





Introduction

In an early gathering of Promising Minds (PM) partners, trauma-informed strategist Danny Goya described the need for a whole systems approach to supporting the wellbeing of Hawai'i's young children and their families. Like water (wai) that starts as rainfall and trickles down to nourish the land and ocean below, the journey to infant and early childhood mental health (IECMH) flows through a network of early care providers, workers trained in IECMH, and strong state and policy systems that nourish the community.

Across the state, more than one in four children under the age of five has faced an adverse childhood experience (ACE), and this proportion is even higher for Native Hawaiian and Pacific Islanders. Traumatic events can not only have a negative effect on young children and families, but also impact their long-term health and development. In order to

mitigate these effects, partners must work together to provide early access to appropriate trauma-informed services. Starting in 2019, the Hawai'i Community Foundation (HCF) set out to strengthen the ecosystem that supports IECMH by partnering with organizations, agencies, and practitioners working with young children and their families. To date, the Promising Minds initiative has offered **early childhood professionals** a community of practice and other tools for strengthening their trauma-informed practices, partnered with **health care providers** to pilot new systems for trauma-informed care, supported the state's Association for Infant Mental Health (AIMH HI) in training the **IECMH workforce**, coordinated with **state policy and systems leaders** advancing change, and conducted **community outreach** through articles and convenings (i.e., annual Kahewai Summit).

Throughout this effort, Engage R+D has served as the evaluation and learning partner to Promising Minds, working to document, measure, and reflect on this work. This evaluation report shares findings from years 4 and 5 of the initiative with a focus on how Promising Minds is strengthening the systems and policies that provide an ecosystem of support to Hawai'i's children and families.

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Evaluation Methods

The evaluation of years 4 and 5 of Promising Minds focused on documenting systems and policy changes. A mixed-methods approach was used, incorporating both quantitative and qualitative data sources to tell the story of Promising Minds. The activities outlined below were used to measure systems development, examine providers' data capacity and needs, and show the early impact on policy.

Mountain Care Providers

- Resilient Early Childhood Systems Self-Assessment tool (n=11) to understand the extent to which programs support a cohesive, trauma-informed, resilient early learning system
- Data Culture, Capacity, and Story assessment (n=9) of programs' capacity and infrastructure for gathering developmentally appropriate data
- Interviews with health centers (n=2) piloting traumainformed approaches through the clinical partnership pilot

Greenery IECMH Workforce

- Surveys of Cohort 2 (n=18) and Cohort 3 (n=13) IECMH Fellows
- Interviews (n=7) and survey (n=11) with Fellows in the Consultation Fieldwork Cohort

Policy & Systems

 Key leader interviews (n=12) about systems and policy changes and next steps ahead

Ocean Communities

- Participatory storytelling session with Promising Minds partners sharing how they have seen traumainformed, wellness, and resilience practices spread throughout their work
- ¹2022 National Survey of Children's Health, <u>Data Resource Center for Child & Adolescent Health</u>
- ² 2020 Behavioral Risk Factor Surveillance System, Hawai'i Health Data Warehouse

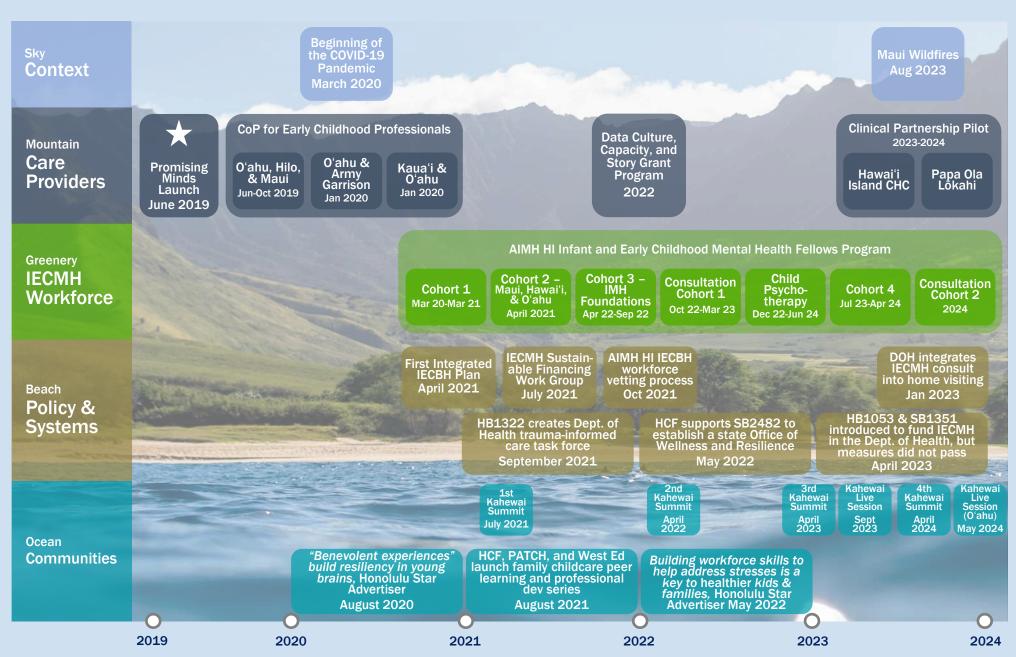
Key Takeaways

The following are the five main cross-cutting themes and takeaways from years 4 and 5 of the evaluation. Supporting findings for each takeaway are described throughout this report (the corresponding page numbers are listed below).

