



**Trauma-Informed Care  
Task Force**

**Trauma-Informed Care Task Force Meeting  
Department of Health (Chair), State of Hawai'i**

**Virtual Meeting via Zoom  
September 28, 2021  
10:00 a.m. – 12:00 p.m.**

Members Present: Tia L. R. Hartsock, Alapaki Nahale-a, Cathy Betts, Adriane Abe, Molly Bradley-Ryk, Coleen Momohara, Judith Clark, Jocelyn Howard

Members Absent: n/a

Members Excused: n/a

Guests Present: Dr. Melinda J. Baldwin, PhD, LCSW; Director of Prevention, Traumatic Stress and Special Programs Division Center for Mental Health Services, SAMHSA

DOH Staff Present: Amy Conte, Monique Frazier, Brian O'Hare, Scott Shimabukuro, Dawn Suh, Erica Yamauchi

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS</b>	<b>PERSON(S) RESPONSIBLE</b>	<b>DATE DUE</b>
<b>I. Call to Order</b>	Chair Tia L. R. Hartsock called the meeting to order at 10:01 a.m.		Tia L. R. Hartsock	
<b>II. Opening Remarks</b>	T. Hartsock introduced Dr. Scott Shimabukuro, Acting Administrator for DOH CAMHD, who shared the following opening remarks <ul style="list-style-type: none"><li>• creating a statewide system that behaves in a trauma-informed manner will result in more responsible and effective individuals serving the community.</li><li>• important and meaningful work for our state.</li></ul>			

<p><b>III. Introduction of Task Force Members</b></p>	<p>T. Hartsock introduced the task force members and acknowledged the guests. Each task force members introduced themselves and shared their affiliation.</p> <p>T. Hartsock acknowledged the forum. A. Nahale-a made the initial motion and C. Betts seconded it.</p> <p>T. Hartsock shared following messages.</p> <ul style="list-style-type: none"> <li>• Acknowledging efforts made by those who tried and set the stage for trauma informed care to create opportunities to come together.</li> <li>• To establish an environment to generate ideas, connect with each other in meaningful ways, learn from our own experiences and listen without judgement in a safe, trauma-informed way</li> <li>• create a space that honors all voices, ideas &amp; questions</li> <li>• build a community that acknowledges all the have come before us</li> <li>• to acknowledge that trauma has played a role in our lives in various way and informs how we show up as professionals, community members, and our lives</li> <li>• to keep our eyes on the horizon and know that we are all steering towards healing and building resilience within our communities</li> <li>• to continuously remember that trauma is real, but so is hope</li> </ul> <p>T. Hartsock shared the agenda and acknowledged the staff that helped with the meeting.</p>		<p>Tia L. R. Hartsock</p>	
<p><b>IV. Origin of HB1322, Act 209</b></p>	<p>T. Hartsock invited State Sen. Donovan Dela Cruz, State Rep. Ty J.K. Cullen, and Community Member Danny Goya to introduce the origin of HB13222, Act 209.</p> <p>D. Goya acknowledged Senator D. Dela Cruz and Representative J.K. Cullen’s work in building the legislative and noted the goal of building wellness and resilience in Hawai‘i.</p>		<p>Tia. L.R. Hartsock</p>	

