northwest and

Hawaiian Islands

Residential Youth Services & Empowerment (RYSE)

Salvation Army Family

Intervention Services

Sex Abuse Treatment Center

Susannah Wesley Community Center

The Catalyst Group

February 11, 2021

To: Representative Sylvia Luke, Chair,
And members of the Committee on Finance

Testimony in Support of HB 1322 HD 1 Relating to Trauma-Informed Care

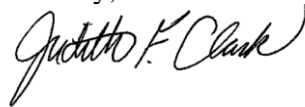
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports HB 1322 HD 1 Relating to Trauma-Informed Care.

In the past year, we have all experienced trauma related to the COVID-19 pandemic, economic devastation, educational disruption, political turmoil, violence, and more. Many of us are dealing with the grief of losing loved ones. Health and human service workers are experiencing secondary trauma as they try to meet the many needs in new ways.

Now, more than ever, we need to ensure that services to our children, youth, families, and elderly use a trauma-informed approach. We need to prevent exhaustion and burnout among our most critically needed service providers.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



david.miyashiro@hawaiikidscan.org
hawaiikidscan.org

David Miyashiro
Executive Director

March 2, 2021

Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

State Capitol
415 South Beretania Street
Honolulu, HI 96813

Aloha Chair Luke, Vice Chair Cullen, and Members of the Committee,

HawaiiKidsCAN **strongly supports HB1322 HD1**, which establishes a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State.

Founded in 2017, HawaiiKidsCAN is a local nonprofit organization committed to ensuring that Hawaii has an excellent and equitable education system that reflects the true voices of our communities and, in turn, has a transformational impact on our children and our state. We strongly believe that all students should have access to excellent educational opportunities, regardless of family income levels and circumstances.

Adverse Childhood Experiences (ACEs) – which include factors such as abuse, neglect and other traumatic experiences – have a potentially long-lasting effect on children’s cognitive functioning and physical, social, emotional, mental and spiritual well-being. Research shows that most adults, regardless of their background, have experienced at least one ACE in their own childhood, and more than a tenth have a total ACE score of 4—a score which doubles their risk of heart disease and cancer, increases their odds of becoming an alcoholic by 700%, and their risk of attempted suicide by 1,200%.

Experts have warned that children are likely to be experiencing much higher levels of trauma and abuse due to the COVID-19 pandemic, and that social emotional learning and mental health services are less available in a distance learning setting. With no end to the pandemic in sight, Hawaii needs a coordinated approach - from keiki to kupuna - to fully address the impact of ACEs. HB1322 HD1 will bring together a key group of leaders who can develop such an approach and truly make Hawaii a trauma-informed state.

Much of the change needs to happen in our schools. Intervention is crucial to mitigating the detrimental effects of childhood trauma. Implementing trauma-informed, or trauma-sensitive,

practices in schools can have a significant impact, including improvements in behavior, fewer suspensions and expulsions and improvements in academic achievement. With quality trauma-informed training for educators and school staff, schools can better support students to feel engaged and connected with teachers and peers. Trauma-sensitive training gives educators the tools to be responsive to the social, emotional and behavioral needs of their students.

HB1322 HD1 will help to spur broader awareness and access to additional resources, ultimately making Hawaii a more resilient state.

Mahalo for your consideration,

David Miyashiro
Founding Executive Director
HawaiiKidsCAN



Kamehameha Schools®

House Committee on Finance

Date: March 2, 2021

Time: 11:00 a.m.

Where: Via Videoconference

TESTIMONY

By Kau'i Burgess

Director of Community & Government Relations

RE: HB 1322, HD1 - Relating to trauma-informed care

E ka Luna Ho'omaluku Luke, ka Hope Luna Ho'omaluku Cullen, a me nā Lālā o kēia Kōmike, aloha!

We are writing in **SUPPORT of HB 1322, HD1**, which establishes a trauma-informed care task force within the Department of Health. We support the charge of the task force to make recommendations for a more systematized approach to trauma-informed care in Hawai'i.

Kamehameha Schools believes that the environment that surrounds our keiki impacts their ability to be successful in education and life. We recognize that the environment of many Native Hawaiian keiki places them disproportionately at-risk to suffer from social, generational, cultural, 'āina and historical trauma. We also acknowledge the impacts of COVID-19 on health, education, economy, and social interaction have accentuated these risks. Trauma-informed care aims to address these sources of shock as a key strategy to improve life outcomes.

We believe the task force proposed by this bill will elevate the discussion of trauma-informed care and improve implementation of cross-sectoral, collaborative solutions that value a cultural approach to healing and recognize traditional practices. For these reasons, Kamehameha Schools is happy to serve on this task force as requested in the bill as it directly aligns with the mission of our organization to improve the lives of Native Hawaiian children through education.

