



STATE OF HAWAII
OFFICE OF WELLNESS AND RESILIENCE
KE KE'ENA KŪPA'A MAULI OLA
OFFICE OF THE GOVERNOR
415 S.BERETANIA ST. #415
HONOLULU, HAWAII 96813

Testimony in SUPPORT of H.B. 1079 HD1 RELATING TO TRAUMA INFORMED CARE

Representative Kyle Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair
House Committee on Finance

February 24, 2025, at 12:00 p.m. Room Number: 308

The Office of Wellness and Resilience (OWR) in the Governor's Office **STRONGLY SUPPORTS** H.B. 1079 HD1, Relating to Trauma-Informed Care.

The OWR strongly supports H.B. 1079 HD1, which establishes trauma-informed organizational assessments and training curricula for the child welfare services branch within the Department of Human Services (DHS). This bill is an essential tool for improving the child welfare system's ability to effectively support both families impacted by trauma and the dedicated professionals who serve them.

The Mālama 'Ohana Working Group (MOWG) Report documents the voices of lived experiences of children and families who have navigated our state's child welfare system. In the Report, "Families involved with the Child Welfare Service Branch (CWS) find it challenging to navigate the complicated system and related services. The experience often feels adversarial, confusing, secretive, and isolating for both children and parents, causing further trauma". To address this, the MOWG puts forward the recommendation of developing a trauma-informed system that "when CWS intervenes in a family, ensure that the intervention is respectful and supportive, minimizes trauma, and does not create more harm than the original issue they hoped to address".

Under Act 291, the OWR is responsible for addressing systemic challenges affecting the well-being of all individuals in Hawai'i, which includes supporting agencies like CWS in integrating trauma-informed care practices. H.B. 1079 HD1 directly aligns with the mission of the OWR by addressing the critical barriers to well-being for both staff and the children and families served by CWS.

By using evidence-based tools to assess and improve policies and practices within CWS, H.B. 1079 HD1 will help CWS make steps towards being trauma-informed. Trauma-informed care is essential for meeting the safety, permanency, and well-being needs of children in the child welfare system. It ensures that children are receiving the trauma-informed screenings, assessments, and evidence-based treatments they need, leading to better outcomes for children in the child welfare system.

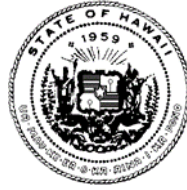
In addition, a critical aspect of H.B. 1079 HD1 is its focus on the well-being of child welfare workers themselves. The bill proposes assessments that will identify and help mitigate vicarious trauma, secondary traumatic stress, and burnout—issues that are unfortunately common in this challenging field. Additionally, H.B. 1079 HD1 calls for the development of a trauma-informed training curriculum for staff, which will include trauma-informed supervision training. This approach will help to create a supportive, resilient workforce, ensuring that trauma-informed care becomes deeply embedded in the culture of CWS. Further, by strengthening the support for those working within the system, it will then ensure better care and outcomes for the children and families they serve.

Lastly, the provisions for expert consultation to guide the implementation of these assessments, ensure that reforms are based on best practices and tailored to the unique needs of Hawai'i.

Thank you for the opportunity to testify on this important bill.

Tia L.R. Hartsock, MSW, MSCJA
Director, Office of Wellness & Resilience
Office of the Governor

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

February 23, 2025

TO: The Honorable Representative Kyle T. Yamashita, Chair
House Committee on Finance

FROM: Ryan I. Yamane, Director

SUBJECT: **HB 1079 HD1 – RELATING TO TRAUMA-INFORMED CARE.**

Hearing: February 24, 2025, 12:00 p.m.
Conference Room 308 & Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this administration measure from the Office of Wellness and Resilience (OWR), and offers comments.

