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KE KIA'AINA O KA MOKU'AINA 'O HAWAII

DEPT. COMM. NO. 004  
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In reply, please refer to:  
File:

December 29, 2023

The Honorable Ronald D. Kouchi,  
President and Members of the Senate  
Thirty-second State Legislature  
State Capitol, Room 409  
Honolulu, HI 96813

The Honorable Scott K. Saiki, Speaker  
And Members of the House of  
Representatives  
Thirty-second State Legislature  
State Capitol, Room 431  
Honolulu, HI 96813

Aloha President Kouchi, Speaker Saiki, and Members of the Legislature:

For your information, I am transmitting a copy of the following report.

Hawaii Trauma-informed Care Task Force Recommendations Report, 2023

Pursuant to section 93-16, Hawaii Revised Statutes, this report may be viewed online at:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2024-legislature/>

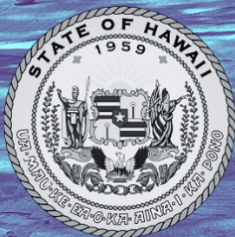
Sincerely,

Kenneth S. Fink, MD, MGA, MPH  
Director of Health

Enclosures

C: Legislative Reference Bureau  
Hawaii State Library System (2)  
Hamilton Library

# HAWAI'I TRAUMA-INFORMED CARE TASK FORCE RECOMMENDATIONS REPORT



DECEMBER 2023

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# Acknowledgements

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Department of Education, State of Hawai’i

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We Are Oceania  
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# Executive Summary

The Trauma-Informed Care Task Force was established in response to recognition by Hawai'i State Legislature that "research on toxic stress and adverse childhood experiences indicates a growing public health crisis for the State" and "cultural practices that provide asset-based approaches...can provide the resilience needed to mitigate [the effects] on a child...and positively influence the architecture of a child's developing brain."<sup>27</sup> In an endeavor to support improved wellness and resiliency for the people of Hawai'i, Hawai'i State Legislature created a statewide, multi-year Trauma-Informed Care Task Force with the passage of Act 209, in 2021.

The Trauma-Informed Care Task Force is made up of eleven members, representing the State's major family-serving agencies as well as important non-profit and community organizations. The Task Force was charged with proposing recommendations to develop and implement trauma-informed care in the State. This included the creation of a statewide framework for trauma-informed and responsive practices; best practices for assessing the needs of and serving those who have experienced trauma; and strategies for statewide, multi-level implementation and sustainability.

## **The Journey: Process and Activities**

The Task Force has held open-forum monthly meetings since September 2021 to elicit engagement from Task Force and community members across multiple sectors and ways of knowing. Technical and facilitation support was provided by the Department of Health working group and SAS Services, LLC. Multiple means of data collection were used in the development of recommendations including:

- Task Force member interviews and planning sessions;
- A speaker series with a diverse offering of distinguished guests with lived and learned expertise in relevant fields; and
- Ten Permitted Interaction Groups to investigate specific content areas related to trauma-informed care.

## **Recommendations**

The recommendations in this report were informed by multiple perspectives, new and long-existent knowledge; and academic, lived and indigenous ways of knowing. Included in these recommendations are:

- Guiding definitions and principles for "trauma-informed and responsive practices" and "trauma-responsive organizations" specific to Hawai'i;
- A trauma-informed framework that is rooted in the traditional ways of knowing through the Piliinahā Framework and informed by westernized Substance Abuse and Mental Health Services Administration (SAMHSA) and Center for Disease Control (CDC) models;
- Identification of existent best-practices, including six Native Hawaiian cultural practice frameworks, that foster wellness and resilience;
- Identification of and approaches for trauma-informed assessment needs and implementation of trauma-informed frameworks and practices on an individual, agency and systemic level;
- Strategies for culturally relevant, trauma-informed on-boarding and training, including the convening of cultural and trauma-informed practitioners in a Wellness and Resilience Summit;
- Strategies for data collection and obtaining funding to support the sustainability of these efforts.

These recommendations are the first in an iterative process, that this Task Force is committed to continuing to develop to best serve the people of Hawai'i. As stated by former Task Force Chairperson Tia Hartsock in the November 2021 meeting, "We can always do better, there is no ceiling to that." In alignment with Act 291: Relating to Wellness, the Task Force encourages that these recommendations be supported and adopted by the Office of Wellness and Resilience.

# Background

In the past two decades, research has found the experiences of children in the first years of life influences a person's lifelong physical, mental and spiritual health. The Adverse Childhood Experiences study in the 1990s provided insights into the importance of early childhood experiences on the overall wellness and mental health of a person throughout their lifetime. These effects can be mitigated through stable, supportive relationships, and culturally and strength-based practices. "Positively influencing the architecture of a child's developing brain is more effective and less costly than attempting to correct poor learning, health, and behaviors later in life."<sup>27</sup>

As a result of the research and advocacy for the need to incorporate trauma-informed care to support children, individuals, and families in the State of Hawaii, Hawai'i State Legislature created a statewide, multi-year Trauma-Informed Care Task Force with the passage of House Bill 1322, becoming Act 209, in 2021. The Trauma-Informed Care Task Force is charged with proposing recommendations for individuals and agencies throughout Hawai'i to adopt an increasingly trauma-informed approach. Specifically the Task Force shall:

1. Create, develop, and adopt a statewide framework for trauma-informed and responsive practice to include:
  - a. A clear definition of "trauma-informed and responsive practice";
  - b. Principles of trauma-informed and responsive care that may apply to any school, health care provider, law enforcement agency, community organization, state agency, or other entity in contact with children or youth;
  - c. Clear examples of how individuals and institutions may implement trauma-informed and responsive practices across different domains, including organizational leadership, workforce development, policy and decision-making, and evaluation;
  - d. Strategies for preventing and addressing secondary traumatic stress for all

- professionals and providers working with children and youth and their families who have experienced trauma;
      - e. Recommendations to implement trauma-informed care professional development and strategy requirements in county and state contracts; and
      - f. An implementation and sustainability plan, consisting of an evaluation plan with suggested metrics for assessing ongoing progress of the framework;
2. Identify best practices, including those from native Hawaiian cultural practices, with respect to children and youth who have experienced or are at risk of experiencing trauma, and their families;
3. Provide a trauma-informed care inventory and assessment of public and private agencies and departments;
4. Identify various cultural practices that build wellness and resilience in communities;
5. Convene trauma-informed care practitioners so they may share research and strategies in helping communities build wellness and resilience;
6. Seek ways in which federal funding may be used to better coordinate and improve the response to families impacted by coronavirus disease 2019, substance use disorders, domestic violence, poverty, and other forms of trauma, including making recommendations for a government position to interface with federal agencies to seek and leverage federal funding with county and state agencies and philanthropic organizations; and
7. Coordinate data collection and funding streams to support the efforts of the interagency task force.

Hawai'i State Legislature furthermore passed Senate Bill SB2482, becoming Act 087 which enacted an Office of Wellness and Resilience in July 2022. The Office of Wellness and Resilience (OWR) was established as a semi-autonomous authority within the Office of the Governor to support and implement the statewide framework developed by the Trauma-Informed Care Task Force.

# Task Force Members

The Trauma-Informed Care Task Force members include representatives from agencies and

organizations serving families across our islands. These include:

Department or Community	Designee
<p><b>Task Force Chairperson</b></p> <p>Department of Health, State of Hawai'i</p>	<p>Dr. Scott Shimabukuro, Acting Administrator, Child &amp; Adolescent Mental Health Division, Department of Health, State of Hawai'i <i>(February 2023 - current)</i></p> <p>Tia L. R. Hartsock, Formerly Project Director of Data to Wisdom, Child &amp; Adolescent Mental Health Division, Department of Health, State of Hawai'i <i>(September 2021 - February 2023)</i></p>
<p><b>Task Force Vice Chairperson</b></p> <p>Department of Human Services, State of Hawai'i</p>	<p>Director Catherine "Cathy" Betts, Director of Department of Human Services, State of Hawai'i</p>
<p>Department of Education, State of Hawai'i</p>	<p>Fern Yoshida, Office of Student Support Services, Student Support Section Administrator, Department of Education, State of Hawai'i</p>
<p>Department of Public Safety, State of Hawai'i</p>	<p>Dr. Gavin Takenaka, Corrections Health Care Administrator, Department of Public Safety, State of Hawai'i</p>
<p>Executive Office on Early Learning, State of Hawai'i</p>	<p>Yuuko Arikawa-Cross, Executive Director, Executive Office on Early Learning, State of Hawai'i <i>(August 2022 - current)</i></p> <p>Coleen Momohara, Early Childhood Educational Specialist, Interim Director, Executive Office on Early Learning, State of Hawai'i <i>(September 2021 - August 2022)</i></p>
<p>Hawai'i State Judiciary</p>	<p>Adriane C. Abe, Program Specialist, First Circuit Family Court, Hawai'i State Judiciary</p>

University of Hawaii John A. Burns School of Medicine	Dr. Jillian Freitas, Clinical Psychologist, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa (September 2021 - current)
Kamehameha Schools	Dr. Evan Beachy, Senior Education Consultant, Kamehameha Schools Strategy & Transformation Division (July 2023- current)  Lauren S. Nahme, Vice President of Strategy and Transformation, Kamehameha Schools (February 2022 - June 2023)  Alapaki Nahale-a, Senior Director of Community Engagement and Resources for Hawai'i Island, Kamehameha Schools (September 2021 - January 2022 )
Law Enforcement Community	Major Mike Lambert, Commander of Narcotics Vice Division, Honolulu Police Department (September 2022 - current)  Molly Bradley-Ryk, Juvenile Counselor, Juvenile Crime Prevention Division, Maui County Policy Department (September 2021- April 2022)
Non-Profit Sector	Judith F. Clark, Executive Director, Hawai'i Youth Services Network
Non-Profit Representative from the Compact of Free Association Islander Community	Jocelyn Howard, Founder & Chief Executive Officer, We Are Oceania

**Designated Alternates**

Molly Takagi (Hawai'i State Department of Education)

Mimari Hall (Department of Human Services, State of Hawai'i)

Katherine Korenaga (Department of Human Services, State of Hawai'i)

Dr. Evan Beachy (Kamehameha Schools)

Keopu Reelitz (Executive Office on Early Learning)

Bridgette Bennett (Hawai'i State Judiciary)



# The Journey: Process & Activities

The Trauma-Informed Care Task Force began meeting in September 2021 and continues to meet monthly. Project facilitation and technical support has been provided by an internal Department of Health working group, with the additional support of SAS Services, LLC (SAS) starting in May 2022.

## Task Force Meetings

Since September 2021, task Force meetings have convened Task Force and community members for 2-hours monthly. Meetings aim to foster connection and offer a forum open to engage from multiple perspectives. Due to COVID-19, meetings were primarily held virtually, with the opportunity for the first in-person meeting in October 2023.

## Data Collection

The recommendations of this Task Force do not reflect any one Member's point-of-view, but are instead an acknowledgment of multiple perspectives and existent bodies of work. Multiple means of data collection were utilized in the process of gathering and weaving together the trauma-informed framework presented here.

## Task Force Member Interviews

In the initial stage of work, SAS Services, LLC conducted individual interviews with the members of the Task Force to develop an understanding of the work the Task Force had conducted and processes used up to that point. Emphasis was placed on understanding the strengths and barriers of current processes; and collection of recommendations for the future direction of the Task Force. Summary results of these interviews were used to guide the direction of facilitation and planning for all future work.

## Half-Day Planning Sessions

Two half-day planning sessions were held to engage the Task Force and community members on October 25, 2022 and November 29, 2022. These sessions were facilitated by the Department of Health Internal working group and SAS Services, LLC team. The purpose of these planning sessions was to support the Task Force in its process of formulating recommendations.

Particular attention was paid to developing a shared understanding of trauma-informed care, the deliverables of the mandate, and requirements of the Sunshine Laws. Collectively, ideas of success and necessary tasks to achieve success were identified and an action plan and timeline for completion were devised.

## Speaker Series

The Trauma Informed Care Task Force Speaker Series was initially proposed in October 2021 and later implemented in March 2022. The Speaker Series is a bi-monthly invitation for distinguished members of their respective fields of study and lived expertise to share their mana'o with Task Force and community members. Initially created as a means to inform future legislative testimony and Task Force deliverables, the Speaker Series became one of the most anticipated elements of the Task Force Meetings. Emphasis has been placed on inviting speakers with diverse perspectives, ways of knowing, populations served, and sectors, such as academia, direct care and research. The following guiding questions were created by the Task Force as a means of uniformly inviting recommendations from diverse speakers.

- In your experience/expertise, what are the barriers to wellness/success/progress for your community?
- What are the facilitators of wellness and resilience factors in your community?

- How would you measure success in terms of wellness for your community? What would a vibrant community look like?
- We are all about using our platform to elevate the voices of others who are doing this work. What other individuals or organizations do you want to share space with as additional models or resources for trauma-informed care?

The wealth of lived and learned expertise shared throughout the Speaker Series cannot wholly be captured in this report. The Speakers, their content area, and presentation date are summarized in Appendix F. All readers are encouraged to visit <https://health.hawaii.gov/traumainformed/> for video records and presentation slides of each of the distinguished speakers.

### Permitted Interaction Groups

Under the jurisdictional guidance of Sunshine Law, ten Permitted Interaction Groups were formed throughout the life span of the Trauma-Informed Task Force. Each Permitted Interaction Group was enacted to investigate a specific content area related to trauma-informed care. Permitted Interaction Groups consisted of both Task Force and community members (see appendix \_). The investigative findings of each Permitted Interaction Group make up the foundational pieces of the recommendations laid out ahead.