- The PM community of practitioners, policy makers, and system leaders has made a **significant and lasting impact to strengthening the system of care for young children and families in Hawai'i**, against a backdrop of public health crises and natural disasters. The community is moving from a trauma-informed process lens to one that focuses on wellness and resilience as outcomes. (Pages 3-4)
- Care providers are strengthening and embracing data and organizational capacity through trainings and self-assessment. In addition, organizations continue to track and strengthen their system of early childhood resilience, and two Clinical Partnerships are testing out innovative and culturally-responsive approaches to providing preventative healthcare in their communities. (Pages 5-7)
- PM Fellows gained knowledge and confidence in skills related to trauma and IECMH through peer-to-peer connections and support. Some have deepened their practice through Reflective Supervision and Consultation. At the same time, rural communities are especially impacted by the healthcare workforce shortage and have trouble hiring trained practitioners. (Pages 7-10)
- There have been notable systems and policy developments related to early childhood and trauma-informed care, including the creation of the Integrated Infant and Early Childhood Behavioral Health (IECBH) Plan and Trauma-Informed Care Task Force and the establishment of the Office of Wellness and Resilience. HCF leadership has been crucial for developing and holding this space. There is also some concern about who will fill this leadership role moving forward. (Pages 11-14)
- PM partners report a "real shift" in their work and note that trauma-informed practices and language are becoming embedded into organizational culture. (Page 15)

The Promising Minds Journey

At the Promising Minds Gatherings in 2022 and 2023, partners came together to map out how their efforts contribute to a whole system of care for young children and families. Through an interactive exercise, they added the work of their organizations and others across the state to building a trauma-informed ecosystem in Hawai'i from 2019 through 2024. The journey map below illustrates these efforts over time, including important context, work of providers, efforts to strengthen the IECMH workforce, policy and systems changes, and community-wide engagements. The following pages detail each of these efforts along with findings from the evaluation.



The work of Promising Minds is deeply informed by the traumatic history of colonization in Hawai'i and its effects on health disparities today. Social determinants of health, such as displacement, poverty, and educational opportunities, play an important factor in the mental health of Native Hawaiians as well as other ethnic groups in Hawai'i. Over the course of Promising Minds, two additional events deeply impacted mental health and systems of care: the COVID-19 pandemic and the Maui wildfires.

COVID-19 Pandemic

The early years of Promising Minds coincided with the start of the COVID-19 pandemic. Across the United States, the pandemic had direct and indirect effects on young children and their families, from trauma due to illness and loss to the effects on family income and social relations.³ These effects were felt disproportionately by historically excluded communities, including Native Hawaiian and Pacific Islander communities in Hawaii.⁴

During this time, some Promising Minds partners shifted to providing more direct aid to families. Many of the Promising Minds supports, such as the Community of Practice (CoP) for Early Childhood Professionals and AIMH HI IECMH Fellows workforce development program, shifted to a virtual format. For many, the pandemic highlighted the need for additional mental health support: "It elevated the need for trauma-informed care, because of the trauma that everybody faced during the pandemic," said one partner. In the years that followed, Promising Minds supported partners in making this shift: "Coming out of the pandemic, we started to see more acute health and wellness needs that our children are facing," said one Promising Minds partner. "We contracted with an external psychiatrist who specializes in this area to work with children and our staff so that we can start to focus on how best to address and approach what is going on." Promising Minds aims to continue to build capacity and resilience for this work.



³ The pandemic's impact on children and development. Dartmouth-Hitchcock Medical Center. 6.5.22.

Maui Wildfires

On August 8, 2023, high winds downed powerlines and swept flames across West Maui, including the town of Lahaina. The resulting fires killed over 100 people and displaced thousands.⁵ It also disrupted important services for young children and families and created additional need for trauma-informed support.

In the months following the fires, Engage R+D spoke with leaders across Hawai'i who had been directly involved in the disaster response as part of the key informant interviews (see page 12 for additional information). They noted the significant role that the new Office of Wellness and Resilience played in coordinating the mental health response, as well as the tensions between the Federal and Red Cross rapid response and community organizers.⁶

Key leaders also shared the importance of prioritizing a community-led response, as well as thinking about the long-term behavioral health support that will be needed in response to climate crisis and disaster. "There are some folks who don't identify with the Westernized practice of psychiatric health and care," explained one leader. "We've actually delivered a couple of different types of services just in the community hubs out in Maui. The problem in my mind is that no one funds those cultural practices." Another leader emphasized the importance of involving community in these decisions: "We should be really good at asking the community what their needs are and shaping the response around that."



⁵ Valerio, Mike and Sumpter, Amber. <u>100 Days After the Maui Fires</u>. CNN.com. 11.17.23.

⁴ Keawe'aimoku Kaholokula, Joseph. <u>COVID-19 Hits Native Hawaiian and Pacific Islander Communities the Hardest. Hawai'i Journal of Health and Social Welfare</u>. May 2020.

⁶ Rein, Lisa et al. Maui survivors say government help still lags. Washington Post. 8.17.23.

The first point of contact for many young children and families is with care providers, from early childhood educators to clinicians at well-child visits. To strengthen the ability of providers to support resilience and wellbeing, Promising Minds created a community of practice for early childhood programs and partnered with health centers to implement trauma-informed practices.

Partnering with Early Childhood Professionals

One goal of the Promising Minds initiative is to support early childhood professionals in strengthening their trauma-informed practices. In 2019 and 2020, Promising Minds ran two communities of practice with 90 individuals from seven organizations, including Head Start Programs, child abuse and neglect prevention programs, early intervention, childcare and preschool centers, and early childhood programs primarily serving Native Hawaiian families. The sessions served to equip professionals with the knowledge, skills, resources, and connections to respond to family needs in real time and identify when more support is needed. Since that time, Promising Minds has supported these partners to continue to build trauma-informed systems of care, including with a data capacity assessment and a reflection tool for tracking and progress. These efforts are detailed below.

"Promising Minds created more connections and a deeper understanding of what we can do on a very basic level to help not just our families but our staff as well. The partnership helped our agency provide our parents and staff with a trauma-informed care curriculum. With our recent involvement using the RECSSA tool, we assessed how our organization and system structures could be more trauma-informed."

- CoP participant reflecting on their organization's trauma-informed work

2022 Data Culture, Capacity, and Story Grant Program

At the start of Promising Minds in 2019, Engage R+D conducted an initial data capacity assessment to gain a deeper and richer understanding of how data and stories can support the work of early childhood professionals. In 2022, Promising Minds supported these programs to continue to develop their data capacity with a Data Culture, Capacity, and Story Grant Program (DCCS). What was unique about this grant is that it co-developed a vision with programs for how to make data relevant to their work and the field using the data they already had. As part of the grant, programs conducted a data planning assessment to understand their data landscape and identify what is still needed to create an early childhood data system that works for them and the families they serve. DCCS-funded projects supported the increased efficiency of data tracking and monitoring using existing data management systems, development and administration of an internal data collection tool, and the creation of a data dashboard to enhance sensemaking and storytelling. Key learnings from this assessment are detailed below.