PURPOSE: This bill directs the Office of Wellness and Resilience to collaborate with the Department of Human Services to, either directly or by contract, design, administer, and implement a program for trauma-informed organizational assessments and a training curriculum for the Department of Human Services Child Welfare Services Branch staff. Appropriates funds for the program. Effective 7/1/3000. (HD1)

The Committee on Human Services and Homelessness amended this measure by:

- (1) Changing the appropriation amount to an unspecified amount;
- (2) Changing the effective date to July 1, 3000, to encourage further discussion; and
- (3) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

DHS appreciates the additional support and resources from OWR to assess the Child Welfare Services Branch's (CWSB) organizational and staff needs aimed at fully adopting a

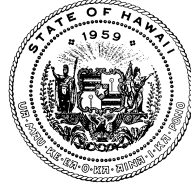
trauma-informed approach to providing vital and essential services to children and families involved in the child welfare system. The bill promotes a collaborative approach to examine and transform CWSB's practices and policies that will address recommendations of the Malama Ohana Working Group.

DHS appreciates that the proposal enhances CWSB's existing trauma-informed assessments, training, and policies to further address worker well-being and the vicarious trauma that DHS staff experience. The strategy may lead to reduced burnout and support staff recruitment and retention efforts. While DHS CWSB has a long history of developing innovative practices and inclusion of diverse insights from individuals and families with lived experience, cultural experts, communities, providers, and public and private partners, this OWR-led effort may lead to the improved application of trauma-informed training to daily practice.

DHS shares the goals of organizational trauma assessments: to increase awareness of the impact of trauma on individuals and how to respond effectively, improve service delivery that reduces retraumatization, support staff development and competencies when working with children and families who have experienced multiple Adverse Childhood Experiences (ACE), enhance positive organizational structure where clients and staff feel safe to communicate their experience and needs and gain insights to assist with additional program development and quality improvement. Taken together, the effort should result in a stronger organization and better outcomes for children and families served by DHS Child Welfare Services.

Thank you for the opportunity to provide testimony in support of this bill.

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



Katherine Aumer, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
Supporting H.B. 1079 H.D.1
RELATING TO TRAUMA-INFORMED CARE
February 24, 2025 12:00 noon, Room 308 and Video

Chair Yamashita, Vice-Chair Takenouchi, and Members of the Committee:

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Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW
CSAC

2nd VICE CHAIRPERSON

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Kristin Will, MAEL, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director
Behavioral Health
Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

doh.scmhchairperson@
doh.hawaii.gov

Hawaii law, HRS §334-10, established the State Council on Mental Health ("Council") as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The Council supports this measure. This bill will strengthen Hawaii as a Trauma-Informed Care State. Consistent with its advocacy for resiliency of workers, the Council is pleased to see that this measure recognizes the need for and provides for staff training on the impacts of vicarious trauma, secondary traumatic stress, and burnout that staff experience because of their work.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.



HB1079 Trauma Informed Care Training
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Lisa Marten, Chair

Rep. Ikaika Olds, Vice Chair

Tuesday, Feb 4, 2025: 9:30: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports HB1079:

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

Trauma-informed care (TIC) training is crucial in Hawai‘i due to the state’s unique cultural diversity, historical trauma, and high rates of adverse childhood experiences (ACEs). Here are some key reasons why TIC training is essential in Hawai‘i:

1. High Rates of Trauma and ACEs

- Hawai‘i has a significant prevalence of ACEs, including domestic violence, substance abuse, and family separation.
- Research shows that ACEs increase the risk of long-term health issues, including mental health disorders, substance abuse, and chronic diseases.

2. Historical and Generational Trauma

- Native Hawaiians and Pacific Islanders (NHPI) have experienced historical trauma due to colonization, land dispossession, and cultural suppression.
- Many communities face disparities in health, education, and socioeconomic status, increasing vulnerability to trauma-related issues.

3. Cultural Sensitivity and Indigenous Healing Practices

- Trauma-informed care in Hawai‘i should integrate local cultural values, including mālama (care), kuleana (responsibility), and aloha (compassion).
- Incorporating traditional healing practices, such as ho‘oponopono (conflict resolution) and lā‘au lapa‘au (herbal medicine), can enhance TIC effectiveness.