Permitted Interaction Group & Timeframe	Scope of Investigation
<b>Language &amp; Definitions</b>  <i>October 2021 - Aug 2023</i>	Create a clear definition of “trauma-informed and responsive practice”. Identify existent trauma-related language and definitions. Investigate existent language and definitions and adapt language and definitions to be specific to and inclusive of the people and cultures of Hawai‘i.
<b>Data, Resources &amp; Needs Assessments</b>  <i>October 2021 - June 2022</i>	Identify current and existing data and needs assessments related to trauma and trauma responsive practices. Identify areas of data collection that would be beneficial for informing trauma-informed policies and procedures. Provide recommendations for trauma-informed organizational needs assessments for public and private agencies and departments throughout Hawai‘i.
<b>Legislative</b>  <i>October 2021 - January 2023</i>	Identify and discuss legislative action items of relevance to the work of the Trauma-Informed Task Force. Identify first year legislative action items and prepare the upcoming legislative session.
<b>Office of Wellness &amp; Resilience</b>  <i>June 2022 - January 2023</i>	Prepare for the passing of SB2482 and the enactment of an Office of Wellness and Resilience. Identify and advise on necessary steps to stand-up the Office of Wellness and Resilience.
<b>Summit</b>	Identify considerations when planning for a Wellness and Resilience Summit.

<i>March - May 2023</i>	
<b>Practices</b> <i>January - May 2023</i>	Define a “Trauma-Responsive Organization” and a “Trauma-Responsive Service”.
<b>Data &amp; Needs Assessment</b> <i>December 2022 - May 2023</i>	Create an inventory of individual and organizational trauma assessment tools.
<b>Data &amp; Funding</b> <i>May - August 2023</i>	Seek ways in which federal funding can be used to better coordinate and to improve the response to families impacted by coronavirus disease 2019, substance abuse disorders, domestic violence, poverty, and other forms of trauma, including making recommendations for a government position that will interface with federal agencies to seek and leverage federal funding with county, state, and philanthropic agencies. Coordinate data collection and funding streams to support the efforts of the interagency task force.
<b>Best &amp; Cultural Practices</b> <i>May - September 2023</i>	Identify best practices, including best practices involving Native Hawaiian cultural practices, with respect to children and youth and their families, who have experienced or are at risk of experiencing trauma. Identify various cultural practices that build wellness and resilience in communities.
<b>Principles &amp; Frameworks</b> <i>May - November 2023</i>	Create, develop, and adopt a statewide framework for trauma-informed and responsive practice.

# Task Force Timeline





**RECOMMENDATIONS**

# Task Force Objective I: Statewide Trauma-Informed Framework

*Create, develop, and adopt a statewide framework for trauma-informed and responsive practice.*

## Context of Understanding

### The Situation

The people of Hawai'i are the foundation that underpins the State's (SoH) ability to thrive. Their sustained wellness and ability to recover victoriously from life's adversities determines the future and the success of this great island state. The citizens of Hawai'i are expected to live aloha and prosper—whether from going to school, supporting their communities, raising their families—all while continuing to survive in environments layered in the complexities of interpersonal, geopolitical and socio-ecological uncertainties. If left without access to vital resources, positive support systems, and integral preventive protective infrastructure, negative outcomes and prevalence of traumatic stress will continue to rise.

### High-Level Objective

To ensure the people—who call Hawai'i home—are enabled with the means necessary to promote healthier physical, emotional, and social outcomes, the State of Hawai'i must embrace a shift that cultivates shared understanding of trauma and the benefits of incorporating trauma-informed practices, policies, programs, and processes.

### Trauma-Informed is a Community Effort

Exposure to traumatic stressors does not just occur at the individual or family levels. For Hawai'i to be a trauma-informed state, we must acknowledge the different levels at which trauma can occur and how it can manifest at those levels. The Center for Disease Control and Prevention's (CDC) Social-Ecological Model (SEM)<sup>1</sup>, interplays the complex relationship between individual, relationship, community and societal factors to help us better understand the range of factors that put people at risk for traumatic stress reactions:

SEM Level	Definition	Influences to Trauma
<b>Individual</b>	The first level identifies biological and personal history factors that increase the likelihood of experiencing trauma.	<ul style="list-style-type: none"> <li>• Attitudes and beliefs that support interpersonal violent behaviors.</li> <li>• Impulsive and antisocial behaviors</li> <li>• Childhood history of abuse and witnessing violence/violent behaviors</li> <li>• Alcohol and drug use</li> </ul>
<b>Relationship</b>	The second level examines close relationships that may increase the risk of experiencing trauma as a victim or perpetrator. A person's closest social circle—peers, partners, and family members—influence their behavior and contribute to their experience.	<ul style="list-style-type: none"> <li>• Association with peers who are aggressive or violent.</li> <li>• Family environment that is emotionally unsupportive, physically violent</li> <li>• Bullying/hazing</li> </ul>

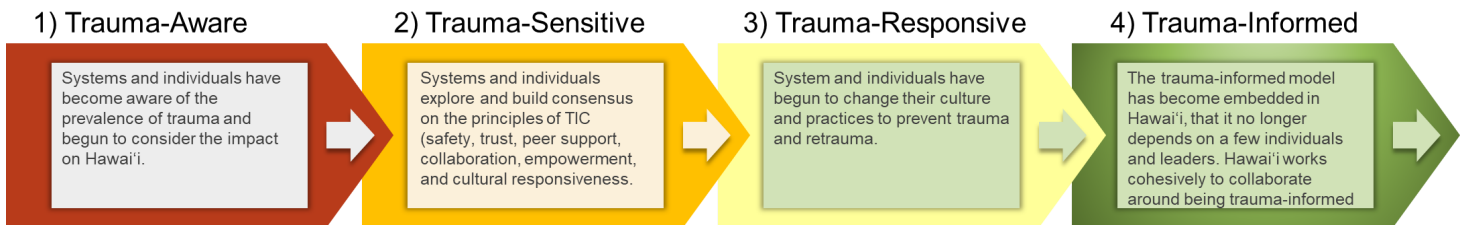
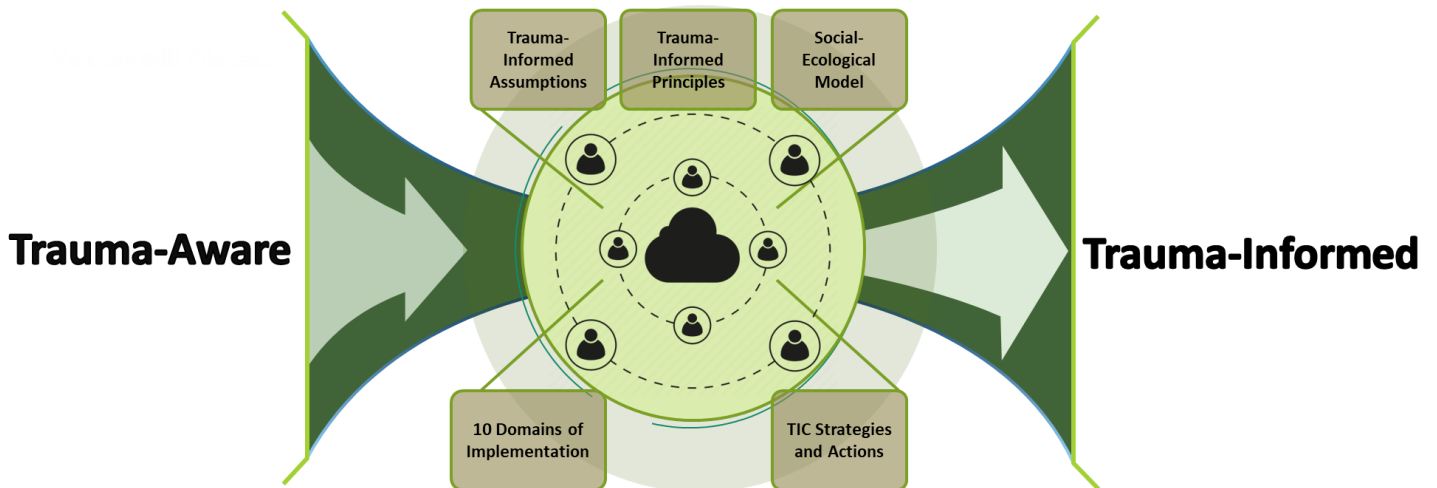
<b>Community</b>	The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming more likely to experience trauma.	<ul style="list-style-type: none"> <li>• General tolerance to violence/discriminatory behavior</li> <li>• Lack of employee-focus policies</li> <li>• Lack of support from employer, police, or judicial system</li> <li>• Poverty</li> <li>• Lack of employment opportunities</li> <li>• Lack of (or limited access to) community-based support programs</li> </ul>
<b>Societal</b>	The fourth level looks at the broad societal factors that help create a climate in which trauma is encouraged or inhibited. These factors include social and cultural norms that support maladaptive behaviors as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.	<ul style="list-style-type: none"> <li>• Inequalities based on gender, race, sexual orientation, religion, cultural beliefs.</li> <li>• Economic and socially bias policies</li> <li>• Complicated processes</li> </ul>

## Trauma-Informed Assumptions

This document provides a framework that promotes and supports a shared understanding of what being trauma-informed means to Hawai'i State Legislatures, Departments, community stakeholders, and the citizens they serve. The purpose of this framework is to disseminate practical applications, strategies, and actions proven to reduce the prevalence of trauma and the likelihood of re-traumatization.

The foundation of this framework is embedded in the following assumptions about all practices, policies, programs, and processes:

1. Trauma is complex; it can span generations, the effects can be observed at the individual, mezzo, and macro levels, and impacts all demographics of people.
2. Applications, strategies, and actions that are both preventative and health promoting are strength-based and grounded in an empathetic responsiveness to and have a deep understanding of the impact of trauma.
3. For a trauma-informed framework to be *pono* (just, moral, righteous) in Hawai'i, it must also be rooted in honoring the traditional ways of knowing and being of the indigenous people of Hawai'i, or Kānaka 'Ōiwi.
4. The state has a responsibility to create opportunities and reduce barriers for survivors of trauma; so they may rebuild a sense of empowerment and control.
5. Physical, emotional, and social safety is paramount for everyone.
6. Practices, policies, programs, and processes that are not trauma-informed provide an increased risk of traumatization.

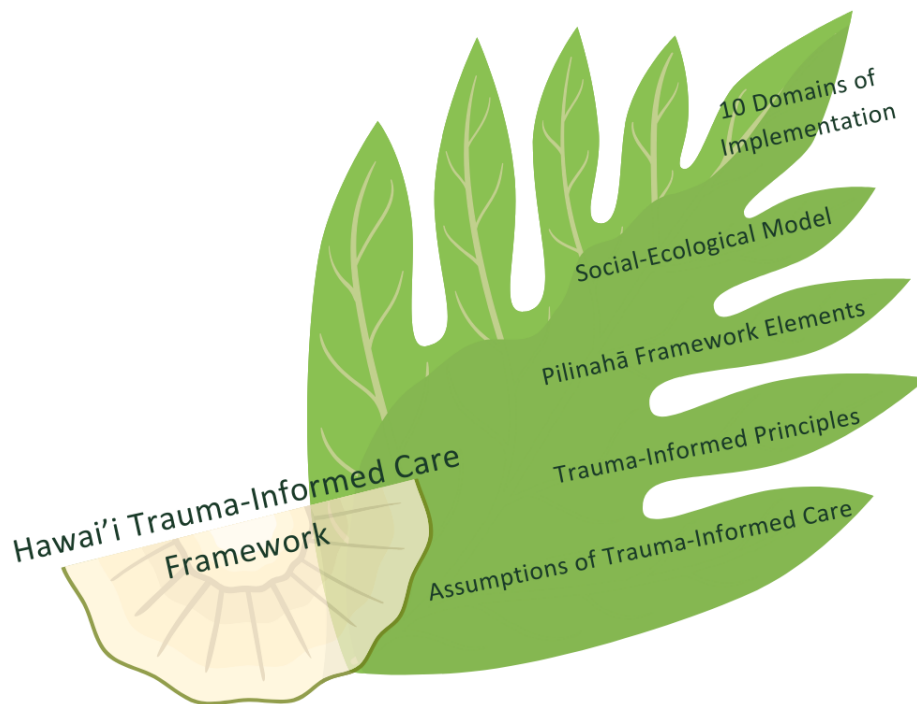




## Hawai‘i’s Trauma Informed Care Framework

The overall goal in establishing this framework is to initiate the path and paradigm shift where everyone in Hawai‘i—at all levels of the SEM—collaboratively embody, promote, and exercise strength-based, culturally attuned ways of minimizing harm and risk factors that are associated with trauma. Principles,’ ‘Pilinahā Framework Elements,’ and ‘10 Domains of Implementation.’

For a trauma-informed framework in Hawai‘i, the State will collectively apply the following to establish a set of strategies and action: ‘Social-Ecological Model,’ ‘Assumptions about Trauma-Informed Care,’ ‘Trauma-Informed Principles,’ ‘Pilinahā Framework Elements,’ and ‘10 Domains of Implementation.’



## **The framework shall include a clear definition of "trauma-informed and responsive practice"**

### **Trauma-Informed and Responsive Practices**

Our recommendation is for the adoption of the guiding definitions and principles listed below. These terms are intended to evolve and honor an iterative process in response to the needs of the communities. "Trauma Informed and Responsive Practices" are defined as:

*. . . an approach to understanding, recognizing, respecting, and responding to the pervasive and widespread impacts of trauma on our ability to connect with ourselves and others, our place and the elements around us, and our ways of being.*

As an approach, it is embedded within:

- the larger landscape of families and communities that draw on supportive relationships, wellness, strength, and resilience;
- a society or community that does not intentionally or inadvertently traumatize or re-traumatize individuals, families, groups of individuals, or communities; and
- systems and structures that ensure and embrace safety and well-being, choice and agency, collaboration and mutuality, empowerment and resilience, and cultural respect and responsiveness.

