

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**

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATOR ROSALYN H. BAKER, VICE CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 3/22/2021

Hearing Time: 1:20 PM

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:

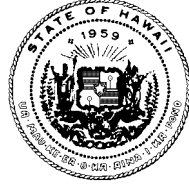
8 1. The task force should submit a report to the legislature, no later than twenty days prior
9 to the convening of the regular session of 2024, rather than 2023. This will allow the
10 Department time to effectively gather stakeholders, develop full interagency
11 collaboration and consensus, provide 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.

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

March 21, 2021

TO: The Honorable Senator Jarett Keohokalole, Chair
Senate Committee on Health

FROM: Cathy Betts, Director

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

Hearing: March 22, 2021, 1:20 p.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 (DOH) that 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.

The House Committees on Consumer Protection & Commerce, and Finance passed the measure unamended.

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

Monday, March 22, 2021 at 1:20 PM
Via Video Conference

Senate Committee on Health

To: Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Vice Chair

**Re: Testimony in Support of HB 1322, HD1
Relating to Trauma-Informed Care**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in support of HB 1322, HD1 which establishes a trauma-informed care task force within the department of health (DOH) to make recommendations of trauma-informed care. Trauma-informed care is a concept that is recognized as a very important aspect of care across the lifespan. Should there be a need for input from a health care provider perspective, HPH would be able to assist with the process and welcomes the opportunity to serve on the task force.

A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation — past and present — in order to provide effective health care services with a healing orientation. Adopting trauma-informed practices can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness. It can also help reduce avoidable care and excess costs for both the health care and social service sectors.

Adverse childhood experiences are traumatic experiences that occur during childhood, including physical, emotional, or sexual abuse; physical and emotional neglect; household dysfunction, including substance abuse, untreated mental illness, or incarceration of a household member; domestic violence; and separation or divorce involving household members. These experiences can have a profound effect on a child's developing brain and body and, if not treated properly, can increase a person's risk for disease and other poor health conditions through adulthood.

Involvement of not only private health care providers, but entities at the state and county levels to examine all aspects of trauma and its causes will lead to a clearer understanding

of the causes of trauma and its effect on individuals' lives. A comprehensive approach to trauma-informed care can lead to positive health outcomes.

Thank you for the opportunity to testify.

DAVID Y. IGE
Governor

JOSH GREEN
Lt. Governor



PHYLLIS SHIMABUKURO-GEISER
Chairperson, Board of Agriculture

MORRIS M. ATTA
Deputy to the Chairperson

State of Hawaii
DEPARTMENT OF AGRICULTURE
1428 South King Street
Honolulu, Hawaii 96814-2512
Phone: (808) 973-9600 FAX: (808) 973-9613

**TESTIMONY OF PHYLLIS SHIMABUKURO-GEISER
CHAIRPERSON, BOARD OF AGRICULTURE**

BEFORE THE SENATE COMMITTEE ON HEALTH

**MARCH 22, 2021
1:20 P.M.
VIA VIDEOCONFERENCE**

**HOUSE BILL NO. 1322 HD1
RELATING TO TRAUMA-INFORMED CARE**

Chairperson Keohokalole and Members of the Committee:

Thank you for the opportunity to testify on House Bill 1322 HD1, relating to the trauma-informed care. The bill would establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State. The Department offers comments on this measure.

The Department of Agriculture ("the Department") appreciates the intent of this measure but is unclear on the role it would play in the proposed task force. The Department does not provide care for children and has no expertise to contribute in the fields of developmental psychology or neurobiology. As such, the Department respectfully requests to be removed as a member of the proposed task force.

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



HB1322 HD1
RELATING TO TRAUMA-INFORMED CARE
Ke Kōmike ‘Aha Kenekoa o ke Olakino
Senate Committee on Health

Malaki 22, 2021

1:20 p.m.

Hālāwai Keleka‘a‘ike

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. Notably, the Native Hawaiian Health Task Force 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.

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

March 21, 2021

TO: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Senate Committee on Health

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: Monday March 22, 2021
Time: 1:20 pm
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 afternoon. 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.

We respectfully request section 2 (8) (page 4 lines 6 and 7) be amended as follows:

“The director of the executive office on early learning, or the director’s designee;”

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.



HAWAI'I COMMUNITY
FOUNDATION

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
And Members of the Senate Committee on Health

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

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

Date: Monday, March 22, 2021

Time: 1:20 P.M.

Place: Via Videoconference

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>



**Testimony to the Senate Committee on Health
Monday, March 22, 2021; 1:20 p.m.
Via Videoconference**

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

Chair Keohokalole, Vice Chair Baker, 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
Monday, March 22, 2021; 1:20 p.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.

HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 904 Honolulu, Hawaii 96813

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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

March 19, 2021

To: Senator Jarrett Keohokalole, Chair
And members of the Committee on Health

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

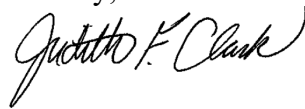
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports HB 1322 HD 1 Relating to Trauma-Informed Care.

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

Date: March 22, 2021

To: Senate Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Vice-Chair

From: Early Childhood Action Strategy
Re: Support for HB1322, 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.

LATE



Kamehameha Schools®

Senate Committee on Health

Date: March 22, 2021

Time: 1:20 p.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'omalua Keohokalole, ka Hope Luna Ho'omalua Baker, 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!



LATE

42-470 Kalaniana'ole Hwy. Bldg. 8 Kailua, HI 96734

RE: House Bill 1322, House Draft 1, Relating to Trauma Informed Care

March 22, 2021

Aloha Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

Kinai 'Eha is a workforce development program that works with Hawai'i's most vulnerable youth. Through our work at Kinai 'Eha, my team and I are acutely aware of the critical importance of trauma informed care in serving not only our at-promise youth but how it can also benefit all individuals who have suffered any kind of trauma.

Making Hawai'i a trauma informed state will ensure that all state and county agencies and the programs and services they provide to our residents will incorporate and integrate trauma informed care approaches and practices in a consistent, coordinated and accountable fashion. We are in full support HB1322! I humbly request your support in passing this bill for the health and wellbeing of the State of Hawai'i and those that call Hawai'i home.

Mahalo nui,

Josiah 'Akau
Executive Director
Kinai 'Eha



LATE

HB1322 HD1 Trauma Informed Care Task Force

COMMITTEE ON HEALTH :

- Sen. Jarrett Keohokalole, Chair; Sen. Rosalyn Baker, Vice Chair
- Monday, Mar 22, 2021: 1:20 pm: Videoconference

HSAC Supports HB1322 HD1 and makes a Recommendation:

ALOHA CHAIR, 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.

LATE

HB-1322-HD-1

Submitted on: 3/22/2021 10:20:01 AM
Testimony for HTH on 3/22/2021 1:20:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joe Hammond	Individual	Support	No

Comments:

I am in support of this bill, which establishes a trauma-informed care task force within the department of health. I believe that with this bill will start many discussions of trauma-informed care and will seek to improve the quality outcome for our youth who are impacted by trauma.