

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

Testimony in SUPPORT of SB 1242
RELATING TO HEALTH

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

Hearing Date: 2/10/2021

Hearing Time: 1:00 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 abuse,
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. Development of routine staff and provider trainings on trauma-informed
17 practices;
- 18 5. Involvement in numerous trauma-informed care efforts throughout the youth-
19 serving system of care.

20 We also acknowledge that many other city, county, state, grass roots, and non-profit
21 entities have made significant progress in incorporating trauma-informed care into their work.

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 That said, more coordinated, strategic effort is needed to maximize resources and formally
2 institute practices statewide. This is particularly vital as a result of the recent trauma inflicted
3 by the COVID-19 pandemic and community exposure to social justice issues.

4 **Offered Amendments:** In order to maximize the efficacy and impact of the task force, we offer
5 the following amendments:

- 6 1. We recommend that the director of health be allowed to assign their designee as
7 chairperson of the task force (Section 2.a.1).
- 8 2. We recommend that the following members be added to the task force (Section
9 2.a):
 - 10 a. One youth and one adult consumer advocate, to ensure that consumer voice
11 is integrated into all planning and recommendations;
 - 12 b. The judiciary;
 - 13 c. A faculty member from the John A. Burns School of Medicine, Department of
14 Native Hawaiian Health;
 - 15 d. A community member or non-profit representative from the Compact of
16 Free Association islander community.
- 17 3. We recommend that the framework developed by the task force in Section 2.b.1
18 include an additional deliverable F: “An implementation and sustainability plan,
19 consisting of an evaluation plan with suggested metrics for assessing ongoing
20 progress of the framework.”

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

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

HAWAII YOUTH SERVICES NETWORK

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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

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

Testimony in Support of

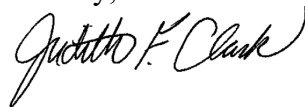
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SB 1242 Relating to Trauma-Informed Care.

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

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

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is Daniel Goya. I was a public/private educator for 15 years and worked for a Native Hawaiian non-profit for 13 years, in which, I created a nationally accredited and recognized homeless 2Gen preschool and a 12-bed residential facility for adjudicated youth ages 13-17 that is an alternative to youth incarceration. I have seen the effects of trauma and how it is passed through generations. I am submitting this testimony to express my very strong support for SB1242 as I have seen first hand how adverse childhood experiences (ACE) have negatively impacted the children and families.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death.

COVID-19 can be argued as an adverse childhood experience for this generation. COVID-19 has been extremely stressful and is potentially the catalyst for inter and transgenerational trauma for our current keiki and future keiki. The stress and challenges of distance learning has impacted our students, teachers and families. Our communities have been impacted by the loss of life, work, fear of the pandemic as well as the tumultuous racial and political climate in our country. These events have contributed to toxic stress for many people in our state. This bill will commission a task force that would make critical recommendations to address these issues and promote a wellness and resilient state that employs trauma-informed strategies.

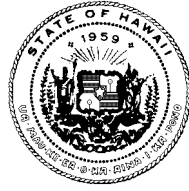
COVID-19 has also negatively impacted our state's economy. This task force will be able to seek out pathways and make critical recommendations that can seek federal funding to provide relief to our schools, workforce and community health by employing trauma-informed federally funded programming.

Mahalo for your time and consideration and please support SB1242.

Mahalo,



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 8, 2021

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

FROM: Cathy Betts, Director

SUBJECT: **SB 1242 – RELATING TO TRAUMA-INFORMED CARE.**

Hearing: Wednesday, February 10, 2021, 1:00 p.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this measure, defers to the Department of Health, and provides comments.

PURPOSE: Establishes a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State.

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

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

February 8, 2021

Page 2

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.



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

February 8, 2020

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:** S.B. No. 1242 – RELATING TO TRAUMA-INFORMED CARE
Hearing Date: February 10, 2021
Time: 1:00 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.

EXECUTIVE OFFICE ON EARLY LEARNING'S POSITION: Support the Intent

Good afternoon. I am Lauren Moriguchi, Director of the Executive Office on Early Learning (EOEL). EOEL supports the intent of S.B. 1242 as it relates to the importance of addressing trauma-informed care, provides comments, 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.