As a response, it requires us to intentionally:

- honor human connections based on empathy, rather than judgment;
- understand behaviors as adaptive, rather than maladaptive;
- acknowledge that our social identities emerge through our social, cultural, and historical contexts and experiences, rather than through pure self-determination;
- draw on the individual's worldview (experiences, knowledge, values, culture, language, interests, preferences, motivations, perspectives, aspirations, abilities, and strengths) as one's source for moving forward in meaningful and sustainable ways, rather than composing a narrative in which the problem defines the individual;
- use knowledge and insights grown from ancestral knowledge and wisdom, community practices, and lived experiences, as well as

from scientific research and science-informed insights, rather than solely relying on scientific knowledge and evidence;

- respect and access the many resilient-laden paths and sources of strengths in working through trauma, rather than through a singular or dominant one;
- accept our collective responsibility to collaborate and promote coherent, consistent policies, design new or redesign current approaches, and shift current practices to better support individuals, families, communities, services, and the system in achieving significant outcomes; rather than primarily affecting change as separate entities;
- advocate for and develop policies and procedures that embrace diversity and inclusion while addressing structural inequities and decrease barriers towards healing, rather than inadvertently supporting institutionalized sources of stress and limiting equitable opportunities; and
- create physical and social environments grounded in responsive, supportive, reciprocal relationships that are foundational for community wellness and resilience, rather than solely investing in individually-focused approaches that attempt to positively change the individual to "fix" the problems that stream through the community or enhancing the mindset of "fixing" the individual to fit into an established environment.

### **Trauma-Responsive Organization in Hawai'i**

An organization that continually strives for **wellness** and **resilience** by recognizing the impact that past and current trauma has on a community's wellness and individual's mental, physical, social, emotional, or spiritual wellbeing and provides **safeguards** for their entire organizational **'ohana** and the **kaiāulu** they serve. Trauma-responsive organizations commit to mitigating any lasting impacts created by, but not limited to, **individual, developmental, intergenerational, historical, cultural, racial,** and **collective** trauma by creating Hawai'i-informed, culturally safe and humble spaces and processes.

## Glossary of Terms

**Wellness:** the pursuit of individual and community mental, physical, social, emotional, spiritual, intellectual, environmental, financial, indigenous/cultural or any other dimension of wellbeing; balance of body, mind, spirit; balance of safety and connection; balance of 'āina, kanaka & akua.

**Resilience:** durability; “adaptability, strength, or flexibility in the face of a stressor”<sup>2</sup>; science of adaptation, protective factors, mental fortitude; “capacity to remain flexible in our thoughts, feelings, and behaviors when faced by life disruption, or extended periods of pressure, so that we emerge from difficulty stronger, wiser and more able”<sup>3</sup>; utilize and harness resource; individual and shared growth; balanced ecosystem is both resilient and resistant to any type of threat, kū and kū'e; repel any threat that compromises body, mind and spirit, where relationship to 'āina is interwoven throughout.

**Safeguards:** ongoing culturally relevant measures, trainings, consultations, policies put in place to ensure safety, connection, and wellness for all staff; includes communication platforms that allow for feedback and elevate voices/increase agency of stakeholders; community participation and empowerment; to recognize the impacts that trauma has on mental, physical, and spiritual health.

**'Ohana:** from a Hawaiian perspective, 'ohana encompasses a broad definition of family that extends beyond the biological or nuclear family, and requires relating to others with respect, kindness and compassion; support and care about all members of the staff.

**Kaiāulu:** from a Hawaiian perspective, kaiāulu describes community; connection and kuleana (responsibility) to the harmony and progress of the group.

**Individual trauma:** birth through death, personal experience; varies from person-to-person.

**Developmental trauma:** “the impact of early, repeated trauma and loss which happens within the child’s important relationships and usually early in life.”<sup>32</sup>

**Intergenerational trauma:** “transmission (or sending down to younger generations) of the oppressive or traumatic effects of a historical event”<sup>29</sup>; trauma that is passed from a trauma survivor to their descendants.

**Historical trauma:** “cumulative, emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma”<sup>29</sup>; for example, in Hawai'i, we consider contexts such as colonization, the overthrow of the Hawaiian Kingdom, mass land dispossession; For Micronesian diaspora - colonization, war, nuclear testing, displacement of people from native land; continuum of trauma, retraumatization, transmission of trauma occurs unconsciously across generations and is intensified by the distance from traditional practices?, accompanied by historical unresolved grief, kaumaha (heaviness, deep grief, sadness).

**Cultural trauma:** cumulative harm to a group/community caused by immense losses, and traumatic historical events such as colonization, slavery, and genocide which affects multiple generations.

**Racial trauma:** harm to a specific racial group, in the form of overt or covert racism, e.g., microaggressions; “Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury.”<sup>31</sup>

**Collective trauma:** psychological distress experienced by an entire group - a culture, a community, a generation - that is shared; “an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences”<sup>31</sup>; for example, community-based violence, COVID-19 global pandemic.

**Hawai'i-informed:** we intentionally uplift and center the history, practices and pathways of resilience for indigenous Native Hawaiians as the root culture of peoples in Hawai'i, while we also acknowledge and celebrate differences in cultural practices across groups reflected in our islands; by centering strengths of Native Hawaiians who have been systematically disenfranchised, we also uplift

all marginalized groups and voices and strengthen the greater community as a whole.

**Cultural safety:** an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.<sup>30</sup> Cultural safety means creating an environment that is spiritually, socially, emotionally, and physically safe for all people, where there is no denial of identity, of who they are, or what they need.<sup>34</sup>

**Cultural humility:** a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a lifelong learner when it comes to understanding another's experience.<sup>30</sup>

**Cultural equity:** Equality means providing the same amount of resources to all individuals or groups. In contrast, equity acknowledges the inherent differences or circumstances and allocates appropriate resources and opportunities to allow each group the equal opportunity to succeed; inherent value of diverse cultural perspectives; seeks to eliminate systemic barriers that prevent equal distribution of resources and power; meeting communities where they are and allocating resources and opportunities as needed to create equal outcomes for all community members.

## Trauma-Responsive Service in Hawai'i

A **service** that continually strives for wellness and resilience by recognizing the impact that past and

current trauma has on an individual's and community's wellness. A trauma-responsive service includes prevention and support in the healing from the negative impacts of **adverse events** or circumstances without **re-traumatization**. A trauma-responsive service also seeks to foster **cultural safety** and **equity** by addressing **inherent power imbalances** and approaching all interactions with **cultural humility** to develop and maintain respectful relationships that empower community members to achieve **mauli ola** (optimal health and wellbeing).

## Glossary of Terms

**Service:** any practice, program, or structured strategy that actively offers direct help, support, or guidance to others, under the supervision/oversight/umbrella of an entity.

**Adverse events:** "a range of life experiences that a person may encounter"<sup>37</sup> that negatively impacts a person's wellbeing or causes harm.

**Re-traumatization:** "for some, traumatic stress reactions to a new event can feel as intense as they were when the original event occurred. This is known as retraumatization."<sup>36</sup>

**Inherent power imbalances:** "refer to the unequal distribution of power and resources in society that have been created and maintained through systemic oppression and discrimination...These power imbalances can include economic, political, social and cultural disparities that contribute to the marginalization of or within certain groups, such as indigenous communities or people of color."<sup>33</sup>

**Mauli ola:** Translated from 'Ōlelo Hawai'i, maui ola means "breath of life", and refers to optimal health and wellbeing, or a vibrant definition of health.

**The framework shall include principles of trauma-informed and responsive care that may apply to any school, health care provider, law enforcement agency, community organization, state agency, or other entity that has contact with children or youth**

**Trauma-Informed Principles**

The following principles reflect trauma-informed and responsive care that can be applied to any school, healthcare provider, law enforcement agency, community organization, state agency, or other entity that has contact with vulnerable and targeted populations <sup>4,5</sup>:

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment & Choice
- Cultural, Historical & Gender Issues

**A. Safety**

It is our *kuleana* to ensure the physical, emotional, and environmental safety of our citizens.

**B. Trustworthiness & Transparency**

All decisions are made with total transparency, with the goal of creating and sustaining trustworthiness.

**C. Peer Support**

Individuals with shared lived experiences are collectively working to advance policy. Working towards policy change together is a healing experience.

**D. Collaboration & Mutuality**

Through deliberate *laulima* we can bring balance to power differences for collective decision-making.

**E. Empowerment & Choice**

Recognize, build on, and validate individual and community strengths and experiences and integrate a belief in resilience and the ability to heal from trauma.

**F. Cultural, Historical & Gender Issues**

Acknowledge the ongoing impact of historical trauma for individuals and communities and challenge the systemic and institutional oppression that continues to create trauma.

**Pilinahā Framework<sup>6</sup>**

For a trauma-informed framework to be *pono* (just, moral, righteous) in Hawai‘i, it must also be rooted in honoring the traditional ways of knowing and being of the indigenous people of Hawai‘i, or Kānaka ‘Ōiwi. Although there are several frameworks for understanding wellbeing from a Kānaka ‘Ōiwi perspective, we uplift one framework here to capture the purpose and direction of our trauma-informed efforts as a State. The Pilinahā framework outlines four interconnected and interwoven elements or relationships necessary for individuals to achieve *maui ola*, or optimal health and wellbeing. We have adapted this framework for a broader organizational approach to culturally-grounded and trauma-informed care.

Pilinahā Framework Element	Description
<b>Connection to Place</b>	We encourage all departments, divisions, organizations to nurture connection to place as a foundation for rooting in the context in which we live and work.
<b>Connection to Community</b>	We encourage all organizations to foster a sense of community and belonging for consumers, partners, and employees. The desire to belong and to feel connected to a people and a place is a basic human need.
<b>Connection to Past and Future</b>	We encourage all organizations to understand their place in the timeline or lineage of service they provide.
<b>Connection to Better Self / Organization</b>	We encourage all organizations to continue engaging in self-reflection, and adapting to meet the ever-evolving needs of the community.

**The framework shall include clear examples of how individuals and institutions may implement trauma-informed and responsive practices across different domains, including organizational leadership, workforce development, policy and decision-making, and evaluation**

## Domains of Implementing a Trauma-Informed Approach

As a community, we all have the personal kuleana to introspectively monitor our personal beliefs, attitudes, and behaviors to ensure we do not cause trauma to those we interact with, whether they be family, friends, peers, colleagues, or the community-at-large. The same can be

accomplished at the mezzo and macro levels. Departments, offices, organizations, and other institutions can create environments through deliberate implementation of trauma-informed practices in the following ten specific domains.<sup>7</sup> Below are the ten domains of TIC implementation along with the recommended behaviors, attitudes, and beliefs to adopt:

<p><b>Governance &amp; Leadership</b> Leadership—at all levels—in the State of Hawai'i support and invest in implementing and sustaining a TIC Program.</p>			<p><b>Screening Assessment &amp; Treatment</b> Screening, assessing, making referrals and interventions are culturally appropriate and reflect Hawai'i's TIC principles.</p>
<p><b>Policy</b> Standards are written to ensure all Principles of TIC are followed. They are embodied, modeled, accessible and kept current.</p>			<p><b>Training &amp; Workforce Development</b> All departments incorporate TIC principles in hiring, during supervision, and interoffice policies, this includes on-going training and peer support. Procedures are in place for staff with trauma histories or those exposed to trauma</p>
<p><b>Physical Environment</b> Workspaces promote a sense of safety—physically and psychologically—through collaboration, openness, transparency, and shared spaces.</p>			<p><b>Process Monitoring &amp; QA</b> The State of Hawai'i conducts ongoing assessments, tracking and monitoring related to our TIC principles and interventions across all departments.</p>
<p><b>Engagement &amp; Involvement</b> From planning and conceptualization to implementation and practice, TIC efforts involves everyone; from Governor to new hire.</p>			<p><b>Financing</b> Financing structures support Hawai'i's TIC approach to include resources for staff training on trauma approach, key principles, developing safe facilities, establishment of peer support, assessment and data, support and collaboration efforts</p>
<p><b>Cross Collaboration</b> Departments and offices demonstrate collaboration across all sectors, promoting shared understanding of trauma-informed care to help us achieve our mission.</p>			<p><b>Evaluation</b> The State of Hawai'i has a team devoted to identifying measures and has systems for evaluating the effectiveness of our TIC services, policies, processes, and programs.</p>

## Trauma-Informed Approaches

In orienting oneself to a new way of operating, this way of being is sometimes best understood in

contrast to its opposite. The following are a starting point, from which individuals and institutions can examine their own practices.

Trauma-Inducing Practices (creates triggered environments)	Trauma-Informed Approaches (promotes healthy and resilient environments)
Approaching and responding from place of judgment	Honoring human connections based on empathy
Believing behaviors are maladaptive	Understanding behaviors as adaptive
Believing that social identities and who we are are self-determined	Acknowledging our social identities emerge through our social, cultural, and historical contexts and experiences
Composing a narrative in which the problem defines the individual	Drawing on the individual's worldview (experiences, knowledge, values, culture, language, interests, preferences, motivations, perspectives, aspirations, abilities, and strengths) as one's source for moving forward in meaningful and sustainable ways
Relying solely on scientific knowledge and evidence	Using knowledge and insights grown from ancestral knowledge and wisdom, community practices, and lived experiences, as well as from scientific research and science-informed insights
Respecting and accessing a singular or dominant approach in working through trauma	Respecting and accessing the many resilient-laden paths and sources of strengths in working through trauma
Primarily affecting change as separate public, private, or community- and culturally-based entities	Accepting our collective responsibility to collaborate and promote coherent, consistent policies, design new or redesign current approaches, and shift current practices to better support individuals, families, communities, services, and the system in achieving significant outcomes
Inadvertently supporting institutionalized sources of stress and limiting equitable opportunities	Advocating for and developing policies and procedures that embrace diversity and inclusion while addressing structural inequities and decrease barriers towards healing
Solely investing in individually-focused approaches that attempt to positively change the individual to "fix" the problems that stream through the community or enhancing the mindset of "fixing" the individual to fit into an established environment	Creating physical and social environments grounded in responsive, supportive, reciprocal relationships that are foundational for community wellness and resilience

## Reducing Re-traumatization

When using trauma-informed approaches we can decrease the likelihood of re-traumatization of patients, patrons, clients, as well as personnel. It's not uncommon for a workplace to cultivate a stressful or toxic environment, inadvertently. This can result in interference with the support and services needed for patrons, patrons, and clients to recover. Re-traumatization also negatively impacts the well-being of staff and the overall performance of the organization. When all personnel—from senior leadership to new staff—can work in a trauma-informed environment, they are able to recognize how organizational practices may activate painful memories and re-traumatize those with trauma histories.