How Data is Used

- Many grantees use data for continuous improvement and grant/contract reporting
- About half use data for communications and public relations
- Grantees are interested in making data accessible and meaningful to families

How Data is Shared

Grantees reported that data are not widely shared beyond their organizations.

Barriers to sharing include:

- Data privacy concerns
- Knowing what is meaningful
- Time and capacity
- Lack of data coordination between agencies and/or funders

Data Collection Needs

- Tools/techniques for collecting family stories "behind the data"
- Formal training on Ages & Stages
 Questionnaires® (ASQ) and Ages &
 Stages Questionnaires®-Social
 Emotional (ASQ-SE)
- Strengthening internal data practices, such as spreadsheets, plans, and quality assurance

Indigenous and Culturally Significant Ways of Knowing, Seeing, or Observing

Grantees mentioned the importance of having their materials translated into multiple languages and having **a** diverse workforce that represents the communities they serve, as well as "building rapport with families and learning from them."

Recommendations and ideas based on findings from the data planning assessment:

- Regular and ongoing ASQ/ASQ-SE trainings hosted by trusted community partners could help maintain data quality for new hires and during staff turnover.
- Simple resources could help overcome common barriers. This could include a library of examples and best practices for data storytelling, ideally highlighting local examples. Brief recorded trainings and resources for developing data visuals and addressing data sharing and privacy issues could help address barriers to sharing data.
- Partners are interested in space to talk to each other about data collection and how it can be used to inform practice, help families, obtain funding, and tell stories.

2023 Resilient Early Childhood Systems Self-Assessment (RECSSA)

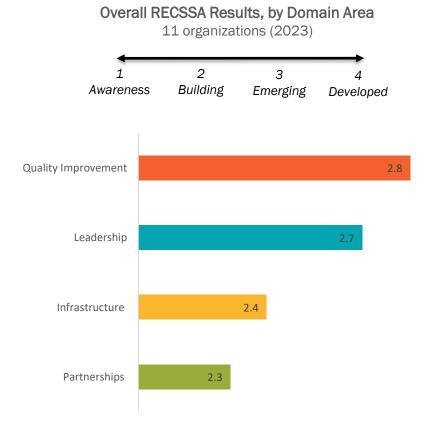
The Resilient Early Childhood Systems Self-Assessment (RECSSA) tool is used to track and strengthen trauma-informed systems of services and support. Developed specifically with a Hawai'i cultural lens, based on interviews with early education, public health, mental health, social service, and nonprofit leaders, the tool helps organizations assess the extent to which they support a cohesive, trauma-informed, resilient early childhood system across four domains. One of the challenges with systems change is identifying meaningful indicators of interim progress towards long-term change. The RECSSA tool was designed to break down the process and identify key indicators to help guide organizations and communities towards deeper changes needed to be trauma-informed. Partner organizations were encouraged to complete the tool and review the data together as a team to talk about where they have been, understand the current state of their system, and make informed strategic decisions moving forward (e.g., the tool includes a goal setting section to support quality improvement efforts). Engage R+D provided a two-part training (online and in-person) on how to administer and use the RECSSA for reflection and learning. Eleven child and family serving organizations completed the RECSSA as part of Promising Minds in 2023. The teams assessed their ability to support trauma and resilience in the areas of Quality Improvement, Leadership, Infrastructure, and Partnerships and Alignment. The chart below shows the average scores in each domain across the 11 organizations.

Overall, quality improvement was the strongest domain area (average score=2.8), followed closely by leadership (2.7); there is room to grow in the infrastructure (2.4) and partnerships and alignment (2.3) domains. Qualitative data from the RECSSA tool itself (teams could include open-ended notes to explain their ratings) and key leader interviews appear to corroborate these findings.

For example, the **quality improvement** domain addresses establishing effective and high-performing programs and services through incorporating trauma-informed care and practices. Partners noted in their completed RECSSA tools how a trauma-informed approach is integrated in their organization's programs and services (e.g., increased awareness among staff about self-care, staff receive trauma-informed training as part of new hire orientation, staff understand how to support families healing from trauma).

The domain with the lowest average score, partnerships and alignment, addresses creating strong and effective linkages across system components (including public health, mental health, informal care networks, and other social services). While organizations are effectively integrating trauma-informed approaches, it has been challenging to develop the necessary partnerships to secure resources to sustain the progress. The key leader interviews provide additional insight on some of the challenges in partnerships and alignment. Interview participants expressed frustration with the early childhood system in Hawai'i, describing it as decentralized and difficult to navigate. One person said, "[it is challenging] to understand the different parts of money that are out there like SNAP, TANF, or childcare or HUD or FEMA. It is just so confusing for even our staff who have access to some of those resources to understand it better to even help our clients with."

The RECSSA report includes additional insights and ideas for strengthening systems. The 11 organizations had average scores between "Building" and "Emerging," suggesting that there are opportunities for continued growth and strengthening (e.g., cultural healing practices already taking place in the early childhood space is a strength to build on). The full RECSSA report is available here.



Clinical Partnerships

In 2021, Hawai'i created its first Integrated Infant and Early Childhood Behavioral Health Plan (IECBH). It included the goal of expanding services such as health screenings, mental health assessments, and support services to families. To support components of this plan, Promising Minds began piloting efforts with two clinical partners—the Hawai'i Island Community Health Center (HICHC) and Papa Ola Lōkahi (POL). Specifically, the purpose of the clinical partnership pilot was to integrate and sustain IECMH principles into health care settings.

"Funding sources like this provide us with opportunities to extend beyond our core services and allow us to develop creative and innovative programs. These programs help us address the upstream social, cultural, and historical determinants that strongly influence downstream health outcomes."

