



**Trauma-Informed Care  
Task Force**

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

**Virtual Meeting via Zoom  
October 26, 2021  
10:00 a.m. – 12:00 p.m.**

Members Present: Tia L.R. Hartsock (chair), Alapaki Nahale-a, Adriane Abe, Cathy Betts, Coleen Momohara, Fern Yoshida, Gavin Takenaka, Jillian Freitas, Josie Howard, Molly Bradley-Ryk

Members Absent: Judith Clark

Members Excused: n/a

Guests Present: n/a

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

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS/ ACTIONS/ CONCLUSIONS	PERSON(S) RESPONSIBLE	DATE DUE
<b>I. Call to Order</b>	Chair Tia L. R. Hartsock called the meeting to order at 10:07 a.m.		Tia L.R. Hartsock	N/A
<b>II. Opening Announcements</b>	Task Force monthly meetings are open to the public. Attendees may express their opinions by writing in the chat function of the webinar, which will be answered by Department of Health (DOH) staff. During the meeting, only Task Force members will be panelists on the webinar, unless the Task Force invites a guest speaker. Attendees will be invited to ask questions to the Task Force directly during the Public Comments section near the end of the meeting.	None	Tia L.R. Hartsock	N/A
<b>III. Acknowledgment of Secondary</b>	<i>Historical Trauma</i> - T. Hartsock opened the floor for comments from TF members in departments, agencies, and institutions.	DOH staff will research best practices implemented to address trauma to find		

<p><b>Traumatic Stress (STS)</b></p>	<p>Nahale-a stated less is understood about secondary stress on staff at institutions, which impacts their ability to serve and manage care</p> <p>M. Bradley-Ryk explained how [insert name of organization] has implemented a peer support team for any type of trauma experienced, made available on an as-needed basis that can be used formally and informally among staff. More research is needed on utilization of such services.</p> <p>Nahale-a asked if the Task Force is trying to understand baseline trauma as part of its strategic mission. Early trainings on front line staff since they may be more empathetic was suggested.</p> <p>T. Hartsock explained how formal policies for Secondary Traumatic Stress will come from Task Force recommendations based on how departments, agencies, and institutions are tackling this issue.</p> <p>G. Takenaka stressed that mental health teams provide services during crises, and clinical staff need supervision to work through negative issues immediately impacting their work.</p> <p>C. Betts discussed how the child welfare services uses R.E.A.C.H. [insert name of acronym] – where staff will meet with social workers as a crisis intervention. C. Betts has observed an increase in need due to the pandemic, with staff presenting with more symptoms of fatigue (i.e., change fatigue and decision-making fatigue) resulting in higher turnover and retirements.</p> <p>F. Yoshida explained how the Department of Education (DOE) supports educators in two distinct ways. The first support service is an employee assistance program that has implemented a survey across the State of Hawai'i to address teacher well-being. The second support service are resources for socio-emotional strategies across schools.</p> <p>C. Momohara stated many disciplines have always encompassed trauma, and more is apparent now due to the pandemic. This has been accomplished by advancing health and wellbeing, supporting self-regulation and self-care as educators, and teachers working in smaller groups to work through problems. Since these groups are small, both the impacts of personal and family histories are addressed. However, when colleagues are highly distressed it may catch an organization by surprise as signs of trauma are gradual, and continued advocacy for positive mental health of staff is required.</p> <p>J. Freitas described organizational based structural supports where all employees would have 30 minutes to exercise or go to the gym. This includes mindfulness techniques helpful for employees to make beneficial decisions</p>	<p>utilization and success rates from national and local data sources.</p>		
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	<p>J. Freitas emphasized how it is not enough to tell employees to go home and take care of themselves, and professional and personal check-ins are needed during working hours at least once a quarter.</p> <p>T. Hartsock asked for research and statistics for utilization of these passive support features. The impact of secondary traumatic stress (STS) was noted on movements such as the Great Resignation – where due to the pandemic an increase in STS has had a negative impact on mostly women in their home life. T. Hartsock asked what happens when the helpers can no longer help anymore? Therefore, it was strongly suggested that there be more of a focus on STS with the final recommendations of the Task Force.</p>			
<p><b>Proposed Creation of Permitted Interaction Groups (PIGs)</b></p>	<p>Suggestions and examples were shown to Task Force members using MURAL for potential Permitted Interaction Groups (PIGs) to assist with immediate deliverables. Each PIG will be composed of volunteers from the Task Force members, to include a chair and two additional members. PIGs may meet to discuss the exact charge granted to them from the Task Force, and will report back to the Task Force on a monthly basis. Agenda items for PIGs will include information from Bill HB1322 to assist the Task Force. These may include best practices, inventory and assessment, cultural practices to build wellness and resilience, how to coordinate data, etc.</p> <p>Abe suggested beginning with short term deliverables, then creating PIG/subcommittees with those based on legislative requests for first year.</p> <p><b>Abe made a motion to create a PIG to establish first year items for legislature priorities. A. Nahale-a seconded the motion. Vote: 10-yay, 0-nay, 0-abstain, 1 missing.</b></p> <p><b>Nahale-a then motioned to create a PIG to review data collection and resources. Both C. Momohara and M. Bradley-Ryk seconded the motion. Vote: 10-yay, 0-nay, 0-abstain, 1 missing.</b></p> <p><b>C. Momohara then motioned for creation of a PIG to review working definitions. Ms. Howard seconded the motion. Vote: 10-yay, 0-nay, 0-abstain, 1 missing.</b></p> <p>PIGs can only discuss matters between themselves about board business directly related to their charge. Therefore, only task force members are to research and report back, and the community can comment at the monthly meeting, where their feedback will be considered then.</p>	<p>Three PIG/subcommittees were approved by the Task Force. DOH staff will contact PIG chairs with additional instructions.</p>	<p>Tia L.R. Hartsock Alapaki Nahale-a Coleen Momohara</p>	