## TIC Strategies and Actions for Collective Change

Identifying a comprehensive selection of strategies, actions, and interventions is vital to implementing effective trauma informed prevention and mitigation efforts in the SoH. The Community Anti-Drug Coalitions of America (CADCA)<sup>8</sup> created Seven Strategies for Creating Effective Community Change that help with identifying appropriate and timely action steps to include in our overall implementation of a Trauma-Informed Approach.

Strategy: Provide Information	
Description	Examples of Actions
Educational briefs and presentations, workshops or seminars, and data or media presentations	<ul style="list-style-type: none"> <li>• public service announcements,</li> <li>• brochures</li> <li>• community meetings</li> <li>• town halls</li> <li>• forums</li> <li>• web-based communications</li> </ul>
Strategy: Enhance Skills	
Description	Examples of Actions
Workshops, briefs, seminars, PMEs, or activities designed to increase the skillset of the person	<ul style="list-style-type: none"> <li>• Formal didactic and/or technical training</li> <li>• Continuing education</li> <li>• mentoring/modeling programs</li> </ul>
Strategy: Provide Support	
Description	Examples of Actions
Creating opportunities to support people to participate/engage in activities or efforts	<ul style="list-style-type: none"> <li>• providing alternative activities</li> <li>• mentoring</li> <li>• referrals for services</li> <li>• support groups and/or club</li> </ul>
Strategy: Enhance Access/Reduce Barriers	
Description	Examples of Actions
Improving systems and processes to increase the ease, ability, and opportunity to utilize systems and services	<ul style="list-style-type: none"> <li>• access to treatment, childcare, transportation</li> <li>• flex hours of operations</li> <li>• Training on cultural sensitivity</li> </ul>



**Strategy: Change Consequences (incentives/disincentives)**

Description	Examples of Actions
Increasing or decreasing the probability of a specific behaviors/reactions/beliefs by altering the consequences/outcomes for performing that behavior	<ul style="list-style-type: none"> <li>• public recognition for deserved behavior</li> <li>• individual rewards</li> <li>• revocation/loss of privileges</li> <li>• flex working schedules</li> </ul>

**Strategy: Change Physical Design**

Description	Examples of Actions
Changing the physical design or structure of the environment to reduce barriers	<ul style="list-style-type: none"> <li>• survey layout</li> <li>• landscape</li> <li>• accessibility and visibility</li> <li>• lighting</li> </ul>

**Strategy: Modify/Change Policies**

Description	Examples of Actions
Formal change in written procedures, orders, guidance, laws with written documentation and/or procedures	<ul style="list-style-type: none"> <li>• initiatives and policies,</li> <li>• standard operating procedures,</li> <li>• legislation</li> </ul>

**Examples Through a Piliinahā Framework Lens**

The Piliinahā framework allows for individuals and organizations to approach trauma-informed care by orienting us in working toward the direction of

*mauli ola*, or optimal health and wellbeing, for both individual and collective.

Piliinahā Framework Element	Examples of Approach
<b>Connection to Place</b>	<p>Create space and intention to pose the following questions:</p> <ul style="list-style-type: none"> <li>• Do you know the place in which you work and reside, and the history and landscape of the communities you serve?</li> <li>• Do you know the traditional names of the land on which you work and the indigenous names of the wind and rain that falls in your district?</li> <li>• What is the history of your workplace community, and how has that changed over time?</li> <li>• How might you build a better relationship with the place in which you work?</li> </ul>
<b>Connection to Community</b>	<ul style="list-style-type: none"> <li>• We encourage organizations to take inventory of how they facilitate belonging in the workplace, monitoring who may feel included or excluded, and elevating efforts to increase connection and relational safety among employees.</li> </ul>
<b>Connection to Past and Future</b>	<ul style="list-style-type: none"> <li>• At the individual level, feeling connected to your past and future involves feeling a sense of connection to a longer, ancestral strand, and, thus, a sense of purpose in the fabric of the narrative of our greater community.</li> <li>• At an organizational level, this connection expands to understanding the history and future of the organization, its relationship with the community,</li> </ul>

	and alignment of goals between organization, community and individual employees.
<b>Connection to Better Self / Organization</b>	<ul style="list-style-type: none"> <li>• At an individual level, this involves self-reflection, taking inventory of one's strengths and growth edges, and striving to better oneself for their 'ohana (families) and kaiāulu (community.)</li> <li>• At the organizational level, connection to better self/organization invites the organization as a whole to engage in similar reflective processes for the sake of their employees, the health of the organization and the wellbeing of the communities they serve.</li> <li>• To continue to strive for improvement, organizations must foster a sense of ha'aha'a (humility) as well as ho'omau (perseverance), and must turn to each of the three aforementioned relationships and to the community for guidance.</li> </ul>

## Implementation at Organization and

### Service Levels

The following are examples of strategies and actions for implementing trauma-informed care in Hawai'i on an organization and service level and

how they align with Trauma-Informed Care models, approaches and principles presented thus far.

### Trauma-Informed Organizational Levels

Action	Pilinahā Element(s)	Strategy(ies)	Principle(s)	SEM	Domain(s)
<b>Department, Division, and Office Leaders develop their personal philosophy and commitment to a trauma-informed culture and ensure it is visible in the working environment and their Government's webpage.</b>	<ul style="list-style-type: none"> <li>• All Elements</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Information</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Trustworthiness &amp; Transparency</li> </ul>	<ul style="list-style-type: none"> <li>• Relational</li> <li>• Community</li> </ul>	<ul style="list-style-type: none"> <li>• Governance &amp; Leadership</li> <li>• Engagement &amp; Involvement</li> </ul>
<b>Departments biannually review and update their public-facing and interdepartmental forms, paperwork, and associated processes to ensure they are culturally sensitive and reduce overall burden on both the consumer, processor, and department.</b>	<ul style="list-style-type: none"> <li>• All Elements</li> </ul>	<ul style="list-style-type: none"> <li>• Change Physical Design</li> <li>• Modify/Change Policies</li> <li>• Enhance Access/Reduce Barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Trustworthiness &amp; Transparency</li> <li>• Cultural, Historical, &amp; Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>• All Levels</li> </ul>	<ul style="list-style-type: none"> <li>• Policy</li> <li>• Governance &amp; Leadership</li> <li>• Physical Environment</li> <li>• Process Monitoring &amp; QA</li> </ul>

### Trauma-Informed Service Levels

Action	Pilinahā Element(s)	Strategy(ies)	Principle(s)	SEM	Domain(s)
<b>Ensuring patrons are afforded options and educated about the benefits, limitations, and possible outcomes of each option.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Involve patrons in the service process.</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Trustworthiness &amp; Transparency</li> <li>Empowerment &amp; Choice</li> </ul>	<ul style="list-style-type: none"> <li>Relational</li> <li>Community</li> </ul>	<ul style="list-style-type: none"> <li>Governance &amp; Leadership</li> <li>Engagement &amp; Involvement</li> <li>Policy</li> <li>Cross Collaboration</li> </ul>
<b>Enlisting Peer Support Specialists to assist with removing barriers, increasing understanding, and reducing isolation.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Involve patrons in the service process.</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Collaboration and mutuality</li> <li>Peer Support</li> <li>Trustworthiness &amp; Transparency</li> <li>Empowerment &amp; Choice</li> </ul>	<ul style="list-style-type: none"> <li>Individual</li> <li>Relational</li> <li>Community</li> </ul>	<ul style="list-style-type: none"> <li>Policy</li> <li>Engagement &amp; Involvement</li> <li>Cross Collaboration</li> <li>Training &amp; Workforce Development</li> </ul>
<b>Appropriate resources, referrals and care options should be offered to ensure screenings benefit patients.</b>  <b>Consider only re-screening at key points within the continuum of care, after examining the potential risks and benefits to the patient.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Screening for trauma</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Empowerment &amp; Choice</li> <li>Trustworthiness &amp; Transparency</li> <li>Cultural, Historical &amp; Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>All levels</li> </ul>	<ul style="list-style-type: none"> <li>Governance &amp; Leadership</li> <li>Engagement &amp; Involvement</li> <li>Policy</li> <li>Cross Collaboration</li> <li>Screening &amp; Assessment</li> </ul>
<b>Examine, build-up, utilize, and train staff on evidence-based best practices to increase overall positive patient outcomes and workplace wellness.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Training staff in trauma-specific services</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Trustworthiness &amp; Transparency</li> <li>Collaboration and mutuality</li> <li>Empowerment &amp; Choice</li> </ul>	<ul style="list-style-type: none"> <li>Individual</li> <li>Relational</li> <li>Community</li> </ul>	<ul style="list-style-type: none"> <li>Governance &amp; Leadership</li> <li>Engagement &amp; Involvement</li> <li>Policy</li> <li>Cross Collaboration</li> <li>Screening &amp; Assessment</li> <li>Physical Environment</li> <li>Financing</li> <li>Evaluation</li> </ul>
<b>Create standing partnerships and agreements (e.g., MOA) with other services and organizations to allow a “warm hand-off” and continuum of care</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Provides Referral Service with Partnering Organization - when treating</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Trustworthiness &amp; Transparency</li> <li>Collaboration and mutuality</li> </ul>	<ul style="list-style-type: none"> <li>All Levels</li> </ul>	<ul style="list-style-type: none"> <li>Governance &amp; Leadership</li> <li>Engagement &amp; Involvement</li> <li>Policy</li> <li>Cross Collaboration</li> </ul>

**without interruption of  
treatment and support.**

agency does  
not have

**The framework shall include strategies for preventing and addressing secondary traumatic stress for all professionals and providers working with children and youth and their families who have experienced trauma**

Using the Trauma-Informed Care framework listed above, the Task Force recommends the following strategy for preventing and addressing secondary

traumatic stress for providers and professionals working with children and families who have experienced trauma.

Action	Pilinahā Element(s)	Strategy(ies)	Principle(s)	SEM	Domain(s)
Offices annually review and update their personnel policies and processes to ensure appropriate monitoring is conducted and support is available for staff who are or may be at risk for trauma-related reactions.	<ul style="list-style-type: none"> <li>• Connection to community</li> <li>• Connection to past and future</li> <li>• Connection to better self/organization</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Support</li> <li>• Enhance Access/Reduce Barriers</li> <li>• Change/Modify Policies</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Peer Support</li> <li>• Trustworthines s &amp; Transparency</li> </ul>	<ul style="list-style-type: none"> <li>• Individual</li> <li>• Relational</li> <li>• Community</li> </ul>	<ul style="list-style-type: none"> <li>• Governance &amp; Leadership</li> <li>• Engagement &amp; Involvement</li> <li>• Screening Assessment &amp; Treatment</li> <li>• Policy</li> <li>• Cross Collaboration</li> </ul>

**The framework shall include recommendations to implement trauma-informed care professional development and strategy requirements in county and state contracts**

Using the Trauma-Informed Care framework listed above, the Task Force recommends the following actions to implement trauma-informed care

professional development at the organizational and service level.