4. Impact on Healthcare, Education, and Social Services

- Healthcare providers need TIC training to support patients with trauma histories effectively.

- Educators can benefit from TIC to create safe learning environments and address student behavioral challenges.
- Social service agencies can use TIC to improve support for foster youth, domestic violence survivors, and justice-involved individuals.

5. Workforce Readiness and Community Resilience

- Training professionals in TIC can improve service delivery and reduce burnout among frontline workers.
- Strengthening trauma-informed systems can promote resilience and healing across communities.

Call to Action

Expanding trauma-informed care training in Hawai‘i is essential for creating compassionate, culturally responsive, and effective support systems. Investing in TIC can lead to better outcomes in health, education, and social well-being, ultimately fostering a stronger, more resilient Hawai‘i.

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

HB-1079-HD-1

Submitted on: 2/21/2025 3:16:53 PM

Testimony for FIN on 2/24/2025 12:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marilyn Yamamoto	Hawaii Coalition for Child Protective Reform	Support	Written Testimony Only

Comments:

Chair Yamashita and committee members,

The HCCPR supports trauma-informed education for all persons who are engaged in social services.



HAWAI`I YOUTH SERVICES NETWORK

677 Ala Moana Blvd., Suite 904

Honolulu, Hawai`i 96813

Phone: (808) 489-9549

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

Vonnell Ramos, President
Cyd Hoffeld, Vice President
Sione Ford Naeata, Treasurer
Greg Tjapkes, Secretary

Judith F. Clark, Executive
Director

Network Membership

Access to Independence
Big Brothers Big Sisters Hawai`i
Bobby Benson Center
Child and Family Service
Coalition for a Drug-Free Hawai`i
Domestic Violence Action Center
EPIC `Ohana, Inc.
Friends of the Children's Justice
Center of Maui
Get Ready Hawai`i
Hale Kipa, Inc.
Hale `Opio Kaua`i, Inc.
Hawai`i Children's Action
Network
Hawai`i Health & Harm
Reduction Center
Hawaii Island Community`
Health Center
Ho`ola Na Pua
Ho`okele Coalition of Kaua`i
Ka Hale Pomaika`i
Kokua Kalihi Valley
Kaua`i Planning and Action
Alliance
Lines for Life Youth Line
Maui Youth and Family Services
Na Pu`uwai Molokai Native
Hawaiian Health Care
Systems
P.A.R.E.N.T.S., Inc.
Parents and Children Together
PHOCUSED
Piha Wellness and Healing
Planned Parenthood of the
Great Northwest, Hawaii
Alaska, Kentucky, Indiana
Residential Youth Services
& Empowerment (RYSE)
Salvation Army Family
Intervention Services
Sex Abuse Treatment Center
Susannah Wesley Community
Center
The Catalyst Group

February 21, 2025

To: Representative Kyle Yamashita, Chair,
And members of the Committee on Finance

TESTIMONY IN SUPPORT OF HB 1079 HD1 RELATING TO
TRAUMA-INFORMED CARE

Hawaii Youth Services Network (HYSN), a statewide coalition of youth-serving organizations, supports HB 1079 HD1 Relating to Trauma-Informed Care

I serve as a member of the Hawaii Trauma-Informed Care Task Force. Over the past 3 years, the task force has developed a plan and strategies that will incorporate trauma-informed approaches to services provided to children, youth, and families.

This bill will enable the Department of Human Services to conduct a trauma-informed care organizational assessment and develop a training curriculum for Child Welfare Services. This may help the Department to address its critical shortage of staff (37% of of Child Welfare Services positions are currently vacant). It will improve quality of services provided to families and children.

Thank you for this opportunity to testify.