SB1242
RELATING TO TRAUMA-INFORMED CARE
Ke Kōmike ‘Aha Kenekoa o ke Olakino

Pepeluali 10,2021

1:00 p.m.

Hālāwai Keleka‘a‘ike

The Administration of the Office of Hawaiian Affairs (OHA) will recommend that the Board of Trustees **SUPPORT** SB1242, which would establish a trauma-informed care task force. This measure will help the state address the long-term impacts of adverse childhood experiences by recommending 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 its programs to build community wellness and maximize children’s resilience.

Accordingly, OHA urges the Committee to **PASS** SB1242. 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).



**Testimony to the Senate Committee on Health
Wednesday, February 10, 2021; 1:00 p.m.
Via Videoconference**

RE: SENATE BILL NO. 1242, 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** Senate Bill No. 1242, RELATING TO TRAUMA-INFORMED CARE.

The bill, as received by your Committee, would establish within the Department of Health for administrative purposes a Trauma-informed Care Task Force to create a statewide framework for trauma-informed and responsive practice.

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 Senate Bill No. 1242
Wednesday, February 10, 2021; 1:00 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.

Wednesday, February 10, 2021 at 1:00 PM
Via Video Conference

Senate Committee on Health

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

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of SB 1242
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.

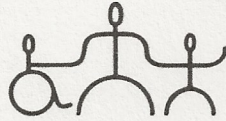
I write in support of SB 1242 which establishes a trauma-informed care task force within the department of health (DOH) to make recommendations of trauma-informed care. Trauma-informed care is a concept that is recognized as a very important aspect of care across the lifespan. Should there be a need 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.



KINAI 'EHA

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

2/5/2021

Aloha Senate Members of the Committee on Health,

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 SB1242! 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



SB1242 Trauma Informed Care Task Force

COMMITTEE ON HEALTH,

- Sen. Jarrett Keohokalole, Chair; Sen. Rosalyn Baker, Vice Chair
- Wednesday, Feb. 10 2021: 1:00 pm: Videoconference

HSAC Supports SB1242:

GOOD MORNING 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.

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.



Kamehameha Schools®

Senate Committee on Health

Date: February 10, 2021

Time: 1:00 p.m.

Where: Via Videoconference

TESTIMONY

By Kau'i Burgess

Director of Community & Government Relations

RE: SB 1242 - 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 SB 1242**, 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 also recognize that the environment of many Native Hawaiian keiki places them disproportionately at-risk to suffer from social, generational, cultural, 'āina and historical trauma. 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!



SB 1242, RELATING TO TRAUMA-INFORMED CARE

FEBRUARY 10, 2021 · SENATE HEALTH
COMMITTEE · CHAIR SEN. JARRETT
KEOHOKALOLE

POSITION: Support.

RATIONALE: Imua Alliance supports SB 1242, relating to trauma-informed care, which establishes a trauma-informed care task force within the Department of Health to make recommendations of trauma-informed care in the state.

Imua Alliance is one of the state's largest victim service providers for survivors of sex trafficking. Over the past 10 years, we have provided comprehensive direct intervention (victim rescue) services to 150 victims, successfully emancipating them from slavery and assisting in their restoration, while providing a range of targeted services to over 1,000 victims and individuals at risk of sexual exploitation. During the pandemic, demand for victim services to our organization has skyrocketed by 330 percent, driven in part by a fivefold increase in direct crisis calls from potential trafficking victims.

Each of the victims we have assisted has suffered from complex and overlapping trauma, including post-traumatic stress disorder, depression and anxiety, dissociation, parasuicidal behavior, and substance abuse. Trafficking-related trauma can lead to a complete loss of identity. A victim we cared for in 2016, for example, had become so heavily trauma bonded to her pimp that while under his grasp, she couldn't remember her own name. Yet, sadly, many of the victims

with whom we work are misidentified as so-called “voluntary prostitutes” and are subsequently arrested and incarcerated, with no financial resources from which to pay for their release.