- Clinical Partner

In winter 2023-2024, Engage R+D conducted focus groups to learn more about the progress and early lessons from the two clinical partnerships. Both partnerships described their work as building on existing models in an effort to avoid "recreating the wheel," and instead enhance and strengthen what they are already doing in their communities. For HICHC this meant standardizing the screening process for young children 0-5 who came into their clinics, through their use of the ASQ to identify and assist families who may need additional support, testing, or referrals. Whereas for POL, each of the three Native Hawaiian health care systems participating in the pilot grant determined what were the most pressing needs for their respective communities and designed programs accordingly. These community-tailored programs use culturally responsive approaches to address mental health, prenatal care, and nutrition. In addition, the partnerships use a holistic approach that engages the whole family unit. One partner said, "many of our kūpuna generation are living in multi-generational homes. How do we look at servicing the entire family, which could include children from prenatal all the way up to young adulthood?"

Both clinical partners were grateful for the opportunity to test out their models for community-centered health care. The pilot funding gave them flexibility that is not possible with the restrictive federal dollars from the Native Hawaiian Health Care Improvement Act. For example, one clinic on Maui made significant shifts to their original implementation plan and timeline, saying, "because of the wildfires that happened on Maui, there's not a lot of push or recruitment and we're just meeting a community where they're at." Below are some additional high-level themes from the focus group conversations.

Promising Practices

Although early in the process, the clinical partnerships are excited about preliminary signs that their approaches are working to strengthen services and programs to support whole family well-being, including among children 0-5.

- "We have positive program testimonials, evaluations, and outcomes. The pictures shared with us, showing the smiles of our 'ohana as they prepared meals together, speak for themselves. Everyone wants more of the program. We just need to figure out how to sustain funding for it."
- "I think one of the successes...is that we're creating this additional layer of a safety net for looking at developmental concerns. All of these medical assistants that are going to be implementing these ASQs or reviewing the results are really familiarizing themselves with developmental benchmarks...[what do they see] in their own homes, in their own families?"

Rural Context

The clinical partners described unique challenges of providing care in their rural communities.

- "We are really a rural health center, and Hawai'i Island is very different from O'ahu...It's often a vast distance that patients have to travel to access health care. We have unique geography, including active volcanoes that sometimes like to erupt, so accessing healthcare can be very challenging here."
- "Two years ago, there was nothing I could do for [our rural] patients...if you got a positive screen, maybe for a child without resources, you could maybe get them seen in six months. Now we can get them in with our behavioral health team right away and get a list of recommendations to share with the school and referrals to be made to get them in Head Start programs."

Resilience and Trauma

The clinical partners also reflected on resilience and trauma, and what it means for their communities, families, and their clinic staff.

- "My providers...can experience a lot of vicarious trauma in the work that they do. As a protective factor, I say, 'What is the one thing that you can do to help in this situation?' I think that really fosters resilience in the people we work with, the staff that we support."
- "What I want our community to know [about resilience and trauma] is that it's a process. It's a non-linear process, there's ups and downs, there's good days and bad days...it's your own timeline really."
- "If they can get to that point where their families are happy, that they're at pono with each other, with their community, for me that's the definition of resilience."

Another key goal for Promising Minds is to increase the number of providers trained in IECMH serving infants and young children in Hawai'i. These professionals are sorely needed to meet the demand for high caliber behavioral health services and can contribute to reducing the soaring costs associated with late diagnosis and mental health treatment. To increase the number of providers trained in IECMH, Promising Minds partnered with AIMH HI on a series of training programs designed to support the network of professionals.

AIMH HI IECMH Fellows Program

Starting in 2020, Promising Minds partnered with the Association of Infant Mental Health-Hawai'i (AIMH HI) to develop mental health professionals' knowledge and skills in working with young children and their families. The Promising Minds Fellows Program is a nine-month fellowship that works with social workers, behavioral health case managers, therapists, and others to train them in IECMH competencies through a learning community that offers best-practices training by clinical mentors and a network of peer support. The Fellows Program has made notable progress in increasing the number of available providers trained in understanding early childhood mental health in the state. AIMH HI has also created additional cohorts to support deeper practices, including training on providing mental health consultations and a child-parent psychotherapy cohort. Below are survey findings from two recent Fellows cohorts (n=31 combined).

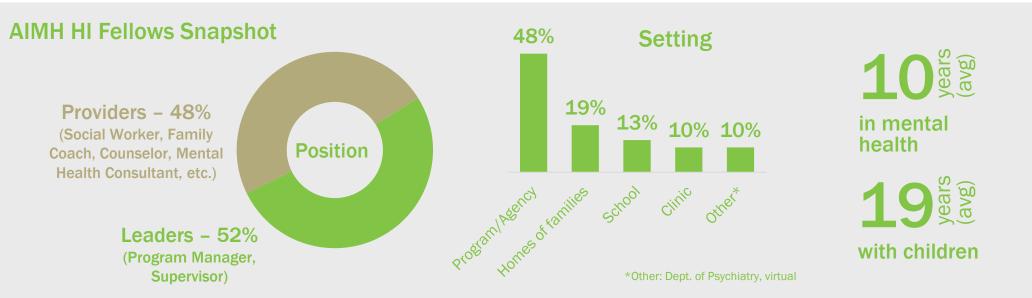
"We have so much skill here in our state... More of our providers are recognizing that they can and in fact do impact mental health. [My job is to] provide a vehicle for that expertise to shine. We're creating capacity and sustainability for this work to continue for a long time... I get to be a part of that by training and learning more about the people who are directly in the field and understanding what supports and training they need to continue to do the great work."

- Erin Henderson Lacerdo, Executive Director of the Association of Infant Mental Health-Hawai'i (AIMH HI)

AIMH HI Cohorts 2 & 3 Survey Findings

AIMH HI partnered with Engage R+D to gather feedback from program participants to help continuously improve the infant and early childhood mental health fellows' experience in fall 2022 (n=18) and spring 2023 (n=13). This survey gathered information about the 1) professional experience of fellows, 2) trauma they encountered when working with families, and 3) participant experiences and outcomes. Below is a snapshot of the fellows who completed the surveys.