Sincerely,

Judith F. Clark, MPH
Executive Director



Date: February 21, 2025

To: Representative Kyle T. Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair
Committee Members

From: Early Childhood Action Strategy

RE: House Bill 1079, Malama Ohana Working Group, Child Welfare Improvement

Early Childhood Action Strategy (ECAS) brings together diverse stakeholders including government and non-government organizations to improve the systems of care for Hawaii's youngest keiki. Our mission is to provide backbone supports to align priorities for children prenatal to age eight and to strengthen and integrate early childhood systems through streamlining services, maximizing resources and improving programs to support our youngest keiki.

Early Childhood Action Strategy is in **strong support** of following the recommendation coming out of the Malama Ohana Working Group to improve the child welfare system via HB1079.

Families going into the child welfare system are traumatized, as can be Child Welfare Services (CWS) Branch staff and supervisors. This creates a difficult situation where outcomes are not satisfactory for any parties. By creating a strong working relation between the Office of Wellness and Resilience and CWS to look at the policies, procedures and needs of staff training through a trauma-informed lens, improvements are far more likely to occur. House Bill 1079 will be an excellent start to building in service improvements. Using evidence-based assessment tools, creating a cadre of internal trainers and especially trained supervisors will leave a legacy of improvement within the system as a child welfare services expert helps to implement assessment findings.

Suggestion: According to records from CWS, half of all children within the system are five years old and under. This fact makes me suggest that evidence-based infant and early childhood mental health training, principles and practices be utilized within CWS as part of this improvement plan, utilizing local experts in their field while meeting the recommendations of the Malama Ohana Working Group.

For ECAS House Bill 1079 is also exciting to support because it helps Hawaii in the following "Big Picture" ways:

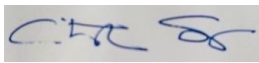
- HB1079 meets several goals set forth in the Infant and Early Childhood Behavioral Health Plan
- HB1079 helps Hawaii meet the Recommendations of the Trauma-Informed Care Task Force
- HB1079 helps Hawaii provide evidence-based methods of tackling negative childhood experiences
- HB1079 meets the Recommendations of the Malama Ohana Working Group to improve the Child Welfare System

For these reasons, Early Childhood Action Strategy strongly supports HB1079.

[Early Childhood Action Strategy is a project under Collaborative Support Services, INC.](#)

Mahalo for the opportunity to provide this testimony.

Aloha nui,



Christina Simmons, MPH, IBCLC (emeritus),

Infant and Early Childhood Behavioral Health Plan Coordinator, ECAS



**Testimony to the House Committee on Finance
Monday, February 24, 2025; 12:00 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: HOUSE BILL NO. 1079, HOUSE DRAFT 1, RELATING TO TRAUMA-INFORMED CARE.

Chair Yamashita, Vice Chair Takenouchi, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 1079, House Draft 1, RELATING TO TRAUMA-INFORMED CARE.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would direct the Office of Wellness and Resilience to collaborate with the Department of Human Services to either directly or by contract, design, administer, and implement a program for trauma-informed organizational assessments and a training curriculum for the Department of Human Services Child Welfare Services branch staff.

This measure would take effect on July 1, 3000.

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

Unfortunately, despite the best efforts of policymakers, health care providers, and government workers, the very services and systems designed to help people become healthy can be re-traumatizing. This bill seeks to improve the quality of outcomes for persons impacted by trauma by providing training to front-line public servants to better respond to citizens in need.

Testimony on House Bill No. 1079, House Draft 1
Monday, February 24, 2025; 12:00 p.m.
Page 2

We respectfully urge your favorable consideration of this bill.

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

TO: House of Representatives Committee on Finance
Representative Kyle T. Yamashita, Chair
Representative Jenna Takenouchi, Vice Chair

HEARING: Tuesday, February 24, 2025
12:00 PM
Conference Room 308

FROM: Sharla-Ann Houlding

RE: In SUPPORT of HB1079 – Relating to Trauma-Informed Care

My name is Sharla-Ann Houlding, and I would like to submit testimony in strong support of HB1079, HD 1, and its intent to direct the Office of Wellness and Resilience to collaborate with the Department of Human Services-Child Welfare Services (DHS-CWS) Branch to directly contract, design, administer, and implement a program for trauma-informed organizational assessments and a training curriculum for the DHS-CWS branch staff, and also appropriate funds for the program.