Sex trafficking is a profoundly violent crime. At least 23 percent of trafficking victims in Hawai'i report being first exploited before turning 18, according to a recent report, with the average age of trafficked keiki's initial exposure to exploitation being 11. Based on regular outreach and monitoring, we estimate that approximately 150 high-risk sex trafficking establishments operate in Hawai'i. In a recent report conducted by the State Commission on the Status of Women, researchers from Arizona State University found that 1 in every 11 adult males living in our state buys sex online. When visitors are also counted, that number worsens to 1 in every 7 men walking the streets of our island home and a daily online sex buyer market of 18,614 for O'ahu and a total sex buyer population for the island of 74,362, including both tourists and residents.

ASU's findings are grim, but not surprising to local organizations that provide services to survivors of sex trafficking. Imua Alliance, for example, has trained volunteers to perform outreach to victims in high-risk locations, like strip clubs, massage parlors, and hostess bars. More than 80 percent of runaway youth report being approached for sexual exploitation while on the run, over 30 percent of whom are targeted within the first 48 hours of leaving home. With regard to mental health, sex trafficking victims are twice as likely to suffer from PTSD as a soldier in a war zone. Greater than 80 percent of victims report being repeatedly raped and 95 percent report being physically assaulted, numbers that are underreported, according to the United States Department of State and numerous trauma specialists, because of the inability of many victims to recognize sexual violence. As one underage survivor told Imua Alliance prior to being rescued, “I can't be raped. Only good girls can be raped. I'm a bad girl. If I *want* to be raped, I have to *earn* it.”

Accordingly, we support measures to advance our state's ability to stop sexual slavery, including by establishing a trauma-informed care task force within the Department of Health to advance trauma-sensitive practices to vulnerable populations. As indicated above, sex trafficking victims are typically trauma bonded to their abusers. Trauma-attached coercion is like Stockholm Syndrome, involving a powerful emotional dependency on the abusers and a shift in world- and self-view that results in feelings of gratitude and loyalty toward the abusers and a denial, dismissal, or minimization of the coercion, violence, and exploitation that victims have suffered. Trauma-

attached victims require placement in a coordinated continuum of care to “break” their trauma bonds, receive rehabilitative services, and reintegrate into society in a healthy manner. It is common for victims to need long-term care before recognizing the extent of the trauma they’ve suffered, much less feel emotionally and physically secure enough to participate in criminal investigations.

Kris Coffield · Executive Director, Imua Alliance · (808) 679-7454 · kris@imuaalliance.org



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: Senator Keohokalole, Chair
Senator Baker, Vice Chair
Senate Committee on Health

Re: **SB 1242- Relating to Trauma-Informed Care**
1:00 PM, February 10, 2021

Chair Keohokalole, Vice Chair Baker, and committee members,

On behalf of HCAN Speaks!, thank you for the opportunity to testify in **support of Senate bill 1242**, 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. Senate bill 1242 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 SB 1242 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 SB 1242 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>

SB-1242

Submitted on: 2/6/2021 12:11:06 PM

Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jamie Goya	Individual	Support	No

Comments:

Good afternoon committee,

I am in strong support of SB1242.

As an early childhood specialist and in my current work with lic. family childcare I know of the negative effectives of early childhood trauma. COVID-19 has greatly impacted our caregivers, their families and most importantly their children.

Family childcare providers have seen their practice decimated by the pandemic, parents have lost their jobs, children cannot pick up emotional cues due to mask wearing and the trauma of the pandemic can be seen in families.

This task force can begin to work with other agencies to help solve this damage. Many caregivers have lost clients due to unemployment.

Please support.

Thanks,

Jamie Goya

SB-1242

Submitted on: 2/8/2021 7:53:32 AM

Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ray Ogai	Individual	Support	No

Comments:

Aloha,

I support SB1242. Assessing and examining the effects of COVID-19 on our families now, monitoring any changes, and with the changes having a task force in place to make recommendations when and as needed will be very helpful in minimizing the effects of trauma on our families.

Thank you for allowing me the opportunity to provide input.