Founded in 1887, Kamehameha Schools is an organization striving to advance a thriving Lāhui where all Native Hawaiians are successful, grounded in traditional values, and leading in the local and global communities. We believe that community success is individual success, Hawaiian culture-based education leads to academic success and local leadership drives global leadership. Mahalo nui!



Hawaii
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

Hawai'i Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Representative Luke, Chair
Representative Cullen, Vice Chair
Housing Committee on Finance

Re: **HB 1322 HD1- Relating to Trauma-Informed Care**
11:00 AM, March 2, 2021

Chair Luke, Vice Chair Cullen, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of House Bill 1322 HD1**, which seeks to establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State.

Trauma-informed care is a structure and framework that recognizes and understands the effects of all types of trauma. According to the Substance Abuse and Mental Health Services Administration, "There is an increasing focus on the impact of trauma and how service systems may help to resolve or exacerbate trauma-related issues. These systems are beginning to revisit how they conduct their business under the framework of a trauma-informed approach¹". Trauma can be caused by experiences in childhood, experiences in adulthood, and experiences to ancestors.

Hawai'i has a history of adopting legislation supportive of trauma-informed practices. House bill 1322 builds off of the foundational work of Act 217 (2019), Act 82 (2019), and HCR 205 (2019). As a state with Indigenous people who have been repeatedly harmed and suffer long-term consequences of actions against them, recognizing the historical trauma of Native Hawaiians and actively working to remedy the trauma today and in the future is crucial. Additionally, the positive outcomes of HB 1322 seek to uplift all members of our community.

The importance and value of trauma-informed care is recognized at both the national and state level. Over 26 states have passed legislation to address childhood trauma, child adversity, toxic stress or adverse childhood experiences². The task force created through this bill is very similar to the Interagency Task Force on Trauma-Informed Care established at the federal level³. Understanding adverse childhood experiences and trauma effect a person and how they in turn effect the community and state can help inform changes needed to create a more responsive, cost-effective system. Additionally, as we see federal agencies adopt more trauma-informed practices and programs, the work in HB 1322 HD1 will help Hawai'i become more competitive in securing federal funding.

For these reasons, HCAN Speaks! respectfully requests that your committee vote to pass this bill.

Kathleen Algire
Director of Early Learning and Health Policy

¹ Substance Abuse and Mental Health Services Administration, *SAMHAS's Concept of Trauma and Guidance for a Trauma-Informed Approach*, https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

² National Conference of State Legislatures, <https://www.ncsl.org/research/health/reducing-the-effects-of-adverse-childhood-experiences.aspx>

³ Interagency Task Force on Trauma-Informed Care, <https://www.samhsa.gov/trauma-informed-care>

Date: March 1, 2021

To: House Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty Cullen, Vice-Chair

House Committee on Health, Human Services and Homelessness
Representative Ryan I. Yamane, Chair
Representative Adrian K Tam, Vice Chair

From: Early Childhood Action Strategy
Re: Support for HB1322 HD1, Relating to Establishing a Trauma-informed Care Task Force

Early Childhood Action Strategy (ECAS) is a statewide, cross-sector collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners work to align priorities for children prenatal to age eight, streamline services, maximize resources and improve programs to support our youngest keiki.

ECAS strongly supports the passage of HB1322. Research shows that exposure to sustained trauma within the first five years of life can have lasting effects on brain development and long-term health outcomes. Adverse Childhood Experiences (ACEs) and early trauma, such as chronic child abuse and neglect, family substance use and mental health challenges impede on healthy early attachments between primary caregivers and our keiki. A secure relationship buffers keiki's hormonal stress response and therefore, protects the developing brain from harmful effects of stress hormones. Additionally, women exposed to intimate partner violence are at four-times the risk for antepartum hemorrhage, preterm delivery and low birth weight for baby, which all impact overall family health.

The impacts of exposure to early trauma can have long-term consequences. Risks include

- Behavioral, psychological, and physical health challenges
- Academic failure
- Alcohol and substance use
- Youth Delinquency
- Adult criminality

Abuse and neglect of family members, substance use and mental health challenges are on the rise in Hawai'i, due to the stressors of the COVID19 pandemic and have ripple effects into our communities. Creating a system of trauma-informed care is imperative for the success of Hawai'i's families, schools and businesses, which directly impact Hawai'i's economy. Please support the formation of the Trauma-informed Care Task Force within the Department of Health, so we can establish a coordinated response and a well-designed prevention strategy.

Mahalo for your consideration in supporting HB1322.



**Testimony to the House Committee on Finance
Tuesday, March 2, 2021; 11:00 a.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: HOUSE BILL NO. 1322, HOUSE DRAFT 1, RELATING TO TRAUMA-INFORMED CARE.

Chair Luke, Vice Chair Cullen, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 1322, House Draft 1, RELATING TO TRAUMA-INFORMED CARE.

