
A BILL FOR AN ACT

RELATING TO HEALTHY START.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Hawaii has long been a leader in early
2 childhood services, reflecting an understanding of the
3 importance of early childhood development and proactive
4 legislation to ensure the safety and well-being of infants,
5 toddlers, and pre-schoolers. As a result, over the past
6 twenty-five years, many early childhood programs, services, and
7 concepts have been developed and expanded, including the healthy
8 start program, the zero to three program, the early learning
9 council, good beginnings alliance, the concept of universal
10 pre-school for four year olds, baby safe, keiki play mornings,
11 the parenting hotline, the family center, and others.

12 A recent renaissance in research and national level policy
13 on early childhood underscores the foresight of these actions.
14 For example, the National Scientific Council on the Developing
15 Child published *The Science of Early Childhood Development:
16 Closing the Gap Between What We Know and What We Do* (Harvard
17 University, 2007). Comprised of leading neuroscientists,



1 pediatricians, developmental psychologists, and economists, the
2 National Scientific Council on the Developing Child reviewed all
3 current research and literature on early childhood development.
4 Based on this research, the publication presents the following
5 core concepts of development and considers their implications
6 for policy and practice:

- 7 (1) Child development is the foundation for community
8 development and economic development; capable children
9 become the foundation for a prosperous, sustainable
10 society;
- 11 (2) Brain architecture is built from the bottom up, with
12 simple circuits and skills providing the scaffolding
13 for more advanced circuits and skill over time;
- 14 (3) Toxic stress in early childhood is associated with
15 persistent effects on the nervous system and stress
16 hormonal systems that can damage developing brain
17 architecture and lead to lifelong problems in
18 learning, behavior, and mental and physical health;
- 19 (4) Policy initiatives that promote supportive
20 relationships and rich learning opportunities for
21 children create a strong foundation for high school



1 achievement followed by greater productivity in the
2 workplace and solid citizenship in the community;

3 (5) Substantial progress in proper child development can
4 be achieved by assuring growth-promoting experiences
5 through a range of parent education, family support,
6 early childhood education, and early intervention
7 programs;

8 (6) Later remediation for highly vulnerable children will
9 produce less favorable outcomes and cost more than
10 appropriate early interventions, beginning in the
11 earliest year of life; and

12 (7) Responsible investment is needed to produce results;
13 it is not profitable to utilize intervention that may
14 be less costly but fails to produce needed results.

15 Given the foregoing realities, the legislature finds it
16 prudent to move as soon as possible to reinstate early childhood
17 services and continue the work of the early learning council to
18 develop a comprehensive continuum of services, with emphasis and
19 priority given to the most vulnerable children. Abuse and
20 neglect often start early in a child's life. Perinatal child
21 abuse prevention and home visiting services with high-risk
22 families should be re-established on a permanent basis, as it is



1 critical to avert or minimize toxic stresses that cause
2 long-term damage to children.

3 As recent events exemplify, in tight economic times, the
4 safety net for vulnerable families is the first to be
5 dismantled. In the longer term, this will increase the cost of
6 services which already are very costly, such as special
7 education, mental health services, drug treatment services, and
8 prison construction. The State will also lose the potential
9 productivity which these affected children should have as
10 adults.

11 The strategy of establishing permanent services to ensure
12 the safety and optimal development of our children in their
13 earliest years is humane and economically strategic.

14 The purpose of this Act is to require the department of
15 health to provide perinatal home visitation family support
16 services of infants and toddlers at highest risk to avert abuse
17 and neglect and to promote healthy parent infant attachment and
18 child development.