SB-1242

Submitted on: 2/8/2021 8:02:48 AM

Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tiann Perreira-Benevides	Individual	Support	No

Comments:

Senate Committee on Ways and Means

Senator Donovan Dela Cruz, Chair

Senator Gilbert Keith-Agaran, Vice-Chair

Senate Committee on Health

Jarrett Keohokalole, Chair

Senator Rosalyn Baker, Vice Chair

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is Tiann Perreira-Benevides. I work in the field of early childhood education with at-risk and homeless families within the Keaukaha community on Hawai'i Island. I am submitting this testimony to express my very strong support for SB1242. I have seen firsthand how adverse childhood experiences have negatively impacted the children and families of Keaukaha.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death. The effects of unhealed and unprevented adverse childhood experiences are present in our

communities. But through early childhood education we are provided the opportunity to assist with healing and preventing adverse childhood experiences from its continuous occurrence.

I work with Native Hawaiian communities with cultural practices that are paired with stable and positive adult role models that can help lessen the effects of high ACEs.

Mahalo for your time and consideration and please support SB1242.

Mahalo,

Tiann Perreira-Benevides

Senate Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice-Chair

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

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is Myra Halpern. I work in the field of early childhood education with at-risk and homeless families at Hawai'i Island. I am submitting this testimony to express my very strong support for SB1242 as I have seen first hand how adverse childhood experiences have negatively impacted the children and families I work with at Hawai'i Island.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death. Adverse Childhood Experiences are traumatic events in a child's life that include or may not be limited to physical, emotional and sexual abuse, witnessing domestic violence, death of a family member, separation or divorce, having an incarcerated family member or being exposed to a family member with a mental illness or drug/substance addiction. These traumatic experiences, at a very young age, can affect the architecture of a developing brain, can cause learning delays, an inability to form healthy relationships, and can affect lifelong physical and mental health problems. Furthermore, ACEs can also have a negative impact on a person's emotional regulation and stress response system. These are the effects of trauma due to Adverse Childhood Experiences that is left untreated. We often wonder why our community is laden with drug addiction, crime, mental illnesses, and homelessness. From the ACEs research and a task force for trauma-informed care, we are able to address the root cause of these issues. With the right framework to implement trauma-informed care, we can move forward and communities may heal together. This is why I support SB1242.

I work with Native Hawaiian communities and cultural practices that is paired with stable and positive adult role models can help lessen the effects of high ACEs.

Mahalo for your time and consideration and please support SB1242.

Mahalo,

Myra Halpern

Senate Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice-Chair

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

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is Shanessa Respicio I work in the field of early childhood education with at-risk and homeless families along the Keaukaha / Hilo area. I am submitting this testimony to express my very strong support for SB1242 as I have seen first hand how adverse childhood experiences have negatively impacted the children and families I work with along the Keaukaha / Hilo area.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death.

I work with Native Hawaiian communities and cultural practices that is paired with stable and positive adult role models can help lessen the effects of high ACEs.

Mahalo for your time and consideration and please support SB1242.

Mahalo,

Shanessa Respicio

SB-1242

Submitted on: 2/8/2021 10:52:21 AM

Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
KIANA K BOURNE	Individual	Support	No

Comments:

Senate Committee on Ways and Means

Senator Donovan Dela Cruz, Chair

Senator Gilbert Keith-Agaran, Vice-Chair

Senate Committee on Health

Jarrett Keohokalole, Chair

Senator Rosalyn Baker, Vice Chair

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is Kiana K Bourne. I work in the field of early childhood education with at-risk and homeless families on Moku o Keawe. I am submitting this testimony to express my very strong support for SB1242 as I have seen first hand how adverse childhood experiences have negatively impacted the children and families I work with in Hilo on the Big Island of Hawai'i.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death.

I work with Native Hawaiian communities and cultural practices that is paired with stable and positive adult role models can help lessen the effects of high ACEs.

Mahalo for your time and consideration and please support SB1242.

Mahalo,

Kiana K Bourne

Senate Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice-Chair

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

SB1242 is an important bill relating to trauma-informed care. It will establish a trauma-informed care task force within the department of health to make recommendations of trauma-informed care in the State of Hawai'i.