The bill, as received by your Committee, would:

- (1) Establish within the Department of Health for administrative purposes a Trauma-informed Care Task Force (Task Force) to create a statewide framework for trauma-informed and responsive practice; and
- (2) Require the Task Force to also develop an implementation and sustainability plan.

The bill would take effect on July 1, 2060, to facilitate continued discussion on this issue.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

The experience of trauma has widespread impacts on the lives of our citizenry. This often leads to or exacerbates mental illnesses, substance use and physical health conditions. Because of this, in a truly integrated whole health system of health care, effectively treating behavioral and physical health conditions must involve the impact of trauma.

Testimony on House Bill No. 1322, House Draft 1
Tuesday, March 2, 2021; 11:00 a.m.
Page 2

Unfortunately, despite the best efforts of policy makers, health care providers, and government workers, the very services and systems designed to help people become healthy can be re-traumatizing.

This bill seeks to improve the quality of outcomes for youths impacted by trauma by establishing the framework for a statewide trauma-informed and responsive practice. Accordingly, we respectfully urge your favorable consideration of this bill.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



HALE KIPA

March 1, 2021

To: The Honorable Representatives –Aquino, Cullen, Kitagawa and Yamane

Testimony in Support of:

Hale Kipa- a statewide youth services organization since 1970, supports SB1322 Relating to Trauma-Informed Care.

The need for a Trauma Informed Care (TIC) Taskforce is necessary more now than ever. COVID-19 has brought on tremendous stress, depression and suicide across the nation and on our youth, and Hawaii is no different. According to the data collected from the Youth Risk Behavior Survey (YRBS) of 2019, over 11% of Hawaii's teens and 13% of our intermediate children attempted suicide. Various recent news articles have shed light on the increase in depression and suicide rates that have shown up across the state. Hawaii's youth deserve a system that is mindful and deliberate in amplifying the infrastructure, support and recovery systems proven to be effective with a Trauma-Informed approach.

We continue to experience loss of loved ones, economic devastation, educational and social disconnect, violence, neglect and so much more and we predict that the YRBS data collected for 2021 will show more grave results which will further drive the need to address the overall mental health of Hawaii's youth. Our future leaders need to be supported in ways that are deliberate in strengthening their voice, resilience and opportunity to thrive. A Trauma Informed Taskforce is a large step in moving towards wrapping our youth, the children of Hawaii, with the supports they unquestionably deserve.

Thank you deeply for this opportunity to testify.

Laura Brucia Hamm
Director of Development and Quality Improvement

91-2128 Old Fort Weaver Road • 'Ewa Beach, HI 96706 • T 808.589.1829 • F 808.589.2610 • info@halekipa.org • www.halekipa.org

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HAWAI'I COMMUNITY
FOUNDATION

LATE

To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
And Members of the House Committee on Finance

From: Micah Kāne, Chief Executive Officer & President
Hawai'i Community Foundation

Re: Testimony in Support of HB1322 HD1 Relating to Trauma-informed Care

Date: Tuesday, March 2, 2021

Time: 11:00 A.M.

Place: Via Videoconference

Conference Room 308

My name is Micah Kane, President & CEO of the Hawai'i Community Foundation. I am submitting this testimony in SUPPORT of HB1322 HD1 that establishes a trauma-informed care task force within the Department of Health to make recommendations of trauma-informed care in the State, supported by community partners.

In 2019, the Hawai'i Community Foundation ("HCF") launched Promising Minds, a three-year initiative dedicated to improving early childhood behavioral health in Hawai'i by investing in the future of our keiki, especially those at-risk of trauma, abuse and neglect, or dealing with their aftereffects. Promising Minds goal is to help strengthen early relationships and healthy development to set the foundations for long-term benefits to individual children, parents and caregivers. For two years, HCF has engaged early childhood providers in a community of practice to learn and adopt trauma-informed approaches. We see the need for expanded efforts to bring trauma-informed strategies into all prenatal through age 5 service settings. Promising Minds has also helped to expand the pool of mental health professionals able to buffer against early trauma and build resilience through a Fellows Program developed by the Association of Infant Mental Health Hawai'i.

The proposed task force within the Department of Health would strengthen the ability of public private partnerships to take action to address early adversity and trauma across the lifespan on every island. Its purpose directly relates to the Promising Minds Initiative.

Buffering against trauma and toxic stress is made more urgent with the COVID-19 pandemic which has overloaded families and shut them out from supports that can help like care and learning settings, regular health care access, and other routines. We do not fully know the extent that isolation and persistent stress will have on brain architecture of young children. Early research shows that 52% of

children in families with financial hardship are facing emotional distress.¹ Even before the COVID-19 pandemic, early childhood mental health was already a silent crisis—one in six U.S. children ages 2 to 8 years-old (17.4%) had a diagnosed mental, behavioral, or developmental disorder.² Finally, research has concluded the direct relationship between Adverse Childhood Experiences (ACEs) and negative life outcomes for children ranging from chronic disease, drug abuse, depression, involvement with the juvenile justice system, family violence, and early death. Additionally, children with higher ACE scores are more likely to be disengaged from school.