	<p>After the PIG chair reports to the Task Force at the next monthly meeting a vote is taken regarding PIG recommendations.</p> <p>A. Nahale-a stated that PIGs are permitted to invite individuals to the PIG meeting, then asked if there are different rules for PIGs under the Sunshine Law, and whether an Attorney General (AG) has been assigned.</p> <p>T. Hartsock reminded the Task Force that PIGs are short term, must focus on the task at hand, and are bring back recommendations in written form to the Task force, which will vote and possibly adopt the recommendations. T. Hartsock then asked for volunteers to act as chairs for each PIG, which requires a date to be set in order to meet, coordinate, and facilitate their PIGs.</p> <p>C. Momohara volunteered to be the chair of the definitions related to trauma PIG, A. Nahale-a volunteered to be the chair of the legislative priorities PIG, and T. Hartsock volunteered to be the chair of the data collection and resources PIG.</p>			
<b>V. Governance Structure</b>	<p><b>J. Howard nominated A. Nahale-a to be Vice-Chair for the Task Force, and he accepted the nomination.</b></p> <p><b>C. Betts motioned to vote for A. Nahale-a to be Vice-Chair, and C. Momohara seconded the motion. Vote: 9-yay, 0-nay, 1-abstain, 1 missing. [who nominated Cathy?] C. Betts accepted the nomination to act as the 2<sup>nd</sup> Vice-Chair for the Task Force.</b></p> <p><b>A. Nahale-a motioned for C. Betts to be the 2<sup>nd</sup> Vice-Chair, A. Abe seconded the motion. Vote: 9-yay, 0-nay, 1-abstain, 1 missing.</b></p> <p>T. Hartsock asked if a secretary position was needed. No motion was made for creation of the position.</p> <p>C. Momohara suggested revisiting the creation of the Secretary position for a future meeting, and</p> <p>T. Hartsock tabled the prospect.</p> <p>A. Nahale-a said that Kamehameha Schools will provide a note-taker for future meetings to assist the Task Force in record keeping.</p> <p>T. Hartsock informed the Task Force that the Vice-Chair position is in charge of calling roll call for votes. Minutes need to be approved at each Task Force meeting, which requires review and approval by Task Force members. Minutes must be posted to the website/state calendar within 40 days of the meeting.</p>	<p>A. Nahale-a and C. Betts will serve as Vice-Chairs. Kamehameha Schools will provide a note-taker. And minutes must be approved and posted within 40 days of each Task Force monthly meeting</p>	<p>Tia L. R. Hartsock Alapaki Nahale-a Cathy Betts</p>	
<b>VI. Public Comments</b>	<p>Members of the community were invited to speak to the Task Force for 3 minutes each, according to Sunshine Law to make a public comment.</p>	<p>T. Hartsock stated the DOH is establishing an internal committee to solicit ideas from staff for</p>		