I am currently the HI H.O.P.E.S. Initiative Supervisor and an Advisor for the HI H.O.P.E.S. Youth Leadership Board in West Hawai'i. I have been working in the field with youth and families involved in the foster care system for the last 16 years in multiple roles including a case manager for youth in foster care, advocate, resource caregiver (a.k.a., "foster parent"), and a Social Worker for an appointment Guardian ad Litem (GAL) entity in West Hawai'i. Through these various roles, I have seen firsthand the multitude of challenges and tragedies that occur when youth and families, who are already extremely traumatized and vulnerable, are being case managed by social workers who lack the basic essential components of trauma-informed care.

Trauma-informed care (TIC) is an approach to social work that recognizes the impact of trauma on the individuals served and actively takes steps to prevent re-traumatization and further trauma from occurring and also promotes healing. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), TIC operates on six guiding principles:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice, and
6. Cultural, historical, and gender issues

CWS Social workers who do not operate under this lens, and those who are facing burnout from being in practice for an extended period of time without acknowledging their experiences of vicarious trauma, tend to treat the children and families they work with as something to "deal" with rather than "heal" with. CWS social workers face high caseloads and do not have the adequate support and resources to help the families, which often leads to inadvertent feelings of resentment, an inability to collaborate, and promotes institutional racism and oppression as they tend to uphold the policies that cause further harm to this population. CWS social workers who are not operating under a trauma-informed lens may not understand or recognize how their interactions with youth and families may trigger painful memories, causing feelings of shame, hopelessness, and regret making it difficult for the youth and families to move forward and plan for their future.

HB1079, HD 1 implements several key recommendations from the Mālama 'Ohana Work Group by ensuring CWS staff receive comprehensive trauma-informed training, provides tools to assess worker well-being and strategies to address worker burnout, reviews and improves current policies and practice to help youth and families involved in the system heal, and also utilizes expert consultation to create a framework and guide to help them increase their knowledge about TIC principles and best practices. The bill also asks to provide funding for evidence-based assessment tools and ongoing technical assistance, helping staff better understand and mitigate the effects of trauma, both for the children they serve and for themselves as professionals exposed to vicarious (or secondary) trauma.

The passage of HB1079, HD 1 would lead to an investment in a trauma-informed system that will not only improve the outcomes for children and families impacted by the CWS system, but it would also provide the much-needed support for CWS social workers, reducing burnout and secondary trauma and stress. This piece of legislation is one concrete step that is vital to help transform our Child Welfare system into one that could truly promote healing and resilience for everyone involved.

I respectfully urge the Committee to pass HB1079, HD1 to ensure that our Child Welfare system is equipped with the proper tools and resources to serve Hawai'i's most vulnerable children and families with the compassion, care, and understanding they deserve.

Mahalo nui loa for your time and consideration.

With my deepest gratitude and aloha,

Sharla-Ann Houlding, LSW
EPIC 'Ohana, HI H.O.P.E.S. Initiative

To: House Committee on Finance
Re: HB 1079 Relating to Trauma-Informed Care
Hawai'i State Capitol
Monday, February 24, 2025, 12:00PM

Dear Chair Yamashita, Vice Chair Takenouchi, and Committee Members,

On behalf of HCANSpeaks!, I am writing in support of HB 1079 HD1, relating to trauma-informed care. This bill directs the Office of Wellness and Resilience to collaborate with the Department of Human Services to, either directly or by contract, design, administer, and implement a program for trauma-informed organizational assessments and a training curriculum for the Department of Human Services child welfare services branch staff, and appropriates funds for the program.