Aloha, my name is MarcheLe Rapoza I work in the field of early childhood education with at-risk and homeless families throughout. I am submitting this testimony to express my very strong support for SB1242 as I have seen firsthand how adverse childhood experiences have negatively impacted the children and families I work with.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, greater chances at falling behind or dropping out of school, higher chance of using drugs and early death.

I work with Native Hawaiian communities and cultural practices that is paired with stable and positive adult role models can help lessen the effects of high ACEs.

Mahalo for your time and consideration and please support SB1242.

Mahalo,

Marchele Rapoza

SB-1242

Submitted on: 2/8/2021 4:08:37 PM

Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaweni Ibarra	Individual	Support	No

Comments:

Dear Hawaii State Legislature,

My name is Kaweni Ibarra. I work in the field of education with youth in my home district of Kau on Hawaii Island. I am submitting this testimony to express my very strong support for SB1242. I experienced first-hand how adverse childhood experiences negatively impacted the children and families I work with. I have also seen this in my community through my upbringing and the impact adverse childhood experiences had on myself and my peers.

Research has indicated that an adult who has experienced 4 or more ACEs has an increased risk in preventable health diseases, a higher chance of using drugs, and is more likely to die at an early age.

I work with Kanaka Maoli communities and at-risk youth in my community, and thanks to the trauma-informed training I received I am more efficiently capable of providing stable and positive environments to help lessen the effects of high ACEs. I also have a deeper understanding of the issues that my community goes through. In all, trauma-informed training has equipped me with the framework to better understand the families I work with and more efficiently support them.

Thank you for your time. Please support HB1322.

Mahalo,

Kaweni Ibarra



LATE

**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 SB1242 Relating to Trauma-informed Care

Date: Wednesday, February 10, 2021

Time: 1:00 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 SB1242 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 SB1242 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

SB-1242

Submitted on: 2/9/2021 6:52:01 PM
Testimony for HTH on 2/10/2021 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tia Roberts Hartsock	Individual	Support	No

Comments:

Aloha Committee Members -

Mahalo for the opportunity to submit testimony on this important bill. SB1242 outlines a much needed effort to establish a formal approach around trauma-informed care practices for the state. As a certified trainer for the Substance Abuse and Mental Health Services Administration (SAMHSA) on trauma-informed care, **I support this bill.**

I have been working with communities within the state and across the US for almost 15 years to establish trauma-informed practices that create awareness around the impact of early adverse childhood experiences. Trauma-Informed Care is based on the knowledge and understanding of trauma, its pervasiveness in our communities, and its impacts on our daily lives. The goals of creating trauma-informed practices and approaches simply focus on not triggering or re-traumatizing people and helping to build skills around emotional regulation.

With the current pandemic, now more than ever, our communities need to understand how to minimize the impacts of prolonged exposure to traumatic stress and develop daily practices, policies and procedures, and organizational supports to build healthy and resilient communities. The impacts of traumatic stress are well researched and best-practices in mental health around trauma-informed care can offer our state departments and service providers a framework to address the impacts of exposure to trauma, historical trauma, vicarious trauma and compassion fatigue.

SAMHSA's efforts, as well as other national mental health organizations, have focused on developing and disseminating research on trauma-informed frameworks for behavioral health sectors such as child welfare, education, criminal and juvenile justice, primary health care, military and other settings that have potential to ease or exacerbate an individual's ability to cope with traumatic events and experiences. Within these frameworks, guiding principles provide service providers, families and individuals ways to increase their awareness on how trauma impacts their behaviors, how to minimize triggering environments, how to increase emotional regulation and create healthier ways to cope with stress.

During this pandemic, I have been overwhelmed with the amount of companies reaching out on a weekly basis for help to support their employees and families who are

struggling with this prolonged exposure to traumatic stress. The impacts of this pandemic and the social justice issues on our collective mental and physical health are yet to be measured. I strongly support the effort to increase formalized approaches to manualizing and instituting trauma-informed approaches and practices within our state system of care.

Lastly, I would like to humbly request to add family and youth representation to the task group, as well as Judiciary and higher education representation.

Mahalo,

Tia Lynn Roberts Hartsock, MSW, MSCJA

Community Member