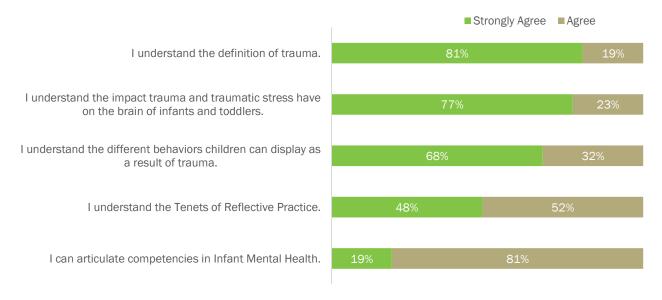
- Training participants reported holding various professional roles, with over half serving in **leadership positions** (52%). The remaining 48% served as providers (e.g., social worker, parent/family coach, mental health consultant, etc.).
- Close to half of training participants' primary place of work is a **program or agency setting** (48%), followed by homes (19%), schools (13%), clinics (10%), and other (10%).
- The cohorts are very experienced: training participants have worked with children and families on average 19 years (range: 0-35 years) and have been practicing in the mental health field on average 10 years (range: 0-30 years).



AIMH HI IECMH Fellows Program

The PM Fellows encountered various types of trauma when working with families. The most common were emotional abuse (94%), homelessness (94%), exposure to domestic violence (90%), and death or displacement of a family member (90%). At the completion of their training program, fellows reported having a strong understanding of how trauma impacts children. All 31 participants agreed or strongly agreed with statements that indicated mastery of the trauma concepts (see chart below). Fellows generally agreed with statements indicating confidence in their ability to utilize trauma-informed approaches and practices when working with children and families and confidence in their own ability for self-reflection and engaging in self-care practices. The quotes below illustrate some of the most salient takeaways for participants of the program.

Fellows' understanding of trauma concepts & competencies (n=31)



"I learned strategies on breathing exercises (awareness of own physical body), historical trauma effects, and how that may impact **my own personal biases when working with families."**

"The sense of community between us all was powerful. The support through Reflective Supervision Consultation groups and connecting monthly with all of us **made me feel like I** was not alone in this field. I also found the opportunity to practice the skills we were taught to be very helpful. As the fellowship came to an end, I left with a full cup... I was taught and encouraged to know how to, and find ways to continue to fill my cup up. Thank you for a wonderful experience!"

Type of trauma experienced by children	Overall
Emotional abuse	94%
Homelessness	94%
Exposure to domestic violence	90%
Death or displacement of a family member	90%
Neglect	87%
Foster care/transition of care	87%
Physical abuse or assault	84%
Historical trauma	77%
Sexual abuse	68%
Serious illness/medical trauma	61%
Neighborhood violence	48%
Serious accident	39%
Substance abuse	7%
Other - Not specified	3%

AIMH HI Consultation Cohort

Following the completion of the Fellows program, some participants went on to complete field training through a consultation cohort with AIMH HI. The State of Hawai'i does not currently have a consultation program, therefore the AIMH HI consultation cohort addresses an important training need in the field, by developing relationship-focused IECMH consultants who can serve Hawai'i communities. The goals of the consultation program are to **support fellows to become IECMH consultants** and to **provide specialized consultation to partner agencies**. Trainees worked in pairs at partner agencies to do a brief consultation, including a field observation, debriefing with the site, and sharing written feedback. The training content aligned to national standards and best practices. Engage R+D interviewed seven participants in November 2022 and conducted a qualitative survey with 11 consultants in June 2023 to learn more about their experiences.

The Consultation Field Experience Model

Sample Settings

According to the 2023 Consultation Cohort survey (n=11), fellows worked in a variety of settings, from community college children's centers to center- and home-based care. One participant noted this was helpful in getting to know a setting different to the one in which they worked.

"I didn't know of other programs out there. So that was neat to work with different agencies."

Work in Pairs/Pods

Fellows offer consultation in pairs or pods to allow them to process the experience together and draw on one another's expertise.

"Having a partner is really, really good because everybody's going to have a different perspective of what they're seeing."

"It's always good to process what conversations you've had or what you're doing [with others]."

Time Commitment

Groups spent about 10 hours on average providing the consultation.

10 hours (avg)

"I wish we had more time to work with the center and its staff members."

Consultation Cohort Outcomes

Clarify and practice consultation roles

The consultation practice experience helped fellows clarify and practice their role as mental health consultants.

- "The experience helped me to clarify what the consultation is in the early childhood field and how to utilize the foundations of IECMH within a consultation role."
- "My initial reaction was to provide resources, training, and materials until we were reminded of our role as a mental health consultant. We needed to **shift our thought process** and be very deliberate with what and how we are sharing the information."

Build confidence as consultants

In addition, the field training provided opportunities for fellows to build confidence as IECMH consultants.

- "With each meeting and each conversation, I realized it's really just about working collaboratively and gaining insight into what they're looking for and then figuring out how my skillset can help with that. It really helped me to gain confidence."
- "I wish I had this background while I worked with caregivers and children—there was probably a lot of trauma and mental health issues. As a therapist, you go in with [the mindset to] solve things. It was really a paradigm shift to be a better listener."

Hold space for process and reflection

Lastly, the consultation trainees provided support to the providers themselves, by holding space for process and reflection.

- "I was able to hold space for the provider and to reflect on her relationship with the children in her home care."
- "This was more centralized around holding space for providers to process and use the lens of keeping the children central to the goal of attunement and accompaniment between provider and children."

Lessons for Future Work

- It can take time to practice the consultant role, and some consultants felt the experience was very fast-paced or that they needed more time with centers.
- Some fellows would like additional opportunities for support and reflection, such as quarterly meetings to connect and share what they are doing.
- Clients may need guidance on how to best utilize the consultants, such as guidance on the consultants' role and the type of support they can provide.

Over the course of Promising Minds, trauma-informed, wellness, and resilience practices continued to evolve and gain traction in statewide policies and systems. During years 4 and 5 of PM, there was an intentional emphasis on policy and systems transformation. To learn more about this work, Engage R+D conducted interviews with key leaders to understand where progress is being made and where more work can be done to strengthen the early childhood system for children, families, and communities.