Act 86 (2023) established the Mālama 'Ohana Working Group within the Office of Wellness and Resilience to seek, design, and recommend transformative changes to the state's child welfare system. One of the recommendations submitted in Mālama 'Ohana Working Group Report¹ was the need to develop a trauma-informed child welfare system. HB 1079 proposes an important opportunity to address this recommendation. Mahalo for the opportunity to submit testimony in **support of HB 1079 HD1.**

Kind regards,
Noreen Kohl, Ph.D.
Policy Researcher and Advocate

¹ See the Mālama 'Ohana working group Final Report and Recommendations (URL: <https://www.malamaohana.net/>).

February 21, 2025

To: Chair Kyle T. Yamashita and Vice Chair Jenna Takenouchi
House Committee on Finance

From: Karen Worthington, Private Citizen

Re: **HB 1079 HD1**: Relating to Trauma-Informed Care
Hawai'i State Capitol, Room 308 and Videoconference, February 24, 2025, 12:00pm

Position: SUPPORT

Dear Representative Marten, Representative Olds, and Committee Members:

Thank you for the opportunity to provide testimony in support of HB 1079 HD1, which establishes trauma-informed organizational assessments and training curricula for the child welfare services branch within the Department of Human Services (DHS). This legislation represents a critical step toward creating a more responsive and effective child welfare system—one that is better able to support families impacted by trauma as well as staff who may have their own trauma histories and also experience secondary trauma through their work.

My name is Karen Worthington, and I am a children's law and policy attorney with a consulting business on Maui, Karen Worthington Consulting. I have worked as a lawyer in and around state systems affecting children and families throughout my 30-year career. I am certified as a Child Welfare Law Specialist by the National Association of Counsel for Children. I have worked extensively with Hawai'i state departments and nonprofit organizations that support children and families who exist at the margins of our society.

Please pass HB 1079 HD1. This legislation will strengthen our child welfare system in several important ways:

- It responds to the documented experiences of children and families who have found the current system challenging to navigate, often experiencing it as adversarial, confusing, and traumatic, as detailed in the Mālama 'Ohana Working Group Report.
- It creates a framework for implementing evidence-based practices that will help ensure CWS interventions are respectful, supportive, and minimize rather than compound trauma for both families and workers.
- It addresses the critical issue of secondary trauma and burnout among child welfare workers through trauma-informed supervision training, which will lead to better stability and outcomes for both staff and the families they serve.
- It aligns with best practices in child welfare by ensuring that trauma-informed care becomes deeply embedded in the culture and practice of Child Welfare Services.

The conditions that bring families into contact with the child welfare system often involve trauma, and our system's response must be grounded in an understanding of trauma's impact. By implementing comprehensive trauma-informed organizational assessments and training, we can create a system that better supports both the families we serve and the dedicated professionals who work with them.

Karen Worthington, Kula, HI 96790

The Office of Wellness and Resilience is uniquely situated to support CWS in integrating trauma-informed care practices. H.B. 1079 directly aligns with the mission of the OWR by addressing the critical barriers to well-being for both staff and the children and families served by CWS.

This change is recommended by the Mālama 'Ohana Working Group and aligns with the growing body of evidence showing that trauma-informed systems produce better outcomes for children and families. If you would like additional information related to my testimony, please do not hesitate to contact me at karen@karenworthington.com.

Best regards,

A handwritten signature in black ink that reads "Karen Worthington". The signature is written in a cursive, slightly slanted style.

Karen Worthington

February 23, 2025

To: Chair Yamashita, and members of the Finance Committee

From: Laurie Arial Tochiki, Co-Chair Mālama 'Ohana Working Group

Re: Testimony in support of HB1079

I strongly support HB 1079 Relating to Trauma-Informed Care which provides funding to assess and train Child Welfare Services to address the trauma experienced by families, children, and youth, and also the trauma experienced by CWS staff. This work aligns with the purpose and expertise of the Office of Wellness and Resilience and provides a mandate and an opportunity to provide the training and assessment needed in one of the most challenging administrations in the state of Hawai'i. This work will be instrumental in developing the kind of child welfare system that our state wants and needs.