**Trauma-Informed Organizational Levels**

Action	Pilinahā Element(s)	Strategy(ies)	Principle(s)	SEM	Domain(s)
<b>Onboarding training includes TIC module; bi-annual refreshers and targeted training is made available.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Provide Information</li> <li>Enhance Skills</li> <li>Provide Support</li> <li>Enhance Access/Reduce Barriers</li> <li>Modify/Change Policies</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Trustworthiness &amp; Transparency</li> <li>Peer Support</li> <li>Collaboration &amp; Mutuality</li> <li>Cultural, Historical, &amp; Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>All Levels</li> </ul>	<ul style="list-style-type: none"> <li>Governance &amp; Leadership</li> <li>Policy</li> <li>Engagement &amp; Involvement</li> <li>Cross Collaboration</li> <li>Training &amp; Workforce Development</li> <li>Process Monitoring &amp; QA</li> <li>Evaluation</li> </ul>
<b>A portion of the onboarding process for new employees will include a cultural module on Native Hawaiian history, historical trauma and its cascading effects, and current affairs. Historical and on-going examples of Kānaka Maoli strengths and resilience must be highlighted throughout the cultural module.</b>	<ul style="list-style-type: none"> <li>All Elements</li> </ul>	<ul style="list-style-type: none"> <li>Provide Information</li> <li>Change/Modify Policies</li> </ul>	<ul style="list-style-type: none"> <li>Cultural, Historical, &amp; Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>All Levels</li> </ul>	<ul style="list-style-type: none"> <li>Training &amp; Workforce Development</li> <li>Cross Collaboration</li> <li>Engagement &amp; Involvement</li> </ul>

### Trauma-Informed Service Levels

Action	Pilinahā Element(s)	Strategy(ies)	Principle(s)	SEM	Domain(s)
<b>Examine, build-up, utilize, and train staff on evidence-based best practices to increase overall positive patient outcomes and workplace wellness.</b>	<ul style="list-style-type: none"> <li>• Connection to place</li> <li>• Connection to community</li> <li>• Connection to past and future</li> <li>• Connection to better self/organization</li> </ul>	<ul style="list-style-type: none"> <li>• Training staff in trauma-specific services</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Trustworthiness &amp; Transparency</li> <li>• Collaboration and mutuality</li> <li>• Empowerment &amp; Choice</li> </ul>	<ul style="list-style-type: none"> <li>• Individual</li> <li>• Relational</li> <li>• Community</li> </ul>	<ul style="list-style-type: none"> <li>• Governance &amp; Leadership</li> <li>• Engagement &amp; Involvement</li> <li>• Policy</li> <li>• Cross Collaboration</li> <li>• Screening &amp; Assessment</li> <li>• Physical Environment</li> <li>• Financing</li> <li>• Evaluation</li> </ul>
<b>Before personnel can administer trauma screening and assessments, they should receive proper training to safeguard patients and patrons from increased stress reactions or re-traumatization.</b>	<ul style="list-style-type: none"> <li>• Connection to place</li> <li>• Connection to community</li> <li>• Connection to past and future</li> <li>• Connection to better self/organization</li> </ul>	<ul style="list-style-type: none"> <li>• Screening for trauma</li> <li>• Training staff in trauma-specific services</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Trustworthiness &amp; Transparency</li> <li>• Collaboration and mutuality</li> <li>• Cultural, Historical &amp; Gender Issues</li> </ul>	<ul style="list-style-type: none"> <li>• All levels</li> </ul>	<ul style="list-style-type: none"> <li>• Governance &amp; Leadership</li> <li>• Engagement &amp; Involvement</li> <li>• Policy</li> <li>• Cross Collaboration</li> <li>• Screening &amp; Assessment</li> </ul>

***The framework shall include an implementation and sustainability plan, consisting of an evaluation plan with suggested metrics for assessing ongoing progress of the framework***

As part of an implementation and sustainability plan, the Task Force voted in August 2022 to approve a motion to advance work towards a resolution for a bill aimed at the following: securing positions, priorities and continued funding of the Office of Wellness and Resilience; the sustainability of the work of the Trauma-Informed Care Task Force; and the inclusion of Native Hawaiian cultural approaches to building community wellness and resilience. This resolution was widely supported by Native Hawaiian Civic Clubs and paved the way for future housekeeping bill SB894.

The Task Force further enacted an Office of Wellness and Resilience Permitted Interaction Group to identify and advise on the standing-up of this semi-autonomous authority established to support and implement the statewide framework developed by this Task Force. This Permitted Interaction Group drafted recommendations, which the Task Force voted to support, recommending the following to Chief of Staff Takayama: temporarily assign a state employee from a state department as the Acting Executive Director for the Office of Wellness and Resilience; for the Task Force to vet the list of names of Executive Director candidates generated by the community and Task Force members; and to present a short list of qualified and interested applicants to the next Governor for consideration to permanently appointment an Executive Director. This list of candidates was successfully vetted and a short list was provided to the Office of the Governor in December 2022. The Task Force recommended the interim Executive Director collaborate with the Task Force to implement the following:

1. Establish positions for:
  - a. Administrative assistant
  - b. Four planner positions
2. Create a funding mechanism and develop a budget to present to the legislature in December 2022.
3. Order equipment and supplies for office staff.

4. Develop contract scopes for two contracted consultants.
5. Attend monthly meetings and collaborate with the Act 209 Task Force.

In December 2022, the Task Force voted in support of a housekeeping bill SB894, further ensuring continued sustainability of the current work. Through SB894, the Task Force made the following recommendations:

1. Extend the stay of the Office of Wellness and Resilience under the Governor's Office to June 30, 2025.
2. Transfer the Office of Wellness and Resilience to the Department of Human Services on July 1, 2025.
3. Formally attach the Trauma Informed Care Task Force as an Advisory Board to the Office of Wellness and Resilience.
4. Adopt a process and criteria for appointing members to the Task Force.
5. Move the Task Force report due date from December 2023 to December 2024.

With the exception of one, all recommendations were included and approved in both and SB894 passed in May 2023. Consequently, Act 087 was signed by Governor Green on June 14, 2023.

To ensure the implementation, sustainability and adaptability of the Task Force's recommendations, it is further recommended that dedicated operations, methods of evaluation, timelines for completion, anticipated deliverables and measures of success be established. These will allow for the existing frameworks to continue to be refreshed and new practices advanced. These efforts will require ongoing commitment and resources, which the Task Force is committed to outlining in the first half of 2024. This is aimed to be a collaborative process between the Task Force and OWR staff, as both work to support the other in advancing trauma-informed care in Hawai'i.



# Task Force Objective II & IV: Best Practices to Build Wellness & Resilience

**Identify best practices, including those from native Hawaiian cultural practices, with respect to children and youth who have experienced or are at risk of experiencing trauma, and their families; and identify various cultural practices that build wellness and resilience in communities**

The Task Force recommends continuing the vital work of gathering, studying, and strengthening cultural best practices with the ultimate goal of enhancing the well-being and outcomes of our communities.

When gathering existing well-being frameworks and pursuing cultural best practices, it is recommended to build upon the foundation of

already existing frameworks that have shown promise in addressing pertinent cultural challenges and promoting an overall sense of well-being. By leveraging and enhancing these frameworks, we can make considerable progress and ensure continuity in our endeavors. Some of the key frameworks and cultural practitioner best practices proposed for exploration are as follows:

Framework	Description	Authors and Contacts
<a href="#">HĀ: Na Hopena A’o<sup>9</sup></a>	<p>Nā Hopena A’o (“HĀ”) is a framework of outcomes that reflects the Department of Education’s core values and beliefs in action throughout the public educational system of Hawaii. The Department of Education works together as a system that includes everyone in the broader community to develop the competencies that strengthen a sense of belonging, responsibility, excellence, aloha, total-well-being, and Hawaii (“BREATH”) in ourselves, students, and others. With a foundation in Hawaiian values, language, culture, and history, HĀ reflects the uniqueness of Hawaii and is meaningful in all places of learning. HĀ supports a holistic learning process with universal appeal and application to guide learners and leaders in the entire school community.</p>	<p>Hawai’i Department of Education and Kaanohi Kalama- Maccomber</p>
<a href="#">Wellness Lōkahi<sup>10</sup></a>	<p>The lōkahi wheel connects to the Hawaiian meaning of lōkahi which is the concept of balance, harmony, and unity. The six equal dimensions of the wheel help to define the areas of health to progress to wellness. Each dimension of the wheel connects to help create balance in life. The wheel provides an opportunity for you and your ‘ohana to talk about your health and ways to create wellness.</p>	<p>Kamehameha Schools</p>

[CREA-HI Well-being Framework](#)<sup>11</sup>

Dimensions of Native Hawaiian Wellbeing:

- Ea - Self-determination
- ‘Āina Momona - Healthy and productive land and people
- Pilina - Mutually sustaining relationships
- Waiwai - Ancestral knowledge and collective wealth
- ‘Ōiwi - Cultural identity and native intelligence
- Ke Akua Mana - Spirituality and the sacredness of mana

Lili‘uokalani Trust, the Office of Hawaiian Affairs, Kamehameha Schools, Consuelo Foundation, Culturally Responsive Evaluation and Assessment Hawai‘i, the Department of Native Hawaiian Health – John A. Burns School of Medicine, and the Kualoa–He‘eia Ecumenical Youth Project.

[E Ola Mau a Mau](#)<sup>12</sup>

*Native Hawaiian Health Needs Assessment* and recommendations to understand the current health status of Native Hawaiians and wisely develop and implement programs, services, policy and other strategies to improve the health and well-being of our people. This is a collective effort to continue building a sustainable Native Hawaiian healthcare system for the lāhui.

Papa Ola Lōkahi and Sheri-Ann Daniels, Papa Ola Lōkahi Executive Director

[Assessment and Priorities for the Health and Well-Being in Native Hawaiians and Pacific Islanders](#)<sup>13</sup>

This report is an update of the well-received Assessment and Priorities for Health and Well-Being of Native Hawaiians and Pacific Peoples published in 2013. The report provides an updated broad summary of the health status and priorities of our Native Hawaiian and Pacific Islander communities to enable community leaders, policymakers, academic institutions, and other stakeholders make meaningful decisions and take informed actions.

Department of Native Hawaiian Health John A. Burns School of Medicine University of Hawai‘i at Mānoa

[Pilinahā: An Indigenous Framework for Health](#)<sup>14</sup>

A framework for indigenous health, *Pilinahā* or the Four Connections Framework addresses 4 vital connections that people typically seek to feel whole and healthy in their lives: connections to place, community, past and future, and one’s better self.

[Sharon Ka‘iulani Odom](#),<sup>1</sup> [Puni Jackson](#),<sup>1</sup> [David Derauf](#),<sup>1</sup> [Megan Kiyomi Inada](#),<sup>1</sup> and [Andrew H Aoki](#)<sup>2</sup>

# Task Force Objective III: Trauma-Informed Inventory & Assessment

***Provide a trauma-informed care inventory and assessment of public and private agencies and departments***

The Task Force recommends housing a repository of assessment tool resources and information within the Office of Wellness and Resilience. In compiling and maintaining the repository, the Task Force encourages that the following be taken into consideration: whether tools are used for research or assessment; providing links to vetted information and resources; and the appropriateness of simply listing tools, especially those which require extensive training and education to administer.

The following was identified as a national repository that has vetted assessment tools:

- The National Child Traumatic Stress Network Database<sup>15</sup>

The following were identified as Cultural Responsivity in using Assessment Tools:

- Culturally Responsive Evaluation and Assessment-Hawai'i (CREA-HI) - Aloha Framework<sup>16</sup>
- Lili'uokalani Trust - Kūkulu Kumuhana wellbeing framework<sup>17</sup> & 'Ōiwi Practice<sup>18</sup>

# Task Force Objective V: Trauma-Informed Care Practitioners

***Convene trauma-informed care practitioners so that they may share research and strategies in helping communities build wellness and resilience***

The Task Force recommends that the method for gathering more information about the frameworks and cultural practitioner best practices entails conducting one-on-one interviews with the authors of the frameworks and other cultural practitioners to ensure a common means to the data collection process. These conversations may be recorded and transcribed to ensure accuracy and comprehensive documentation. Additionally, interviews may be conducted, either by the dedicated staff of the Office of Wellness and

Resilience or through the participation of the group members. Interviewees will be appropriately compensated for their time and engagement. Furthermore, it is recommended to convene a forum where practitioners can be collectively invited to engage with the group, fostering a collaborative exchange of insights and perspectives. The following is an initial list of cultural practitioners the Task Force encourages considering:

Cultural Practitioner	Organization
Mapuana C. K. Antonio (the role of 'Āina connectedness in Native Hawaiian health and resilience)	Office of Public Health Studies, Thompson School of Social Work and Public Health, University of Hawai'i at Mānoa
Kaui Sang and Kaanohi Kalama-Maccomber	DOE- Office of Hawaiian Education (HĀ: Na Hopena A'ō)
Dr. Lysa Kama-Carr	DOE - West Big Island & Alaka'i Na Keiki
Aunty Puanani Burgess	Lead Facilitator - One-Peace-At-A-Time
Josie Howard	We are Oceania
Venus Rosete-Medeiros	Hale Kipa
Calvin Ho	Cultural Practitioner
Earl Kawa'a	
Malina Kaulukukui	Kumu Hula, freelance/consults, former UH SSW
Kau'i Kanaka'ole	
Gail Silva	Compassionate Ko'olaupoko
Bella Finau-Faumuina	Kaneohe Elementary/Innovation Academy
Dawn Mahi	Consuelo Foundation
Toni Bissen	PŪ'Ā Foundation
Melissa Data	Lili'uokalani Trust

Errol Kai'i Lee	Papa Ola Lōkahi / Lilinoi Kauahikaua
Keola Kawai'ula'iliahi Chan	Ka Pā o Lonopūhā, Hui Ho'omalū

The following questions outlined below are recommended to be used as a source of questions that may be used as part of the interview process. These questions are a starting point and not meant to be exhaustive.

#### Menu of Questions to pose to Cultural Practitioners

- What can we glean from you? Talking story about their wisdom, insights, philosophy, core knowledge and values
- How well do the TIC core values resonate with you (or your practice)? Any suggestions? I am interested in hearing your perspective.
- What are some of your practices that speak to or foster safety, trustworthiness, choice, collaboration, cultural humility, peer support, and empowerment?
- What values are important to your work? How do you integrate these values into your approach to cultivating wellness and resilience for your clients/participants/students?
- What culturally-grounded, appropriate, and effective strategies do you employ when working with families? How do factors such as regional locations (rural or urban) and family dynamics influence your approach?
- Can you share examples of cultural practices that have played a significant role in fostering resilience within a community?
- In your view, what are some key factors that contribute to a thriving community?
- Can you discuss the importance of 'āina in fostering resilience and a sense of belonging?
- Can you provide examples of initiatives or programs that foster resilience and a sense of well-being within a community?