	<p>Rep. T. J.K. Cullen shared his experience working at Hale Kipa, a youth services organization, and how the experience of working with other community partners over the years and have led to the current measure. T. J.K. Cullen acknowledged the works from D. Goya, Office of Early Learning, and other state departments for the current bill. He emphasized the focus to be on building resiliency and finding protective factors to address child development within our community. Lastly, he noted that that it is important for the task force to provide insights as to how to make our communities and state better in order to move trauma informed care forward.</p> <p>Sen. D. Dela Cruz acknowledged representative T. Cullen's dedication and Stacy for educating people why we need this. D. Dela Cruz shared his experience working at an alternative learning center, and how building resiliency could help change youth's trajectory of life. He also noted how building infrastructures and having assessment centers are critical in order to know the best way to approach youth. Additionally, he noted that the current work is extremely critical to ensure that our communities will have better future economically, socially, and emotionally. Lastly, he emphasized that there is a deadline to this legislative and that he and Representative Cullen will need to help to put the work into paper and get a bill drafted by end of December or January. Representative Cullen further acknowledged the task force member's wealth of experiences and knowledge.</p> <p>D. Goya acknowledged everyone for sending in their testimonies and emphasized the goal to build wellness and resilience. He noted how Covid-19 has magnified the need to access behavioral health and equities. He emphasized using culture as healing and shared a hope that the project will be a semi-autonomous anatomy to mirror SAMHSA interagency for trauma. Lastly, D. Goya noted the importance of using common language.</p>			
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<p><b>V. SAMHSA Definition</b></p>	<p>T. Hartsock introduced the definition of trauma as defined by SAMHSA and asked how the team wants to articulate and define Trauma.</p> <div data-bbox="487 310 1184 727" style="background-color: #e6e6fa; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><i>Trauma Defined:</i></p> <p style="text-align: center;"><i>Individual Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.</i></p> <p style="text-align: center;"><i>(SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.)</i></p> </div> <p>T. Hartsock noted that the team will work together to create a definition of trauma and trauma informed care within Hawaii in order to make it more meaningful.</p> <p>T. Hartsock invited other group members to share their thoughts.</p> <ul style="list-style-type: none"> <li>• J. Clark expressed that we need to address concepts of racial trauma.</li> <li>• M. Champion commented the need to address individual vs. collective trauma.</li> <li>• J. Freitas commented that she likes how the SAMHSA definition reflects the DSM definition of Trauma and further stated the importance to broaden the definition to collective and intergenerational trauma.</li> <li>• A. Nahale-a commented that it is important to include what trauma is not. He expressed that trauma is not a condition to be used to label individuals and that our system should respond to anyone who has experienced trauma.</li> </ul>		<p>Tia. L.R. Hartsock</p>	
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	<ul style="list-style-type: none"> <li>• H. Armstrong commented that it would be beneficial to have a universal definition while adding personal touches in the work that we'll be doing following the definition.</li> <li>• K. Patterson noted that historical trauma is important to understand.</li> <li>• S. Simms commented institutional trauma.</li> </ul>			
<p><b>V. Task Force Agreements and Framework Development Process</b></p>	<p>T. Hartsock proposed two frameworks to make decisions as a task force.</p>  <p>T. Hartsock invited group members to share their opinions regarding the frameworks and shared that this is a starting point.</p> <p>S. Shimabukuro commented that the “3” from Fist to Five framework does not lie in the middle of the Likert scale and suggested adjusting it.</p> <p>V. Yin noted that “1” and “2” are very similar to each other.</p> <p>J. Clark asked whether this was a process to be used for determining the range of opinions or to make decision. She further asked what would constitute as a yes for the task force to move forward and noted the need to clarify the voting process.</p>		<p>Tia. L.R. Hartsock</p>	

	<p>Cathy advised to not “reply-all” to group emails or have smaller conversations regarding items unless you break out into permitted interaction groups.</p> <p>T. Hartsock responded that permitted interaction groups will what the team will be using for future agenda items.</p> <p>T. Hartsock proposed the motion to have a quorum of yes or no for decision making and to use Fist to Five for discussions. For official decision-making, she shared that the decision will be based on the majority vote.</p> <p>A. Nahale-a commented that for all official decisions, it should require a majority vote of all members (six votes) regardless of the number of folks at a meeting.</p> <p>J. Clark made the motion to have the Fist to Five decision making process for purposes of assessing range of opinions, and to have a quorum when task force makes official decision. C. Momohara seconded the motion. All 11 task force members voted “yes” to this motion.</p>			
<p><b>VI. Task Force Charge per HB1322</b></p>	<p>T. Hartsock shared the 7 deliverable requirements of the task force.</p> <ol style="list-style-type: none"> <li>1. Create, develop, and adopt a statewide framework for trauma-informed and responsive practice</li> <li>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</li> </ol>		<p>Tia. L.R. Hartsock</p>	

- T. Hartsock shared that we have advocates for peer supports and families in the call and emphasized the need to include their voice. She further questioned what would be the best way to identify best practices in relation to native Hawaiians.

### 3. Provide a trauma-informed care inventory and assessment of public and private agencies and departments

- J. Clark made a comment that the inventory should also include practitioners with particular expertise or availability as trainers. She emphasized that the mandate is to identify the gaps and make recommendations on what needs to be filled in the gaps.
- A. Abe questioned whether item 3 is about access to tools that allow us to contact the agencies.
- J. Howard commented that it would be good to look at the tools and evaluate whether they are culturally appropriate for specific populations.

### 4. Identify various cultural practices that build wellness and resilience in communities

- T. Hartsock questioned how we can identify cultural practices and what has been effective. She further shared that the idea behind was it was how to formalize the approach to trauma in our state and share resources in a more formal way.