19 SECTION 2. Section 321-37, Hawaii Revised Statutes, is
20 amended to read as follows:

21 "[+]§321-37[+] **Child abuse and neglect secondary**
22 **prevention programs.** The department may provide secondary



1 prevention programs which contain a continuum of services
2 starting from before birth and ending in education for the adult
3 parenting responsibility. The types of programs to be provided
4 may include but need not be limited to, prenatal, perinatal
5 bonding, interaction with infants, support for parents of
6 infants in need of extra services, home visitor programs, mutual
7 aid programs, child screening for early identification and
8 remediation of social and health problems, and education for
9 parenthood. The department of health shall provide
10 comprehensive perinatal screening and assessment services for
11 prospective and new parents, and provide intensive family
12 support home visiting services based upon the following critical
13 elements:

- 14 (1) Service initiation: using a standardized tool to
15 systematically identify families who are most in need
16 of services;
- 17 (2) Service content: offer services intensively (i.e. at
18 least once a week) with well-defined criteria for
19 increasing or decreasing frequency of service and over
20 the long-term (i.e. three to five years.); and
- 21 (3) Staff characteristics: service providers should be
22 selected because of their personal characteristics,



1 their willingness to work in or their experience
2 working with culturally diverse communities, and their
3 skills to do the job.

4 The department shall provide these services for up to three
5 years for families with infants and toddlers at the highest
6 risk, as defined by scores of 40 and over in the Kempe Family
7 Stress Checklist. The checklist consists of ten areas in which
8 the family is evaluated for risk factors. The factors on the
9 checklist include:

- 10 (1) Parent beaten or deprived as a child;
11 (2) Parent with criminal/mental illness/substance abuse;
12 (3) Parent suspected of abuse in the past;
13 (4) Low self-esteem, social isolation, depression, no
14 lifelines;
15 (5) Multiple crises of stresses:
16 (6) Violent temper outburst;
17 (7) Rigid and unrealistic expectations of child;
18 (8) Harsh punishment of child;
19 (9) Child difficult and/or provocative as received by
20 parents; and
21 (10) Child unwanted or at risk for poor bonding."



1 SECTION 3. Chapter 321, Hawaii Revised Statutes, is
2 amended by adding a new section to be appropriately designated
3 and to read as follows:

4 "§321- Healthy start program; established. (a) There
5 is established the healthy start program, to be placed under the
6 department of health for administrative purposes.

7 The healthy start program shall include a home visitation
8 program to foster family functioning, promote child health
9 development, and enhance positive parenting skills for families
10 in order to reduce the risk of child maltreatment by addressing
11 malleable environmental risk factors via information, support,
12 and linkages to needed community resources. The home visitation
13 program shall:

- 14 (1) Include proactive universal screening and assessment
15 to enroll families at birth or prenatally before any
16 child welfare reports are made;
- 17 (2) Make home visit services available for families
18 assessed to be at-risk, with the highest priority
19 given to those with scores of forty and above on the
20 family stress checklist or parent survey;



- 1 (3) Maintain critical elements, especially related to
2 caseloads, staff ratios, and training, developed by
3 the Healthy Families America Program;
- 4 (4) Focus on a relational approach with families, mother-
5 infant dyads, and supervisor and family support worker
6 relationships;
- 7 (5) Focus strongly on caregiver and infant attachment and
8 social and emotional development;
- 9 (6) Conduct interventions to strengthen protective factors
10 and reduce risk;
- 11 (7) Integrate emerging evidence-based practice, as
12 feasible and appropriate;
- 13 (8) Ensure continuous quality improvement by engaging
14 program staff; and
- 15 (9) Evaluate outcomes related to child development, risk
16 reduction, and confirmed cases of abuse, neglect, and
17 family resilience.
- 18 Acceptance of services by the family shall be voluntary.
- 19 Services shall continue until the child reaches three years of
20 age, or until the child reaches five years of age if there is a
21 younger sibling.



1 (b) In addition to public moneys from appropriations, the
2 department of health may receive federal grants and accept
3 private donations for purposes of funding the healthy start
4 program."

5 SECTION 4. Statutory material to be repealed is bracketed
6 and stricken. New statutory material is underscored.

7 SECTION 5. This Act shall take effect upon its approval.

8



Report Title:

Healthy Start Program; Established; Requires Perinatal Services

Description:

Establishes the healthy start program in statute; requires the department of health to provide comprehensive perinatal screenings and services for high risk infants and families. Clarifies purpose of healthy start program. (SD1)

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