Key Leader Interviews about Systems Change

In fall 2023, Engage R+D conducted **12 in-depth interviews with key leaders** to learn about the development of trauma-informed practices and early childhood system improvements in Hawai'i. The key leader interviews included a diverse cross-section of individuals from state agencies to non-profits to gain a broad perspective on how this work is evolving or gaining traction in various early childhood spaces. The findings from these conversations shared below elucidate where progress is being made and where more work can be done to strengthen the early childhood system for children, their families, and communities.

"If you're a trauma-informed state, you're investing in your youngest humans. That, to me, is an automatic....I'm looking forward to [OWR's] leadership and guidance around this, about what a trauma-informed state looks like."

- Key Leader

Strengths

Many key leaders reported that Promising Minds has helped to move the needle on trauma-informed practice in the state, including their support of the establishment of the Office of Wellness and Resilience (OWR) (see Spotlight below). Key leaders point to three main areas of progress related to trauma-informed practices:

- PM has helped to shift the conversation around trauma-informed practices. From hospitals to preschools, key leaders talked about how across the state, more people are understanding the importance of early intervention, wellness, and resilience. Service providers, agencies, schools, and legislators can see that trauma-informed care is a best practice and saves money in the long run. As one leader observed, "I think trauma-informed care is now on the forefront of everyone's mind."
- Policy and legislative activities have contributed to important learnings for how to create systems change across the state. State of Hawai'i Governor's Office—Office of Wellness and Resilience became operational and fully staffed with six employees, creating more opportunities to plan trauma-informed care activities. In addition, interview participants noted that even when there was no concrete "win," there were still important lessons to glean. For example, the IECMH Commit to Keiki led bill (House Bill 1964), which failed to pass in the State Congress, provided a rich learning opportunity because putting the bill together helped leaders recognize the need to work together and how to tell a simple, coherent, and solution-driven story.
- **Professional development** has been a cornerstone of the PM model. Capacity building activities for PM partner organizations included the creation and use of the RECSSA tool, as well as training on and use of ACES and Positive Childhood Experiences (PCE). In addition, many key leaders shared that professional networks and training, including the Annual Kahewai Summit and workforce development through the Promising Minds Fellows program, have helped to build a community of practitioners focused on trauma, resiliency, and mental health. Across the state, Promising Minds helped create the relationships and a network for various state, independent, nonprofit, policy, and direct service providers to work together in an interdisciplinary way to address trauma across the lifespan.

Spotlight: Office of Wellness and Resilience, Office of the Governor

The Office of Wellness and Resilience (OWR), housed in the Governor's office, faced its first big challenge when the Maui wildfires occurred only two months after the office was up and running. Director Tia L.R. Hartsock said, "Our staff on Maui has been essential in helping to stand up mental health coordination across the island and across the state." Despite being only a little over a year old, OWR has an impressive list of accomplishments to date:

- Fully staffed with six staff positions
- Convener of Mālama 'Ohana Working Group for transformational child welfare system reform
- Convener of Breakthrough Therapies Task Force to jump-start the conversation around therapeutic psilocybin use
- Social determinants of health dashboards, starting with a statewide wellness and resilience survey for all state workers (OWR with University of Hawai'i)
- Helping to coordinate the mental health response to the Maui wildfires

"If we understand trauma, then we can build wellness, which is why it's called the 'Office of Wellness and Resilience'. That was very intentional. It wasn't called the 'Office of Trauma Informed Care'. It was the Office of Wellness and Resilience."

- Key Leader

Takeaways from Key Leader Interviews about Systems Change

Challenges

Leaders in the field discussed the decentralized nature of the State system, time and resource constraints for frontline workers, concerns over leadership and sustainability, and the need for more systems-level thinking among the key barriers in creating a coherent trauma-informed early childhood system in Hawai'i.

- Decentralized system. The early childhood system in Hawai'i is difficult for families to navigate. As one key leader explained, "the programs are all over the place...in most states, you have one system, but we have five at a minimum. That's tough. It's tough for coordination, it's tough for collaboration, it's tough even to make sure that the funding that everybody is getting isn't duplicating, but is actually aligning." While another stated, "the decentralized nature of the early childhood system is so awful for families. Dare I say, traumatic?"
- Time and resource constraints. Key leaders said that many early childhood workers do not see trauma-informed care as part of their job and are not being adequately compensated for their time spent in trauma-informed trainings. "What's happened in the last few years is you're now asking those direct service folks, those clinical folks to do more, but without extra money, without extra people—do more with less (or do more with the same)." Another added, "I think we need state-committed funding for early childhood mental health so we're not always reliant on federal pull-outs or federal monies, but we have a state commitment."
- Understand trauma and prevention through a systems lens. A few key leaders underscored the need for trauma-informed perspectives in both individual level practices (i.e., mental health consultants, ACEs, direct service delivery) and macro-level strategies. One person said that truly transformational work requires dismantling systems of power that perpetuate trauma by addressing... "bigger systems work, [such as] racial injustice, economic injustice, anti-poverty work." Future efforts related to trauma-informed care should include a focus on social determinants of health, such as decolonization, anti-poverty, and anti-racism, to name a few. Health related policies and practices might include paid family leave, affordable childcare, respite care, community organizing, and peer-to-peer support.
- Leadership and sustainability. HCF has served a crucial leadership role in the IECMH and trauma-informed field as evidenced by the successes of the Promising Minds Initiative. At the same time, key leaders expressed concern over who will fill this space moving forward. Specifically, interview participants praised Justina Acevedo-Cross for her ability to bring providers together who do not always see eye to eye, resulting in a network of relationships and connection for trauma-informed care across the State. Leaders asked who can hold the work moving forward—does this fall within the purview of the Office of Wellness and Resilience, Executive Office of Early Learning, or some other entity?
- "I really hope that there's going to be some kind of continued leadership, whether it's tied to funding or not...just somebody asking the questions and holding space for some of the things that have been coming up over the past few years."
- Key leader

"The Maui fires will be generational trauma for some of the folks there."