A Wellness and Resilience Summit is further being recommended to continue the implementation of this work and convene the Office of Wellness and Resilience, trauma-informed and cultural practitioners, and community. The following recommendations were made with regard to the planning and implementation of this Summit:

- The summit should be an opportunity to share resources, content, and research. Participants should be offered opportunities to make connections, learn new ways of traditional practices as a coping skill, uplift through peer support and lived experiences. The Office could consider opportunities for strategic direction, planning, and mapping.
- It would be beneficial to hold the summit in a space that would be welcoming to traditional practitioners and community members.
- The Office may want to consider in-person, virtual, hybrid methods of delivery and interaction. Also consider the following:
  - Replication on each island with different participants and presenters
    - If unable to replicate on each island, seek external funding to provide travel subsidy for neighbor island representation.
  - Large group (whole) and small groups (breakouts)
- Ensure that there is access for all participants including consideration of ethnic and cultural diversity, neighbor island participation, the need for interpretation and translation services, and disability accommodations.
- In the timing of the summit(s), there should be consideration of other conferences and events happening at the same time to avoid scheduling conflicts among participants and presenters.
- Seek out and collaborate with organizations and practitioners that can support the summit with planning, funding, coordination, logistics, continuing education credits, and/or staffing

# Task Force Objective VI: Federal Funding

**Seek ways in which federal funding may be used to better coordinate and improve the response to families impacted by coronavirus disease 2019, substance use disorders, domestic violence, poverty, and other forms of trauma, including making recommendations for a government position to interface with federal agencies to seek and leverage federal funding with county and state agencies and philanthropical organizations**

The Task Force recommends the creation of a position within the Office of Wellness and Resilience, or elsewhere with statewide reach, that deals with finding funding opportunities; assist with applications; guidance; training and grants management; developing a systems map; and seeking funding sources.

*Position proposal entails:*

- Awareness of funding opportunities
- Are the funding opportunities good fits
- Support application process and submission
- Management of grant / rules and regs / meeting fiscal requirements / tracking and reporting progress
- Background of person: grant writing, grant management, understanding grant sustainability, prior success, understanding of

specific data, ability to train others; thorough vetting of candidate

- How to create: (Provision in Act) Possibly look at empty roles in other depts that can be brought over to OWR; using this to fulfill the role; needs statewide / cross-department reach

The Task Force further recommends development of intentional strategy to encourage conversation and coordination between the Office of Wellness and Resilience, federal and philanthropic agencies to disaggregate data; and push the narrative and level setting objectives that would move the Native Hawaiian community forward - with common language and rigor. It is encouraged that Native Hawaiian Cultural Practitioners are invited to aid the Office of Wellness and Resilience in the framing of these conversations.

# Task Force Objective VII: Data Collection & Funding

***Coordinate data collection and funding streams to support the efforts of the interagency task force***

The Task Force recommends creating data systems that support and encourage disaggregation of ethnic and racial groups; and geographically. The Task Force encourages the following:

- Disaggregation of data, to the extent possible, particularly within the federal government sector
- Increasing understanding and use of data available, including what data means and how to effectively use it
- Encouraging the expansion of HealthData Warehouse.

# Closing Remarks

‘Ōlelo No‘eau #203

**‘A‘ohe pau ka ‘ike i ka hālau ho‘okahi.**

All knowledge is not taught in the same school.

This document does not mark the end of the Task Force’s work. This serves only as the *thus far* report. Over the years, the Task Force has listened to community members, area experts and each other knowing that no one perspective has all of the knowledge or answers. The Task Force allocated different areas of inquiry among various working groups. The recommendations that came forth from these working groups revealed that participants were not just parroting the standard orthodoxy of trauma responsiveness, but were including the complexity and nuance of real life in Hawai‘i. For example, the definition of historical trauma included, “...in Hawai‘i, we consider contexts such as colonization, the overthrow of the Hawaiian Kingdom, mass land dispossession,” which is “accompanied by historical unresolved grief, kaumaha (heaviness, deep grief, sadness).” With trauma-informed work one never arrives but rather engages in on-going betterment. We value voices from the community and invite all to join in our commitment to this endeavor.



# Appendice

## Appendix A. House Bill 1322: Relating to Trauma-Informed Care

HOUSE OF REPRESENTATIVES  
THIRTY-FIRST LEGISLATURE, 2021  
STATE OF HAWAII

**H.B. NO.** 1322  
H.D. 1  
S.D. 2

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# A BILL FOR AN ACT

RELATING TO TRAUMA-INFORMED CARE.

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

SECTION 1. The legislature finds that research conducted over the last two decades in the fields of neuroscience, molecular biology, public health, genomics, and epigenetics reveal that experiences in the first few years of life build changes into the biology of the human body that, in turn, influence a person's physical, mental, and spiritual health. 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.

The legislature further finds that early adverse childhood experiences shape the physical architecture of a child's developing brain and can prevent the development of a sturdy foundation for learning, quality health, and positive behavior. Strong, frequent, or prolonged stress in childhood caused by adverse childhood experiences can become toxic stress, impacting the development of a child's fundamental brain architecture and stress response systems. Early childhood education offers a

unique window of opportunity to prevent and heal the impacts of adverse childhood experiences and toxic stress on a child's brain, body, and spirit. Research on toxic stress and adverse childhood experiences indicates a growing public health crisis for the State with implications for the State's educational, juvenile justice, criminal justice, and public health systems.

The legislature also finds that neurobiological, epigenetics, and physiological studies have shown that traumatic experiences in childhood and adolescence can diminish concentration, memory, and the organizational language abilities students need to succeed in school, thereby negatively impacting a student's academic performance, classroom behavior, and the ability to form relationships. A critical factor in buffering children from the effects of toxic stress and adverse childhood experiences is the existence of supportive, stable relationships between children and their families, caregivers, and other important adults in their lives. Cultural practices that provide asset-based approaches involving the influence of a stable non-relative adult can provide the resilience needed to mitigate a child with high adverse childhood experiences. Positively influencing the architecture of a child's developing brain is more effective and less costly than attempting to correct poor learning, health, and behaviors later in life.

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

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

(1) The director of health, or the director's designee, who shall serve as the chairperson of the task force;

(2) The director of human services, or the director's designee;

(3) The superintendent of education, or the superintendent's designee;

(4) The director of public safety, or the director's designee;

(5) The director of the executive office on early learning, or the director's designee;

(6) A member of the judiciary, to be appointed by the chief justice of the supreme court;

(7) A faculty member from the university of Hawaii John A. Burns school of medicine, to be appointed by the dean of the university of Hawaii John A. Burns school of medicine;

(8) The chief executive officer of Kamehameha Schools, or the chief executive officer's designee, who shall be invited by the chairperson;

(9) A member of the law enforcement community, who shall be invited by the chairperson;

(10) A member of the non-profit sector, who shall be invited by the chairperson; and

(11) A community member or non-profit representative from the Compact of Free Association islander community, who shall be invited by the chairperson.

(b) The task force shall develop and make recommendations for trauma-informed care in the State. Specifically, the task force shall:

(1) Create, develop, and adopt a statewide framework for trauma-informed and responsive practice. The framework shall include:

(A) A clear definition of "trauma-informed and responsive practice";

(B) Principles of trauma-informed and responsive care that may apply to any school, health care provider, law enforcement agency, community organization, state agency, or other entity that has contact with children or youth;

(C) Clear examples of how individuals and institutions may implement trauma-informed and responsive practices across different domains, including organizational leadership, workforce development, policy and decision-making, and evaluation;

(D) Strategies for preventing and addressing secondary traumatic stress for all professionals and providers working with children and youth and their families who have experienced trauma;

(E) Recommendations to implement trauma-informed care professional development and strategy requirements in county and state contracts; and

(F) An implementation and sustainability plan, consisting of an evaluation plan with suggested metrics for assessing ongoing progress of the framework;

(2) Identify best practices, including those from native Hawaiian cultural practices, with respect to children and youth who have experienced or are at risk of experiencing trauma, and their families;

(3) Provide a trauma-informed care inventory and assessment of public and private agencies and departments;

(4) Identify various cultural practices that build wellness and resilience in communities;

(5) Convene trauma-informed care practitioners so that they may share research and strategies in helping communities build wellness and resilience;

(6) Seek ways in which federal funding may be used to better coordinate and improve the response to families impacted by coronavirus disease 2019, substance use disorders, domestic violence, poverty, and other forms of trauma, including making recommendations for a government position to interface with federal agencies to seek and leverage federal funding with county and state agencies and philanthropical organizations; and

(7) Coordinate data collection and funding streams to support the efforts of the interagency task force.

(c) The task force shall submit a report of its findings and recommendations, including any proposed legislation, to the legislature, no later than twenty days prior to the convening of the regular session of 2024.

(d) The task force shall cease to exist on July 1, 2024.

SECTION 3. This Act shall take effect upon its approval.

**Report Title:**

DOH; Trauma-informed Care; Task Force

**Description:**

Establishes a trauma-informed care task force within the Department of Health to make recommendations of trauma-informed care in the State. (SD2)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

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# A BILL FOR AN ACT

RELATING TO WELLNESS.

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

SECTION 1. The legislature finds that research conducted over the last two decades in the fields of neuroscience, molecular biology, public health, genomics, and epigenetics reveal that experiences in the first few years of life build changes into the biology of the human body that, in turn, influence a person's lifelong physical, mental, and spiritual health. Adverse childhood experiences are traumatic experiences that occur during childhood, including physical, emotional, or sexual abuse; untreated mental illness; 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 health conditions through adulthood.

The legislature further finds that early adverse childhood experiences shape the physical architecture of a child's developing brain and can prevent the development of a sturdy foundation for learning, quality health, and positive behavior. Strong, frequent, or prolonged stress in childhood caused by adverse childhood experiences can become toxic stress, impacting the development of a child's fundamental brain architecture and stress response systems. Early childhood education offers a unique window of opportunity to prevent and heal the impacts of adverse childhood experiences and toxic stress on a child's brain, body, and spirit. Research on toxic stress and adverse childhood experiences indicates the existence of a growing

public health crisis for the State with implications for Hawaii's educational, juvenile justice, criminal justice, and public health systems.

The legislature also finds that neurobiological, epigenetic, and physiological studies have shown that traumatic experiences in childhood and adolescence can diminish concentration, memory, and the organizational language abilities students need to succeed in school, thereby negatively impacting a student's academic performance, classroom behavior, and the ability to form relationships. A critical factor in buffering children from the effects of toxic stress and adverse childhood experiences is the existence of supportive, stable relationships between children and their families, caregivers, and other important adults in their lives. Cultural practices that provide asset-based approaches involving the influence of a stable non-relative adult can provide the resilience needed to mitigate the effects on a child who has had high adverse childhood experiences. Positively influencing the architecture of a child's developing brain is more effective and less costly than attempting to correct poor learning, health, and behaviors later in life.

The purpose of this Act is to establish an office of wellness and resilience as a semi-autonomous authority within the office of the governor to support and implement the statewide framework developed by the trauma-informed care task force established pursuant to Act 209, Session Laws of Hawaii 2021, by:

(1) Addressing the various barriers that impact the physical, social, and emotional well-being of all people in the State by building wellness and resilience through trauma-informed, strengths-based strategies; and

(2) Supporting agencies in their individual reform efforts to address trauma-informed care and move toward a collaborative, shared purpose of collective system reform.

SECTION 2. Chapter 27, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

**"PART . OFFICE OF WELLNESS AND RESILIENCE**

**§27- Definitions.** As used in this part, unless the context otherwise requires:

"Office" means the office of wellness and resilience.

"Trauma-informed care task force" means the trauma-informed care task force established pursuant to Act 209, Session Laws of Hawaii 2021.

**§27- Office of wellness and resilience; established.**

(a) There is established within the office of the governor, on a temporary basis and for special purposes, the office of wellness and resilience.

(b) The office shall be headed by an executive director, who shall be appointed by the governor without regard to chapter 76, and who shall serve at the pleasure of the governor.

(c) The governor may use moneys from existing, unfilled staff positions from other executive branch agencies to appoint additional staff for the office. Staff appointed pursuant to this subsection shall be exempt from chapters 76 and 89 but shall be a member of the state employees' retirement system and shall be eligible to receive the benefits of any state employee benefit program generally applicable to officers and employees of the State.

(d) Department directors may assign employees from existing positions within their respective department to the office; provided that the staff shall represent their respective department's needs and shall have direct communication with the respective department's leadership during the course of their assignment with the office.

**§27- Functions.** The office of wellness and resilience shall:

(1) Address issues identified and implement solutions recommended by the trauma-informed care task force through a cross-representation of state departments and the private sector, including private donors;

(2) Identify common issues, unmet needs, and challenges encountered by departments and work to solve those issues through a cross-representation of state departments and the private sector, including private donors;

(3) Seek funding solutions using moneys that each department has access to, including federal, state, and private sources, and work with philanthropic organizations and other entities from the private sector to re-evaluate the State's funding priorities and find funding solutions to implement interdepartmental programming;

(4) Establish a procurement team that has cross-agency representation to streamline existing department grant and funding management and meet existing fiduciary obligations and other state requirements;

(5) Interact with community agencies, organizations, and other stakeholders to ensure the office is meeting the needs and wellness requirements of communities throughout the State; and

(6) Create a social determinants of health electronic dashboard that identifies a baseline of needs and concerns that impede high quality-of-life outcomes.

**§27- Annual report.** The office of wellness and resilience shall submit an annual report to the legislature no later than twenty days prior to the convening of each regular session that contains a summary of its activities during the preceding year, including:

(1) Actions taken to address issues, unmet needs, and challenges relating to wellness and resilience;

(2) Funds received pursuant to the activities of the office from federal, state, private, and philanthropic sources;

(3) The office's engagement with community entities and other stakeholders; and

(4) Any other findings and recommendations, including any proposed legislation."

SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ \_\_\_\_\_ or so much thereof as may be necessary for fiscal year 2022-2023 for the establishment and operations of the office of wellness and resilience.

The sum appropriated shall be expended by the office of the governor for the purposes of this Act.

SECTION 4. This Act shall take effect on July 1, 2050, and shall be repealed on June 30, \_\_\_\_\_.