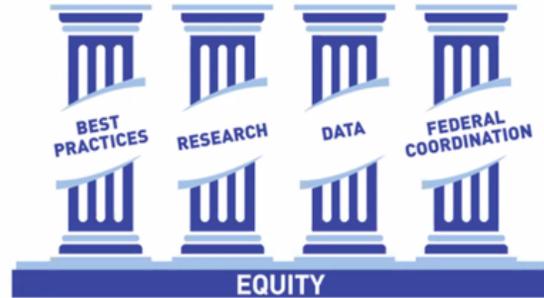
### 5. Convene trauma-informed care practitioners so that they may share research and strategies in helping communities build wellness and resilience

	<ul style="list-style-type: none"> <li>• T. Hartsock shared there have been several efforts to develop expertise in trauma informed care and questioned how to bring them together and identify those practitioners.</li> </ul> <p>6. Seek ways in federal funding may be used to better coordinate and improve the response families impacted by coronavirus disease 2019, substance use disorder, 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</p> <ul style="list-style-type: none"> <li>• T. Hartsock shared that the fiscal analysis of all states that provide youth will be started through university of Maryland contract. She noted that the report will show how we spend money, what we spend money on youth services, and finding gaps.</li> </ul> <p>7. Coordinate data collection and funding streams to supports the efforts of the interagency task force</p> <p>Several members made comments about the requirements.</p> <ul style="list-style-type: none"> <li>• S. Shimabukuro asked whether there are any objectives for larger systems (e.g., judiciary policy) rather than at the practice level?</li> </ul>			
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	<ul style="list-style-type: none"> <li>• J. Clark emphasized that the task force could decide that we need to address at department level to add or change policies to address trauma informed care.</li> <li>• K. Merriam shared the importance of preparing organization to do trauma informed care and emphasized the need to focus on different populations</li> <li>• D. Goya commented that the original language of the bill included representation of the counties and noted that future subcommittees should work with outer island and through county charters.</li> </ul>			
<p><b>VII. Substance Abuse Mental Health Services Administration (SAMHSA) on Trauma-Informed Care in a System of Care</b></p>	<p>Dr. Melinda J. Baldwin, PhD, LCSW, Director of Prevention, Traumatic Stress and Special Programs Division Center for Mental Health Services, SAMHSA and shared the following information about trauma informed care in a system of care.</p> <ul style="list-style-type: none"> <li>• System of care is a broad, flexible and effective array of community-based services and supports that is coordinated across multiple stakeholder agencies, culturally and linguistically competent and builds partnerships with families including youth/young adults at both the service delivery and policy levels.</li> <li>• Resilience is a bit more complicated than we think. Resilience can be at an individual level but also at a family level.</li> <li>• Trauma is defined with emphasis on three Es: <b>events</b>, the <b>experience</b> of those events, and the long-lasting adverse <b>effects</b> of the events.</li> <li>• Interagency Task Force for Trauma-Informed Care pulled together 20 agencies across the government to implement trauma informed care across the government. They conducted interviews with researchers, congress, etc. – had 18 months of monthly discussion to come up with a problem statement</li> <li>• Childhood trauma is a serious problem that has a long-lasting effect that are often compounded by racial and cultural trauma. We need a robust evidenced based system</li> </ul>			

based is needed to promote trauma informed care.

**NATIONAL STRATEGY FOR TRAUMA INFORMED CARE**



- Framework to organize - legislation talked about 4 different issues that they wanted to address grounded on equity
  - Best Practices and Research: how to further the evidence based in research
  - Data: how can we coordinate measurement tools, to streamline services, how can we promote technology, common definition to measure trauma. first task is to come up with a definition because so many of us felt that we have come so far with how historical and racial trauma affects us, our communities, it impacts trauma. we feel that the definition needs to be more inclusive.
  - Federal coordination: how do we coordinate with each other with promoting policies and regulations?
- There is a need to think of strategy that acknowledges that individual and community resilience is widespread. How do we distinguish between exposure to potentially traumatic events and trauma related health and other outcomes?

- Trauma informed care can refer to either evidence-based trauma intervention or to a broader systems-level approach.



- Intersections: trauma informed care is aligned with the values above.

Various group members made comments about trauma-enforced care and system of care.

- D. Goya commented about the very strict evidence-based mindset that the legislation has. He noted that many programs that are effective have not obtained the evidence-based label because we lack the resources for peer reviews. He shared that he prefers to use the word evidenced informed not evidence based for these reasons and emphasized lots of practices in indigenous people are not labeled as “evidence-based” because of limitations of resources.