In 2023 the Mālama 'Ohana Working Group was established to develop recommendations to establish a child welfare system that is trauma-informed, sustains a community-based partnership, and responds to the needs of children and families in the system and the community. I serve as Co-Chair of the working group. The working group has completed its work and a full copy of the report can be found at www.malamaohana.net, however the working group is still subject to sunshine law until adjournment sine die. To be clear, the working group will not be making further decisions now that the report has been filed. The working group may meet during the session to provide information to the public about its report but will not make further decisions. Therefore, it is not allowed under sunshine law that more than two of us meet to discuss the report, or next steps. Therefore, I am testifying as a concerned citizen and speaking for the content of the report that was approved by the working group.

Our first task as the Mālama 'Ohana Working Group was to establish an approach to our work by cultivating and modeling the kind of listening and concern that we needed for our working group and modeling the type of child welfare system we hope for. From there, we began with the intense work of interviewing individuals, conducting conversations, and holding group discussions in Permitted Interaction Groups, which helped shape our initial understanding. We then conducted eleven community listening sessions throughout the state, gathering stories and ideas from each community we visited.

The report highlights the deep trauma experienced by children and families involved in the child welfare system—both from the circumstances that led to their involvement and from interactions with CWS itself. Key insights include:

- Families frequently experience secondary trauma from child welfare involvement, including removal of children, adversarial legal processes, and punitive rather than supportive interventions.
- Many caseworkers and child welfare professionals lack training in trauma-informed care, leading to interactions that can feel dehumanizing, coercive, or retraumatizing for families.
- Children in the system are often not provided with mental health support or healing services, leaving them with unaddressed trauma that can impact them long-term.
- Historical trauma, particularly in Native Hawaiian and Pacific Islander communities, contributes to mistrust of the system, and the lack of trauma-informed approaches exacerbates this harm.

The Mālama ‘Ohana Working Group found that trauma-informed care must be the foundation of all interactions, policies, and practices in the child welfare system to prevent further harm and promote healing.

The report provides specific recommendations to integrate trauma-informed care into child welfare services, including:

1. Establish Trauma-Informed Training for Child Welfare Workers

- All CWS caseworkers, family court personnel, and service providers should receive mandatory trauma-informed care training.
- Training should include:
 - Understanding how trauma impacts child development and family dynamics.
 - Recognizing signs of trauma and appropriate responses.
 - Learning how to engage with families in a way that builds trust rather than fear.
 - Addressing historical trauma and cultural competency to better serve Native Hawaiian and Pacific Islander families.

2. Transform CWS Practices to Minimize Trauma

- Redesign family interactions to be less adversarial and more supportive.
- Ensure that child removals, when necessary, are handled in a way that minimizes trauma for both children and parents.
- Encourage family preservation whenever safe and possible, using trauma-informed approaches rather than punitive measures.

3. Provide Trauma-Informed Mental Health Support for Children and Families

- Expand access to therapy, counseling, and culturally rooted healing practices for children and parents affected by trauma.

- Ensure that all children in foster care receive trauma screenings and appropriate mental health care.
- Provide trauma-informed parenting education to support family reunification and prevent re-entry into the system.

4. Implement Trauma-Informed Organizational Change

- Require state agencies to adopt trauma-informed policies and protocols.
- Create a culture where frontline workers feel supported and trained to handle trauma effectively.
- Develop an oversight system to ensure that trauma-informed principles are upheld across all child welfare services.

The Mālama 'Ohana Working Group makes it clear that without trauma-informed care, the child welfare system will continue to cause harm instead of healing. The report urges system-wide changes to integrate trauma-informed principles, ensuring that all interactions with children and families promote trust, dignity, and resilience.

We are grateful for your support of the families and children in the child welfare system, and your efforts to find ways to improve the system.