**Report Title:**

Office of the Governor; Office of Wellness and Resilience; Trauma-Informed Care; Appropriation

**Description:**

Establishes a temporary Office of Wellness and Resilience within the Office of the Governor. Authorizes the Office to address issues and implement solutions to improve wellness and



resilience, including issues and solutions identified by the Trauma-Informed Care Task Force. Appropriates moneys. Sunsets on an unspecified date. Effective 7/1/2050.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

## Appendix C. Task Force Member Biographies

Task Force Member	Biography
<p><b>Adriane C. Abe</b> Program Specialist, First Circuit Family Court, Hawai'i State Judiciary</p>	<p>Adriane Abe is currently a Program Specialist with the Judiciary. She has 30 years of experience working in the juvenile justice system at the First Circuit Family Court, and is a member of the State Juvenile Justice Innovation Group. Adriane was part of the founding group of probation officers and judges who established the Hawai'i Girls Court, which is grounded in trauma-informed and gender-responsive care.</p>
<p><b>Yuuko Arikawa-Cross</b> Executive Director, Executive Office on Early Learning, State of Hawai'i</p>	<p>Yuuko Arikawa-Cross currently serves as the Executive Director of Hawai'i Executive Office on Early Learning. Ms. Arikawa-Cross previously served as Principal of Daniel K. Inouye Elementary School; she was appointed in 2018 following three years as the school's Assistant Principal. She developed an inclusive Head-Start preschool on the school's campus, the first in the school district to offer this opportunity to families. Ms. Arikawa-Cross is viewed as an innovator within the complex area not only for this inclusion program but also for her collaboration in the design of a 100% distance learning option growing out of the demands of the pandemic. Her innovative nature was also recognized when she was invited to become a member of the second cohort of the Hawaii Innovator Leaders Network.</p> <p>A Hope Street Group Hawaii Teacher Fellow supporting and promoting the profession, Ms. Arikawa-Cross was also a Milken Foundation National Educator awardee. Her Bachelor's Degree is in elementary education with an emphasis upon Family Resources while her Master's Degree focus was on Educational Leadership in the Asia/Pacific Region. In addition, Ms. Arikawa-Cross holds a professional administrator certificate. She has a breadth of experience ranging from classroom teaching, reading and literacy coach, curriculum coordinator, instructional coach, and School Renewal Specialist which has informed her administrative work.</p> <p>Ms. Arikawa-Cross' educational background and experience are complemented by her commitment to children and families, dedication to equity, understanding of the unique nature of Hawai'i and steadfast belief in the potential of young children. She will bring a collaborative style to her work as the EOEL Director as someone who understands the importance of relationship-building in the support of our keiki and their families.</p>
<p><b>Dr. Evan Beachy</b> Senior Education Consultant, Kamehameha Schools Strategy &amp; Transformation Division</p>	<p>Dr. Evan Beachy is a graduate of Kahalu'u Elementary, Punahou School and Harvard University where he earned his BA in Anthropology and a Teaching Credential from the Graduate School of Education. In addition, he completed his doctorate in Educational Leadership at UCLA in 2005. Evan has taught in all K-12 divisions as well as in public, private, and international schools. He has taught at the post-graduate levels at both USC's Rossier School of Education and UCLA's School of Architecture and Urban Design. Evan has worked in Middle School Director, Dean of Faculty, Dean of Curriculum, and Director of Innovation positions. He has published work on the transition from elementary to middle school, and presented at several national conferences including NAIS, OESIS, AMLE, EdSurge, and The LA Teacher's Lounge. He is currently a Senior Education Consultant at Kamehameha Schools Strategy &amp; Transformation division, working on projects related to innovation in education.</p>

**Director Catherine “Cathy” Betts**

Director of Department of Human Services, State of Hawai‘i

Cathy Betts is the Director of the Hawai‘i Department of Human Services where she continues to further the department’s vision through her experience, advocacy and commitment to helping the people of Hawai‘i thrive. She served as the deputy director from 2017 through August 2020.

Prior to serving as deputy, she successfully led the Hawai‘i State Commission on the Status of Women for nearly six years and oversaw several legislative and policy successes, including: the final passage of the Compassionate Care Act, which ensures rape victims have access to emergency contraception emergency rooms in Hawai‘i; various state Title IX reforms to ensure Hawai‘i continues to protect and preserve the late Congresswoman Patsy Mink’s legacy; protections for victims of domestic violence and sexual assault; reforms for temporary restraining order process; and increased training on gender-based violence. Betts has also practiced in government and private legal practice since 2006.

Betts earned her B.A. in sociology from the University of California at Los Angeles and her doctorate from the University of Hawai‘i, William S. Richardson School of Law, where she served as the Patsy T. Mink Legislative Fellow in the late Senator Daniel K. Inouye’s Washington D.C. office.

She is currently on the board of directors for the Hawai‘i Filipino Lawyers Association, and previously chaired the HSBA Diversity, Equality and the Law Committee (DEAL). She also sits on the Committee on Equality and Access to the Courts. She formerly served on the Board of Directors for Hawai‘i Women Lawyers, Hawai‘i Women in Filmmaking, and the National Association of Commissions for Women.

Betts was recognized as one of four YWCA Women’s Leader Awardees in 2020. In February 2021, the Hawai‘i Women’s Legal Foundation presented Betts with the Rhoda Lewis Award in recognition of her extraordinary contributions and commitment to public service. Betts was also awarded the Soroptimist International Ruby Award for Central O‘ahu in 2018 and was one of six grantees of the United States Department of Labor’s Paid Leave Analysis grants in 2016.

<p><b>Molly Bradley-Ryk</b> Juvenile Counselor, Juvenile Crime Prevention Division, Maui County Policy Department</p>	<p>Molly Bradley-Ryk is a Juvenile Counselor with Maui Police Department’s Juvenile Crime Prevention Division. She majored in Psychology at New Mexico State University and graduated in 2004. Prior to moving to Maui, Molly worked in mental health and substance abuse case management in New Mexico and Texas. She has lived on Maui for the last 14 years and she has been with Maui Police Department since January 2014. Molly currently participates in various networking groups within her community.</p>
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**Judith F. Clark**  
Executive Director, Hawai‘i Youth Services Network

Judith Clark, MPH, is the Executive Director of Hawai‘i Youth Services Network (HYSN), a statewide coalition of youth-serving organizations and a Pacific Islands training and technical assistance center. She facilitates and leads multi-agency initiatives addressing youth homelessness, teen pregnancy and sexually transmitted infection prevention, and other issues in Hawai‘i and the Northern Mariana Islands.

HYSN is recognized nationally as a leader in adapting evidence-based programs and creating culturally relevant videos for Pacific Island youth. HYSN has received the Horizon Award for Excellence in Health Education from the U.S. Centers for Disease Control and the SAMHSA Excellence in

Community Communications and Outreach Award. Judith was named Hawai'i's Outstanding Advocate for Children and Youth by the Hawai'i State Legislature and she is a 3-time winner of the Weinberg Foundation's AIM for Excellence Award for outstanding nonprofit management. She is a member of the public health honor society, Delta Omega, for lifetime achievements in public health.

**Dr. Jillian Freitas**

Program Director Assistant Professor, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawai'i at Mānoa

Jillian Freitas, PsyD, is a licensed clinical psychologist with University Health Partners of Hawaii and an Assistant Professor with the University of Hawaii, John A. Burns School of Medicine, Department of Native Hawaiian Health. Dr. Freitas was born and raised in Mililani, O'ahu, and graduated from Kamehameha Schools Kapalama. She obtained her undergraduate degree at Chapman University (Orange, CA) and her doctoral degree in child and adolescent clinical psychology at Pacific University (Hillsboro, OR). She returned home to the islands to complete her pre- and post-doctoral training at Waianae Coast Comprehensive Health Center before moving to Maui to develop a behavioral health program within the Native Hawaiian Health Care System at Hui No Ke Ola Pono. Now, Dr. Freitas serves the lāhui through both clinical and academic endeavors—as an integrated primary care psychologist and via curriculum building to support mental health for Native Hawaiian haumana at UH Mānoa. She enjoys living in a multigenerational home and exploring nature through the eyes of her young daughter.

**Tia L. R. Hartsock**

Formerly Project Director of Data to Wisdom, Child & Adolescent Mental Health Division, Department of Health, State of Hawai'i

Tia L. R. Hartsock is a trainer and independent consultant, and does research and evaluation for nonprofits, state departments and federal agencies. Additionally, she is the current Project Director of a federal Substance Abuse, Mental Health Services Administration (SAMHSA) initiative to develop and improve processes that utilize data and evidence-based research to inform clinical decision-making in the Child and Adolescent Mental Health Division and Department of Health. Tia has had an appointment as an Adjunct Lecturer at the University of Hawai'i's School of Social Work since 2017. She received her master's in criminal justice administration from Chaminade University with a specialization in juvenile justice and her master's in social work from the University of Hawai'i with a specialization focus in mental health.

She was previously the project director on another federal initiative with SAMHSA to develop and provide mental health services for adolescent female trauma survivors involved in the juvenile justice, mental health and/or the child welfare systems. In that capacity, she oversaw multi-agency collaborations to improve Hawai'i's mental health system's delivery of services for trauma survivors from a gender-specific and trauma-informed foundation. She is a certified trainer by SAMHSA's Gains Center on Trauma-Informed Care. Ms. Hartsock has been working to improve the child- and adult-serving systems in mental health and criminal justice in Hawai'i for more than 20 years. Tia L. R. Hartsock now serves as the Executive Director of Hawai'i's Office of Wellness and Resilience.

**Jocelyn Howard**

Founder & Chief Executive Officer, We Are Oceania

With her ancestry and childhood rooted in Onoun (a small island in Chuuk state, geographically located between Chuuk Lagoon and Yap Outer Island), Josie Howard possesses a deep cultural understanding of the people of Micronesia that is woven into her success today – paving a path for the thriving Micronesian community in Hawai'i.

After her island education, she earned her bachelor's degree in anthropology and minor in biology with a certification in Pacific island studies from the University of Hawai'i at Hilo. She later got her master's degree in social work

	<p>and certificate in Pacific island studies from the University of Hawai'i at Mānoa. Josie continues to humbly and strongly uphold her values and respect for her culture and the culture of others, advocating for the overall health and well-being of people.</p> <p>Josie Howard is the founder and CEO of We Are Oceania, empowering the Micronesian community in Hawai'i to navigate success while honoring the integrity of their diverse heritage.</p>
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<p><b>Major Mike Lambert</b> Commander of Narcotics Vice Division, Honolulu Police Department</p>	<p>Major Mike Lambert has 20 years of service with the Honolulu Police Department. He has served the community and department in various assignments, such as District 1, 6, and 7 Patrol, Central Receiving Division, Community Outreach Unit, Training Division, and is currently commander of the Narcotics Vice Division. All of his assignments have allowed him the opportunity to understand the challenges facing the community here in Honolulu and he has provided investigative and training assistance to other Federal, State and City agencies on a variety of topics. He has a BA in Public Administration with a Justice Concentration from the University of Hawaii, West O'ahu. He has received numerous department and community awards for his performance throughout his career. Of significance, he received the very prestigious 40 Under 40, in 2018, from the International Associations of Chief of Police for his leadership and innovation.</p>
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<p><b>Coleen Momohara</b> Early Childhood Educational Specialist, Interim Director, Executive Office on Early Learning, State of Hawai'i</p>	<p>Coleen Momohara serves as the Early Childhood Educational Specialist for the Executive Office on Early Learning. Currently, she is also serving as the office's Interim Director. Coleen has been involved in working with children, adolescents, families and educators as a group facilitator, coach and teacher over the past 40 years. Her professional interests include family relationships, learning and development, literacy, social and emotional well-being, educational pedagogy and professional learning communities.</p>
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<p><b>Alapaki Nahale-a</b> Senior Director of Community Engagement and Resources for Hawai'i Island, Kamehameha Schools</p>	<p>Alapaki Nahale-a is Kamehameha Schools' senior director of community strategies. He works to connect programs, services, lands and resources with communities Kamehameha Schools interacts with and supports. Born and raised in Hilo, Nahale-a is a 1986 graduate of Kamehameha Schools and holds a bachelor's degree in political science from the University of Pennsylvania. Nahale-a spent more than 25 years serving the community in a variety of roles including as director and chairman of the Department of Hawaiian Home Lands and the East Hawai'i commissioner. He also worked extensively for charter schools as president and executive director of the Hawai'i Charter School Network, director of Laupāhoehoe Community Public Charter School and director of Ka 'Umeke Ka'eo Hawaiian Immersion Public Charter School.</p> <p>He served on a variety of community boards and commissions including chairperson of the County of Hawai'i Cultural Resources Commission, member of the County Charter Commission, board member of the Boys and Girls Club of the Big Island, and board member of the Native Hawaiian Legal Corporation. He is currently serving on the University of Hawai'i Board of Regents.</p> <p>President Obama appointed Nahale-a to serve on the Presidential Scholars Commission where he helped to set commission policy and select top high school scholars from around the country</p>
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<p><b>Lauren S. Nahme</b> Former Vice President of Strategy and Transformation, Kamehameha Schools</p>	<p>Lauren Nahme is the Vice President for Strategy &amp; Transformation at Kamehameha Schools. Her group's primary kuleana is to support the CEO toward the successful implementation of KS' Strategic Plan 2020, never losing sight of the bigger vision of a thriving Native Hawaiian community. The plan envisions KS and its community collaborators working together to have a greater collective impact with and for Native Hawaiians. She and her team are charged to provide both long-range vision-casting support for executives and trustees while also providing alignment and implementation support for short and mid-term progress across the enterprise. Demonstrating and encouraging innovation, entrepreneurial mindsets, and cross-functional collaboration are also a significant part of her team's role in the transformation efforts of the organization.</p> <p>Since January of 2010, Nahme has served Kamehameha as director of Strategic Planning and Implementation providing direct support to the chief executive officer on strategic planning efforts.</p> <p>Nahme began her KS career in 2006, serving for four years as the organization's controller, responsible for financial and investment reporting, accounting operations, procurement and budget. Prior to joining Kamehameha, she was chief financial officer for the Hawaii State Federal Credit Union, a local construction company, controller at City Bank and audit manager at Coopers &amp; Lybrand. Nahme holds a bachelor's degree in business administration from the University of Hawai'i at Mānoa and a graduate from Pearl City High School.</p> <p>Nahme dedicates herself to several community organizations. They include the Public Schools of Hawaii Foundation, University of Hawaii Alumni Association, Hawaii Association of Independent Schools, The Institute for Human Services, and the Entrepreneurs Foundation of Hawaii.</p>
<p><b>Dr. Scott Shimabukuro</b> Acting Administrator, Child &amp; Adolescent Mental Health Division, Department of Health, State of Hawai'i</p>	<p>Scott K. Shimabukuro was born and raised on O'ahu. He is a clinical psychologist, board certified in family psychology. For over twenty years he has worked in a variety of child serving agencies as clinical director, director of training, wraparound director and with CAMHD's clinical service office, as the Practice Development Officer. Scott has also been in independent practice and a live supervision trainer. He speaks, trains and writes on a variety of related topics. His empty nest has been filled by a new puppy.</p>
<p><b>Dr. Gavin Takenaka</b> Corrections Health Care Administrator, Department of Public Safety, State of Hawai'i</p>	<p>Dr. Gavin Takenaka has worked as a mental health professional in Hawai'i for more than 30 years in a variety of settings including inpatient, outpatient, crisis shelter, corrections and private practice. He began his work in the Hawai'i Department of Public Safety in 2005 at the O'ahu Community Correctional Center. In 2006, he provided clinical oversight for the delivery of mental health services at the Halawa Correctional Facility. Dr. Takenaka spent the next 10 years as the Mental Health Section Administrator for the Halawa Correctional Facility. In 2017, he served as the Mental Health Branch Administrator, overseeing mental health service delivery at correctional facilities statewide for the Department of Public Safety. In 2019, Dr. Takenaka started his current position as the Corrections Health Care Administrator where he oversees the provision of medical, mental health, dental and other specialty healthcare services for the Department of Public Safety.</p>