All the key leaders interviewed were directly involved in the response to the Maui wildfires and shared insights and lessons from their experience with the response and recovery efforts. One person said, "It was just this amazing, rapid collaboration opportunity. We got a lot of feedback from our Maui partners too, what was needed on the ground and where the kids are. I think that trauma-informed specialists need to be trained specifically on prenatal to five."

Lessons from the Maui response include looking at climate-change related trauma and mitigation, having climate crisis and disaster behavioral health plans in place, letting the community lead the response, respecting and reimbursing cultural practitioners, and learning to provide the technical assistance in response to community needs. Key leaders emphasized the importance of resiliency-building, community hubs, bottom-up leadership, and a culturally grounded approach. One leader explained why Maui was a good example of community-driven response: "There are these community hubs that are built by the community that is a huge place of refuge for families there because they figured out how to embrace and do everything in a right way. I think there's a lot of lessons to be learned that way." Lahaina is a great example to learn from where top-down did not work and community neighborhood organizing did. "Folks forget that most major changes start with building community, not changing, building the community. It starts with the community and then goes to change."

Takeaways from Key Leader Interviews about Systems Change

Opportunities

Key leaders had several ideas for supporting a coherent early childhood system into the future, including establishing more community hubs, designing integrated community health centers, and valuing indigenous practices. All agreed that healing comes from connection, relationships, peer support, and participant-driven change.

The Promising Minds initiative is well positioned to build on the progress to date through:

• Embedding trauma-informed training for professionals. The Joint Commission (the accrediting body for hospitals) and state agencies, such as the Department of Health, can promote and/or require trauma-informed care trainings in the early childhood system, for example at university programs for social workers, physicians, and nurses. "Everyone needs to do this (trauma-informed care). I just think it just needs to be more integrated, and I think in the medical school if you start there and then in residency...That will change the culture because these are the new generation of people."

"Kamehameha Schools built this Māʻili Center out in Waianae. What I really like is that the programs are co-located, families go one place, there's safe transportation directly there...I personally would love to see something like that...starting with our highestneed communities and rural communities. Having those hubs would be really powerful. You can decide what types of programs are most needed in these areas."

Key Leader

"Centering Hawaiians in a way where Hawaiians have leadership and have power and influence is the only way that we will move the needle."

- Key Leader

- Addressing the need for clear leadership in the early childhood space. While the key leaders lauded the new Office of Wellness and Resilience, there remain many
 questions about what role OWR will play in the early childhood space specifically (OWR does not focus solely on children 0-5). The Office of Early Learning and many
 other organizations outside of government are doing work focused on children 0-5 but do not necessarily have the trauma-informed perspective. A few leaders said
 they would like to see an umbrella organization or "Department of Early Childhood," similar to other states, that could hold various pieces of a coherent system. This
 could help to alleviate the challenges of a decentralized system described earlier, making it easier to deliver early intervention services and centralize traumainformed care.
- Centering indigenous knowledge, values, and healing. Uplift cultural healers in tangible ways (e.g., provide reimbursement for cultural practitioners, allowing them to be present immediately after a crisis) and use the knowledge from kūpuna in Hawai'i about how to better care for families and communities (e.g., Mālama 'Ohana Working Group has Native Hawaiians in leadership roles and weaves Native Hawaiian perspectives into the foster care system). As one key leader explained, "We have a lot of cultural expertise on how to rear and support and nurture children over generations of practice. Many of those practices aren't reimbursable. To me, being able to reimburse practices that are steeped in Hawaiian cultural practices and other indigenous cultural practices start with engaging indigenous people in that development."
- Recognizing that cultural connection is mental health. Almost all key leaders spoke about the importance of connection as the wellness factor central to this work. Healing happens through connection and relationships (e.g., cultural connection, community connection, land/'āina connection, early childhood provider connection, therapist connection, parental dyad connection, cultural practitioner connection, family connection, language connection, peer-to-peer connection, school connection). One leader summed it up this way, "Without connection, when things go wrong, we are in a much worse place because we feel alone. How do we create opportunities to connect?... To me, it's how do we help the community be more of a community?"

Summary of Policy Changes

Below is a summary of policy changes referenced in the journey map. Promising Minds partners observed a growing interest across the state to integrate trauma-informed practices throughout work with children and families. They also celebrated partnerships between government, nonprofit, and philanthropic agencies, as seen in the creation of the IECBH Plan and Trauma-Informed Care Task Force. Examples of these trends can be seen throughout the items below:

- DHS Sustainable Financing Work Group. In July 2021, the Department of Human Services (DHS), including representatives from the MedQUEST Division, created a Sustainable Financing Work Group to maximize existing resources for early childhood mental healthcare.
- Integrated Infant and Early Childhood Behavioral Health Plan. In 2020, the Executive
 Office of Early Learning established a cross-sector team to create the IECBH Plan. It is
 the "first comprehensive, cross-sector five-year plan that outlines shared goals, policy
 and financial strategies to improve access to behavioral health services for infants,
 toddlers, preschoolers and families in Hawai'i." Read more.

"What has really changed in the past year, I'd say, is the desire of the field, meaning the desire of the providers on the ground, as well as our state partners and their interest in integrating and embedding infant and early childhood mental health frameworks, practices. There's an investment, really, in people's time, in their energy, even in the way that they're designing opportunities for future trainings, for different collaborations to come up."

- Promising Minds Partner

"There have been more opportunities for governmental and nongovernmental partners to convene with the purpose of designing systems together, including [technical assistance] groups for consultation and financing and the Integrated Infant and Early Childhood Behavioral Health Plan."

- Promising Minds Partner

- Integrating Infant and Early Childhood Mental Health into DOH's Home Visiting Program. To support underserved families with newborns, the Department of Health (DOH) has long offered a home visiting program. As a Promising Minds partner, they expanded the program to integrate an infant and early childhood mental health component to services.
- A Workforce Vetting Process for Infant and Early Childhood Behavioral Health. As part of the IECBH Plan, Promising Minds partner AIMH HI has been working to develop a
 vetting process for mental health professional competencies.
- HB1322: DOH Trauma-Informed Care Task Force. Created in 2021, the task force is comprised of state and private agencies that "proposes recommendations for the
 state's child-serving agencies and organizations to become collectively more trauma-informed to better serve Hawai'i's children and families and improve the health of our
 communities." Read more.
- SB2482: Office of Wellness and Resilience. Signed into law in 2022, the office's mission is to "strengthen our state systems and services, using healing-centered care principles as strategies to make Hawai'i a trauma-informed state." Read more.

