

ACT 209

H.B. NO. 1322

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.

(Approved July 6, 2021.)