Prevalence of Childhood Trauma in Hawai'i Before the COVID-19 Pandemic:

- Nearly half of all children (46%) in Hawai'i experience Adverse Childhood Events (ACEs), with 20% experiencing two or more ACEs³
- Native Hawaiian and Pacific Islander children experience ACEs at a higher rate⁴
- 49% of children in Hawaii with 2 or more ACEs are engaged in school, compared to 75% of peers with no ACEs⁵
- 4.8 per 1,000 children were victims of abuse and neglect⁶
- Hawaii's preschool expulsion rate is higher than average and behavior problems are often cited; 7.56 per 1,000 children, compared to 6.67 children nationally⁷

As we at the Hawaii Community Foundation work to bring the philanthropic community as a collaborative partner to the efforts of government, the private sector, healthcare and others who continue to serve those in need, we are supportive of measures like this where broader initiatives are strengthened through the type of collaborative effort that this task force would bring to our State. Furthermore, these collective efforts are necessary to help accelerate the recovery of our communities impacted by the pandemic.

We strongly support HB1322 HD1 and look forward to further discussion on the bill. Thank you for the opportunity to provide testimony on this matter.

¹ RAPID-EC Survey 2020. <https://medium.com/rapid-ec-project/a-hardship-chain-reaction-3c3f3577b30>

² Centers for Disease Control, Children's Mental Health. <https://www.cdc.gov/childrensmentalhealth/data.html>

³ National Survey of Children's Health. Accessed online at <http://childhealthdata.org/learn/NSCH> (2016 data)

⁴ National Survey of Children's Health. Accessed online at <http://childhealthdata.org/learn/NSCH> (2016 data)

⁵ CAHMI. "Hawaii | Fact Sheet 2019: Strong Roots Grow a Strong Nation." Data from 2016-17 NSCH and Behavioral Risk Factor Surveillance Survey (BRFSS).

⁶ Hawaii's Children 2017. Child Welfare League of America. Accessed online at <https://www.cwla.org/wp-content/uploads/2017/04/HAWAII-revision-1.pdf>

⁷ Gilliam WS. Prekindergarteners left behind: Expulsion rates in state prekindergarten programs (Abbreviated as Foundation for Child Development Policy Brief Series No. 3, May 2005). Available at: <https://www.fcd-us.org/assets/2016/04/ExpulsionCompleteReport.pdf>



LATE

Papa Ola Lokahi

894 Queen Street
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

Papa Ola Lokahi

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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IN SUPPORT

HB 1322 HD1 - RELATING TO TRAUMA-INFORMED CARE

Tuesday, March 2, 2021, 11:00 AM, Videoconference

Papa Ola Lōkahi, the Native Hawaiian Health Board established in 1988 through the federal Native Hawaiian Health Care Act (Title 42 USC 122), **SUPPORTS HB 1322 HD1 WITH COMMENTS.** We heartily support this wise approach to treatment and intervention from “What’s wrong with you?” to “What has happened to you?” for which trauma-informed care provides a blueprint.

The State of Hawai‘i, having made it clear in 1989, 1996 and 2014 that it considers improving Native Hawaiian health as a state health policy, identifies Papa Ola Lōkahi with statutory authority in HRS 453-2(c), HRS 457J-6, HRS 10-18, and others. Both federal and state statutes that recognize Papa Ola Lōkahi recognize its kuleana for traditional Hawaiian healing practices.

Thus, Papa Ola Lōkahi recognizes the root causes of health disparities among marginalized communities and offers to continue carrying out these state responsibilities by serving on the proposed trauma-informed care task force. We have existing multiple relationships with the Department of Health as well as grassroots communities, and behavioral health is one of our health priorities, representing an entire chapter of our *E Ola Mau a Mau* report. Furthermore, among our staff are counselors, social workers and community advocates for trauma-informed family interventions.

With our responsibility to raise the health status of Native Hawaiians and their families, we are committed to assisting work that recognizes and uplifts the importance of understanding trauma and how it influences acute, chronic and generational health and well-being.

Again, we support HB 1322 HD1 and offer to be of service to the State in all its endeavors influenced by or impacting Native Hawaiian health and well-being. Thank you for the opportunity to testify.

LATE

HB-1322-HD-1

Submitted on: 3/2/2021 9:26:01 AM

Testimony for FIN on 3/2/2021 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph Spurrier	Individual	Support	No

Comments:

I strongly support this bill and recommend that members of professional agencies who specialize in trauma or effects/manifestations of trauma be assigned to the task force.