	<p>Leslie Gise, MD – has resources for disaster psychiatry from Maui, noticed there are not any psychiatrists on the Task Force. Further explained how culture is important to reactions to disasters, placed resources in chat, and thanked the Task Force for their work. L. Gise will send a data and resources slide to the Task Force, which may be useful for the definition’s PIG / subcommittee group.</p> <p>Daniel Goya – discussed ACEs and protective factors and recommended posting invitations [or interventions?] on websites, making the office more prominent, and offered to help with the Legislative Priorities PIG/subcommittee group.</p> <p>Kawika Patterson – stated how secondary traumatic stress always has an immediate response, yet not long-term management.</p> <p>Malina Kaulukukui – Asked what is CSTS?</p> <p>Laura Brucia Hamm – asked whether power of change is happening and wanted to know how to build and support pockets of change. Suggested reinforcing the platforms and shifts of trauma informed trainings (at the DOE for example).</p>	<p>the entire State of Hawai‘i to respond to the Task Force, and there are psychiatrists on staff. Further review of public engagement with the Task Force is needed, such as through public comments (via email, during the Task Force meeting, or through a comments section online) or through involvement with the PIGs/subcommittee groups (invite only). Further research needed about how the public can contact and interact with the Task Force members. And, DOH staff will post on the State of Hawai‘i calendar for transparency. DOH Staff answered questions in the chat box, including the definition of CSTS (a study of secondary traumatic stress).</p>		
<p><b>VII. Future Agenda Items</b></p>	<p>C. Betts suggested organizing deliverables based on age, while Abe preferred organizing deliverables via the life span.</p> <p>C. Momohara discussed the development of children and families, along with their respective histories and contexts, and thought it may be easier to begin with older populations instead of youth.</p> <p>J. Howard added to the conversation about age with families, stating the Task Force needs to think about culture and communities as well, which will assist in how recommendations can approach each community. There is not only one way to tackle these multifaceted issues, and there are ways to honor multiple</p>	<p>T. Hartsock suggested guest speakers and presentations, stakeholders’ outreach (informational briefings), training on related content, and addition of resources to the Task Force website (traumainformed.hawaii.gov).</p>	<p>Tia L. R. Hartsock</p>	

	<p>perspectives by understanding cultural backgrounds, which may help the Task Force reach their targets better.</p> <p>M. Bradley-Ryk agreed that age is a good place to start with, then the Task Force needs to look at special groups, like cultural groups.</p> <p>A. Nahale-a explained how challenges will emerge and asked the Task Force members to reflect on how to discuss trauma prevention piece and how to deal with those already traumatized. This included explaining family interventions, protecting youth in spaces, the environmental perspective, to include the age of children, families, service providers, who can target policies and interventions from the most catalytic space. An example was given of how the age group 3-5 space targets family and providers, so it is not only the age group itself involved.</p> <p>T. Hartsock asked if inviting guest speakers to the Task Force monthly meeting to discuss historical trauma approaches would be helpful, suggesting Dr. Maunakea from JABSOM, who has done research on the intergenerational piece and how it impacts the State of Hawai‘i. No motion was made for the invitation of a guest speaker at this time.</p> <p>C. Momohara added that an ecological framework can show how individuals interact within society. F. Yoshida echoed conditions are important to understand success.</p> <p>J. Freitas agreed to think about treatment, prevention, and how to assist practitioners.</p>			
<b>VIII. Closing Announcements</b>	<p>T. Hartsock informed the Task Force about progress the administration and research team has made in October. This includes literature reviews of pertinent research studies as well as resources such as films on trauma-informed practices.</p> <p>T. Hartsock and C. Betts presented information about the Task Force to Senators from the State of Hawai‘i, which included references to Act 209, Task Force deliverables, and how meetings and lectures will be virtual. Ms. Hartsock also presented to Congressman Kahele’s office regarding the principles of Trauma Informed Care.</p> <p>Dr. Daniel Jurman shared two documents about how Pennsylvania has implemented trauma informed care, which will be emailed to Task Force members and later will be made available to the public online.</p>	None	Tia L. R. Hartsock	
<b>IX. Adjournment</b>	<p>T. Hartsock motioned to adjourn. The next Task Force meeting will be Nov. 30, 2021, from 10 a.m. to 12 p.m. using the same Zoom link. The meeting officially ended at 12:03 p.m.</p>	None	Tia L. R. Hartsock	