**Fern Yoshida**  
Educational Specialist,  
Department of Education,  
State of Hawai'i

Fern Yoshida is the Hawai'i State Department of Education's (HIDOE) educational specialist for social-emotional learning and trauma-informed practices. She is also a grant project director for Ho'oikaika: Cultivating Resilience and Recovery Program that offers trauma-specific therapy for identified students of need. Previously, she worked as the Standards Specialist, coordinating efforts to update and improve standards-based tools and resources. Fern's experience further extends with the development and innovation of teacher evaluation systems and the improvement of Hawai'i's Multi-tiered System of Support.

## Appendix D. Task Force Meeting Community Members in Attendance

Aimee Chung	Dr. Mestisa Gass	Leanna Bair
Amalia Pangelinan	Dr. Stephanie Campbell	Leihana Goleta-Cruz
Amanda Hawkins	Ellen Wright	Linda Fox
Amanda Mundon	Erica Yamauchi	Linee Reeves
Amy Conte	Geniel Hernandez	Liz Gilchrist
Anya Schumacher	Armstrong	Mai Hall
Aponi Boyer	Godwin Higa	Maile Griffin
Ashley Petitt	Heather Lusk	Marian Tsuji
Asley Maha'a	Heather Pierucki	Mele Andrade
Bev Baligad	Irina Kobzar	Melinda Lloyd
Brian Kohatsu	Jacqueline McGough	Melissa Waiters
Brian O'Hare	Jamie Newalu	Michael Champion
Bridgette Bennett	Janae Davis	Michael Lee
Brooke Conway	Janel Kamahele	Mimari Hall
Brooke Hedemark	Jesse Kohler	Mohamed Elshehaby
Brookelyn Freeman	Jie Shen	Molly Takagi
Cameron Clark	Joan Takamori	Monique Frasier
Camille Lohse	Jode Zito	Muna Bashir
Carolee Van Strien	Jodie Burgess	Nadia Onishi-Miyake
Casey Park	Jonathan Nosaka	Naomi Leipold
Charlene Takeno	Jordana Lum	Natalie Jung
Chloe Keane	Josiah Akau	Nathan French
Christine Park	Josie Howard	Nicole Cowan
Coleen Momohara	Justina Acevedo-Cross	Noel Richardson
Corinna Sosa	Kacie Lambert	Noella Inn
Cynthia White	Katherine Korenaga	Noreen Kohl
Daisy Hartsfield	Kathleen Merriam	Paula MacCutcheon
Daniela Mendoza	Kau'i Burgess	Poki'i Balaz
Danielle Carreira Ching	Kawaiolu Ragasa	Punihei Lipe
Danny Goya	Kawehi Goto	Regan Sato
David Litman	Keala Kaopuiki-Santos	Ruth LaMer
David Shaku	Keiko Nitta	Ryan Lee
Dawn Rego-Yee	Kekoa Abellera	Sammie Yee
Daysha-lynn Morris	Kelly Chan	Sandi Capuano Morrison
Debbie Shimizu	Kelly Stern	Sara Wolf
Denby Toci	Keopu'u Napoleon-Ahn	Sha Talebi
Devon Peterson	Kimberly Allen	Sharon Simms
Deza-rae Desa	Kiyo Noguchi	Stacy Ferreira
Dr. Brian O'Hare	Krystal Baba	Stephanie Campos-Bui
Dr. Geniel (Jamie)	Laura Brucia Hamm	Sue Williams
Hernandez Armstrong	Lauren Nahme	Takuya Furuhashi
Dr. Kev Thompson	Laurie Tochiki	Tani Kagesa



Tanya Fastnacht  
Taruya Furuhashi  
Thaddeus Pham  
Tianna Webster

Tiffany Bader  
Tiffany Darragh  
Tina Kiyabu-Crowell

Tori Ikeda  
Valerie Yin  
Venus Rosete-Medeiros  
Xzandra Medeiros

## Appendix E. Trauma-Informed Task Force Meeting Dates

The following is a list of Trauma-Informed Care Task Force Meeting Dates to date:

- Tuesday, September 28, 2021
- Tuesday, October 26, 2021
- Tuesday, November 20, 2021
- Tuesday, December 28, 2021
- Tuesday, February 01, 2022
- Tuesday, February 22, 2022
- Tuesday, March 29, 2022
- Tuesday, April 26, 2022
- Thursday, June 02, 2022
- Tuesday, June 07, 2022
- Tuesday, June 28, 2022
- Tuesday, July 26, 2022
- Wednesday, August 17, 2022
- Tuesday, August 30, 2022
- Tuesday, September 27, 2022
- Tuesday, October 25, 2022
- Tuesday, November 29, 2022
- Tuesday, December 27, 2022
- Tuesday, January 31, 2023
- Tuesday, February 28, 2023
- Tuesday, March 28, 2023
- Tuesday, April 18, 2023
- Tuesday, May 30, 2023
- Tuesday, June 27, 2023
- Tuesday, July 25, 2023
- Tuesday, August 29, 2023
- Tuesday, September 26, 2023
- Tuesday, October 31, 2023
- Tuesday, November 28, 2023

Appendix F. Speaker Series Presenters, Topics and Presentation Dates

TIC TF Speaker Series Recommendations 2022-2024		
Speaker	Topic	Date Presented
Dr. Joseph Keawe‘aimoku Kaholokula, Ph.D., Chair of Native Hawaiian Health, JABSOM, University of Hawai‘i at Mānoa	<a href="#">Historical, Social, &amp; Cultural Determinants of Mental Health for Native Hawaiians</a> <sup>19</sup>	26 April 2022
Andrea Hermosura, PhD, Department of Native Hawaiian Health, JABSOM, University of Hawai‘i at Mānoa & Rebecca Delafield, PhD, Department of Native Hawaiian Health, JABSOM, University of Hawai‘i at Mānoa	<a href="#">Implicit Bias and Care</a> <sup>20</sup>	26 April 2022
Susana Helm, Ph.D., Department of Psychiatry, JABSOM, University of Hawai‘i at Mānoa & Scott Okamoto, Ph.D., College of Health & Society, Hawai‘i Pacific University; University of Hawai‘i Cancer	<a href="#">Evidence-Based Paradigm &amp; Culture Continuum: Intersection With Trauma-Informed Systems of Care</a> <sup>21</sup>	26 July 2022
Erin Henderson Lacerdo, LCSW, AIMH HI	<a href="#">Infant &amp; Early Childhood Mental Health &amp; Trauma-Informed Care</a> <sup>22</sup>	27 September 2022
Thaddeus Pham, The Hawai‘i Sexual and Gender Minority Workgroup & Hawai‘i State Department of Health	<a href="#">Sexual and Gender Minority Youth in Hawai‘i</a> <sup>23</sup>	28 February 2023
Haylin Dennison, LCSW, Spill the Tea Cafe	<a href="#">Working with Gender Diverse, Gender Non-Conforming &amp; Trans Youth</a> <sup>24</sup>	18 April 2023

<p><b>EPIC ‘Ohana Youth Peers: Corinna Sosa, Tiffany Darragh, Aponi Boyer, &amp; Kacie Lambert</b></p>	<p><a href="#"><u>Value of Peer Support</u></a><sup>25</sup></p>	<p>27 June 2023</p>
<p><b>Heather Lusk, LCSW, Hawai‘i Health and Harm Reduction &amp; Major Mike Lambert, Honolulu Police Department</b></p>	<p><a href="#"><u>Honolulu Crisis Intervention Team</u></a><sup>26</sup></p>	<p>26 September 2023</p>

## Appendix G . Permitted Interaction Group Members

Permitted Interaction Group & Timeframe	Task Force Members Participants	Community Participants
<b>Language &amp; Definitions</b>  <i>October 2021 - Aug 2023</i>	Coleen Momohara (Chair) Josie Howard Tia Hartsock Alapaki Nahale-a Molly Bradley-Ryk	Danny Goya
<b>Data, Resources &amp; Needs Assessment</b>  <i>October 2021 - June 2022</i>	Tia Hartsock (Chair) Adriane Abe Cathy Betts Fern Yoshida Gavin Takenaka	Brian O'Hare Danielle Carreira Ching Stacy Ferreira Valerie Yin David Jackson Erica Yamauchi Irina Kobozar Amy Conte Kathleen Algire
<b>Legislative</b>  <i>October 2021 - January 2023</i>	Alapaki Nahale-a (Chair 10/2021 - 01/2022) Lauren Nahme (Chair 01/2022 - 01/2023) Tia Harstock Dr. Evan Beachy Judith Clark Dr. Jillian Freitas Yuuko Arikawa-Cross	Ke'ōpū Reelitz Nicole Woo Valerie Yin David Miyashiro Stacey Ferreira Danny Goya Kau Burgess Noella Inn Monique Frazier Erica Yamauchi Kelly Chan
<b>Office of Wellness &amp; Resilience</b>  <i>June 2022 - January 2023</i>	Fern Yoshida (Chair) Jocelyn Howard (Co-Chair) Adriene Abe Dr. Jillian Freitas Gavin Takenada	
<b>Summit</b>  <i>March - May 2023</i>	Yuuko Arikawa-Cross (Chair) Lauren Nahme (Co-Chair) Judith Clark Dr. Scott Shimabukuro	Erica Yamauchi Tia Hartsock Monique Frazier Sharon Simms Ashley Petitt

<p><b>Practices</b></p> <p><i>January - May 2023</i></p>	<p>Dr. Jillian Freitas (Chair)  Maj. Mike Lambert (Co-Chair)  Dr. Scott Shimabukuro  Josie Howard</p>	<p>Laura Brucia Hamm  Dr. Gail Silva  Dr. Evan Beachy  Tia Hartsock  Sharon Ehia  Brooke Hedemark  Jodie Burgess  Kelly Chan  Erica Yamauchi  Heather Lusk  Sharon Simms  Sandi Capuano Morrison  Kekoa K.</p>
<p><b>Data &amp; Needs Assessment</b></p> <p><i>December 2022 - May 2023</i></p>	<p>Adriane Abe (Chair)  Dr. Gavin Takenaka (Co-Chair)  Fern Yoshida</p>	<p>Dr. Lisa  Watkins-Victorino  Dr. Patrick Uchigakiuchi  Meta Dunn</p>
<p><b>Data &amp; Funding</b></p> <p><i>May - August 2023</i></p>	<p>Judith Clark (Chair)  Gavin Takenaka (Co-Chair)  Dr. Evan Beachy  Dr. Scott Shimabukuro</p>	<p>Tia Hartsock  Godwin Higa  Amanda Hawkins  Brooke Conway  Kathleen Merriam  Naomi Leipold  Danny Goya  Ashley Petitt  Sharon Simms</p>
<p><b>Best &amp; Cultural Practices</b></p> <p><i>May - September 2023</i></p>	<p>Fern Yoshida (Chair)  Adriane Abe (Co-Chair)  Josie Howard  Dr. Scott Shimabukuro</p>	<p>Katherine Bui  Brooke Conway  Amanda Hawkins  Keala Kaopuiki-Santos  Stephanie Campbell  Kathleen Merriam  Aimee Chung  Laura Brucia-Hamm  Danny Goya  Evan Beachy  Meta Dunn  Bev Baligad  Amanda Mundon  Sharon Simms</p>
<p><b>Principles &amp; Frameworks</b></p> <p><i>May - September 2023</i></p>	<p>Maj. Mike Lambert (Chair)  Dr. Jillian Freitas (Co-Chair)  Cathy Betts  Dr. Scott Shimabukuro  Gavin Takenaka</p>	<p>Tia Hartsock  Brooke Hedemark  Amanda Hawkins  Brooke Conway  Kathleen Merriam  Kevin Thompson  Ashley Petitt  Sharon Simms  Kathleen Merriam  Aimee Chung  Heather Lusk</p>

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