Ocean Communities

Just as water trickles down the mountain to the ocean, Promising Minds hopes that trauma-informed, wellness, and resilience practices from the work of providers, mental health professionals, and state policies influence the context and cultural assumptions around trauma in communities. This section shares community-wide events that have sprung from Promising Minds as well as partner reflections on the changes they are seeing in their work.

Community Convenings

Promising Minds partners have continued the work of convening providers through various summits and series. Two of these community-led efforts are detailed below:

- Kahewai Summit. Connection Hawai'i and Ke Ala Ho'aka and Associates partnered with HCF, the Hawai'i Department of Health, and the Hawai'i Association of Independent Schools to create the Kahewai Summit, an annual two-day event to continue to offer a professional development opportunities and connection for those in the early childhood field. The event presents a holistic approach to achieving wellness and resilience through trauma-informed care strategies for all early care and learning providers who serve children ages 0 to 5.
- Peer Learning and Professional Development Series for Family Childcare
 Providers. Participating family childcare providers attended four virtual half-day
 and one in-person full-day training and learning sessions. In addition, participants
 joined facilitated community conversations through virtual connections and via
 group text to discuss strategies, share resources, and develop additional supports
 in meeting the needs of young children and their families.

Community Outreach and Education

Throughout the Promising Minds initiative, HCF worked with various partners to share IECMH lessons with the wider community through articles in the Honolulu Star Advertiser, including:



<u>"Benevolent experiences" build resiliency in young brains</u> by Justina Acevedo-Cross and Danny Goya (August 2020)

In a partnership between HCF and trauma-informed strategist Danny Goya, this article discusses how children can grow up to be healthy and resilient adults despite experiencing stress or trauma at an early age.



Building workforce skills to help address stresses is a key to healthier kids & families by Justina Acevedo-Cross and Erin Henderson Lacerdo (May 2022)

In recognition of Mental Health Awareness Month, this article written in a partnership between HCF and AIMH HI aimed to expand readers' understanding of mental health to include services for young children and their families.

Participatory Storytelling

At the 2023 Promising Minds Partner Gathering, partners came together in a participatory storytelling session to share how they have seen trauma-informed, wellness, and resilience practices spread throughout their work. Below are some of their stories of how their organizations, conversations, and interactions with partners and community have changed throughout the course of Promising Minds.

"What has really changed in the past year is the desire of the field, meaning the providers on the ground as well as our state partners, to integrate and embed infant and early childhood mental health frameworks, practices into their work. There's an investment in people's time, energy, and even in the way that they're designing opportunities for future trainings and collaborations. There's been this real shift in understanding the critical nature of the first few years in terms of mental health development."

"The most significant thing that's happened since we've been part of the Promising Minds initiative is that **our organization has actively included trauma-informed care in our strategic plan.** After seeing the success Ka Pa'alana had with intentionally implementing trauma-informed care (TIC) practices we have now begun implementing and training all of our programs in mental health and TIC. We're all starting to use the language and see its value when working with our families, including Native Hawaiian families, families in need, our opportunity youth, and all our different programs."

"[Our participation in **Promising Minds**] raised awareness within our organization on the concept and understanding of trauma-informed care from a cultural perspective. We have been educating families on the cultural relevance of trauma-informed care and ways to address it from a culturally relevant perspective."

"Ever since being a part of the cohort, **trauma-informed care and trauma responsiveness have been a part of our discussions in everything we do.** It's in our new hiring orientations and it's part of our curriculum. We know that if children aren't safe emotionally and happy, then they can't learn."

"[We have seen] **more conversations about trauma-informed care** and mental health supports, more openness to this being a need, and more acceptance of people asking for help."

"The relationships that we've formed have provided a **community of partners with a common mindset** around trauma-informed care that are quick to collaborate and implement in crisis, [such as the recent fires in] Maui."

Looking Ahead

In the Hawaiian language, ke alaula is the dawning early light. It is a transitional period that can signal a new beginning. In 2024, the Hawai'i Community Foundation will issue its last Promising Minds grants. Rather than an ending, this period represents a transition. This report has shared ways that trauma-informed practices are becoming embedded into organizational culture, trainings, systems of care, and statewide policies. In the final journey mapping activity at the Promising Minds Gathering in 2023, partners shared additional ideas for how they hope to see trauma-informed work continue in this new period.

Ways to Support Trauma-Informed Practices into the Future

Providers

- Primary care screening and education around developmental milestones with a referral system can create a cohesive network of supports for families
- · The IECBH plan can help to better coordinate efforts across government and nonprofit sectors
- · A system of family navigators and resources can provide broad-based support for families
- Champions can help increase the use of screening tools, professional development, and other supports at a large scale

Workforce Supports

- More fellows and endorsed practitioners can promote infant and early childhood behavioral health
- An increased pool of trauma-informed mental health trainers can support a growing workforce
- Statewide training on trauma-informed practices can educate childcare providers
- Capacity building or assistance for early childhood leaders and professionals to navigate funding streams to maximize resources

Policies

- Embedded state positions and funding can support a continuum of mental health programs and services
- · Policies and legislation around MedQuest, such as increasing standards for well child exams, can create a more robust system of care
- · Paid family leave and funding for childcare can provide more coverage for families
- · Competitive living wages for teachers and service workers can support consistent, high-quality care
- · Collective advocacy and community organizing can strengthen economic support for all keiki
- · Compensate Native and cultural healers

Cultural Shifts

- Trauma-informed care in the infant and early childhood system can be culturally relevant and honor Native Hawaiian culture, practices, and norms
- Native Hawaiians and local families can be supported to become more involved in trauma-informed practices
- More community knowledge on the path to resilience could break the stigma around trauma and make space for survivors

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