	<ul style="list-style-type: none"><li>○ M. Baldwin emphasized the need to pull apart our expectations and experience and to find the commonalities. She noted how all the different comments they collected made the report to a better space because it allowed the space of dialogue and conversation. She asked the question of how far can we stretch that rubber band until it is no longer evidence informed or evidence based? She noted that how we understand adaptation is important and once again emphasized the importance of having a dialogue.</li><li>● “Aunty Pua shared that in Hawaiian cultural practice, we are always looking for balance. She emphasized the desire to bring balance and hope as part of the measurement. She noted the importance to make a point on where the focus lies. She further stated that there is a difference in ways people who live in a continent and islands and raised concerns about needing to fit in to the federal definition.<ul style="list-style-type: none"><li>○ A. Chung, D. Goya, and “Paki” all agreed and noted the importance to consider different contexts and the need to focus on wellness and balance.</li><li>○ M. Baldwin agreed that making the space of hope, wellness, and strength is critical. She noted that it is difficult for the federal definition to be narrowed down to who people are and what their experiences are.</li><li>○ J. Howard agreed with Aunty Pua and noted that she doesn’t see trauma as being isolated in individual. Rather, trauma is relational from our perspective as indigenous people. She shared that perspective of looking at trauma is very different from the way that evidence based is looking at trauma and emphasized the need to accept the different perspectives. the way that you look at the</li></ul></li></ul>			
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	<p>definition affects the way that you make interventions. to find the balance.</p> <ul style="list-style-type: none"> <li>• S. Simms questioned whether we're also considering the ongoing cultural trauma of when indigenous have to prove that their way of doing has evidence. She noted that the actual process of having to do that is traumatizing and asked how SAMHSA is responding to it. <ul style="list-style-type: none"> <li>○ M. Baldwin shared that SAMHSA struggled with the definition and wanted a definition so there's a way around it.</li> </ul> </li> <li>• S. Shimabukuro shared that the literature does comment on trauma's effect on meaning and identity and that CAMHD has adopted a particular model of evidence based. He suggested keeping the topic of broadening the definition of evidence-based as a place. He further suggested including case specific idiographic information and local aggregate data, which are more inclusive than APA gold standard of evidence based.</li> </ul> <p>T. Hartsock stated that the team will continue to have these conversations through the next three-year process.</p>			
<p><b>VIII. Public Comments</b></p>	<p>T. Hartsock opened the discussion for public comments.</p> <p>K. Patterson noted that he is excited for this project and asked the question of how we can become the theory of change. He shared that project Kawaioloa is currently nominated as the 10 finalist for racial inequality challenge (<a href="https://www.prnewswire.com/news-releases/ten-finalists-announced-for-90m-global-racial-equity-challenge-301381052.html">https://www.prnewswire.com/news-releases/ten-finalists-announced-for-90m-global-racial-equity-challenge-301381052.html</a>), a 8 year journey to stop incarceration by dealing with trauma in indigenous people.</p> <p>D. Goya thanked the task force members for their responsibility and privilege to move this forward.</p>			

	<p>S. Simms shared that she is glad to be able to have this conversation and emphasized her wanting the focus to be on healing and wellness.</p> <p>N. Richardson commented on how traumatizing the situation of covid has been and shared that he is happy to see where the possibilities are going.</p>			
<b>VIII. Closing announcements</b>	<p>T. Hartsock made following closing announcements.</p> <ul style="list-style-type: none"> <li>• The agenda and materials for October agenda will be posted on the state website. Hawaii state calendar (<a href="https://calendar.ehawaii.gov/calendar/">https://calendar.ehawaii.gov/calendar/</a>)</li> <li>• Mahalo for folks who have been doing this work for years. around trauma informed care and provided their passion and expertise to work to help.</li> </ul> <p>The next meeting is scheduled for Oct. 26, 2021.</p>		Tia. L.R. Hartsock	
<b>IX. Future Agenda Items</b>	<p>T. Hartsock shared future agenda items. She asked how subcommittees should be created.</p>			

	 <p style="text-align: center;"><b>Create Sub Committees</b></p> <p>Sub Committee #1 System Structures</p> <p>Sub Committee #2 Practice/Inventory</p> <p>Sub Committee #3 Evaluation/Data Collection</p> <p>Sub Committee #4 Cultural Practices/ Adaptations</p> <p>Sub Committee #5 Workforce</p> <p>Sub Committee #6 Financing</p>			
<b>X. Adjournment</b>	The meeting was adjourned at 12:00 p.m.		Tia. L.R. Hartsock	