

**SB2089**

WRITTEN ONLY

TESTIMONY BY GEORGINA K. KAWAMURA  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES  
ON  
SENATE BILL NO. 2089

February 1, 2010

RELATING TO HEALTHY START

Senate Bill No. 2089 creates the Healthy Start program and exempts the program from the budget allotment system under Sections 37-32, 37-34, and 37-37 to the extent that services provided by or contracted by the Department of Health for the Healthy Start program shall not be diminished or eliminated due to budgetary shortfalls.

We oppose this bill. Notwithstanding the current fiscal condition of the State, program funding requirements should be reviewed on a statewide basis and allocated to programs based on statewide priorities within available resources. Additionally, exemption from Sections 37-32, 37-34, and 37-37 would negatively impact the Administration's ability to pursue appropriate policies to prudently manage public resources and meet the balanced budget requirement stipulated by the Hawaii Constitution.

**Testimony on SB 2089, Relating to Healthy Start**

Chairs: Senators Chun Oakland and Ige

Vice Chairs: Senators Ihara and Green

Monday, February 1, 2010, 2:45 p.m.

Conference Room 016

Testimony submitted by: Howard S. Garval,  
President & CEO, Child & Family Service

Good afternoon, Chairs Senators Chun Oakland and Ige and Vice Chairs Senators Ige and Green and Committee members. I am Howard S. Garval, President & CEO of Child & Family Service, Hawaii's oldest and largest human service nonprofit organization with services on every island and touching the lives of 40,000 Hawaii residents from keiki to kupuna each year. I am testifying in support of SB 2089.

Last session the Legislature responded to the Administration's proposed elimination of the Healthy Start program by appropriating \$3 million a year over the two years of the biennium in tobacco funds in addition to \$1.5 million in TANF funds. Unfortunately, by July 2009 the Department of Health decided not to release the tobacco funds for Healthy Start and the \$1.5 million from the Department of Human Services in TANF funds was reduced to \$1.3 million as part of a 12% cut to all TANF funded programs. Currently, the only state funded Healthy Start programs that remain are one on Oahu that Child & Family Service operates and one in Hilo/Puna that is delivered by the YWCA of East Hawaii. While we certainly appreciate that DHS continued to support Healthy Start even though there were no funds provided by DOH, the model has been changed in at least three important ways that further reduce both the quantitative and qualitative impact. The three key changes are:

1. Currently only families with children birth to 6 months vs. the previous birth to 3 years are eligible for services. This is too narrow an eligibility criteria.
2. Referrals can only come from Child Welfare Services (CWS) or providers of such services (e.g. Enhanced Healthy Start, Family Strengthening Services, Domestic Abuse Shelters, Comprehensive Counseling Support Services and Voluntary Case Management). This is very significant since Healthy Start intervened before families were ever reported to CWS. Now with the exception of Parents and Children Together (PACT) and Maui Family Support Services that are funding a pure Healthy Start model with limited private funds that will not last much longer, the State has abandoned what I believe should be its responsibility and mandate to prevent child abuse before it happens. This would be secondary child abuse prevention vs. the tertiary prevention (i.e. after the fact) that CWS provides.
3. The major source of referrals to the Healthy Start program has been eliminated. There is no universal screening of all newborns which was the EID component of Healthy Start in which family assessment workers screened all parents of newborns for risk of child abuse.

I urge you to make child abuse prevention a state mandate for at least the highest risk families who we used to reach before they were reported to CWS. In fact, one rationale the Administration offered last session for eliminating the Healthy Program was that it was not a mandated service. It ought to be mandated and should be protected from budget cuts and restored when the economy improves to a statewide program for the highest risk families.

Mahalo for providing the opportunity to submit testimony.

Howard S. Garval, President & CEO, Child & Family Service



February 1, 2010  
Monday  
2:45 PM  
Conference Room 016

To: Senate Committee on Health  
Senator David Y. Ige, Chair  
Senator Josh Green, MD, Vice Chair  
Senate Committee Human Services  
Senator Suzanne Chun Oakland, Chair  
Senator Les Ihara, Jr., Vice Chair

From: Raydeen Busse, MD, Chair  
American Congress of Obstetricians and Gynecologists, Hawaii Section

Re: **SB2089 RELATING TO HEALTHY START**

Dear Chairs Ige and Chun Oakland, Vice Chairs Green and Ihara, and Committee Members:

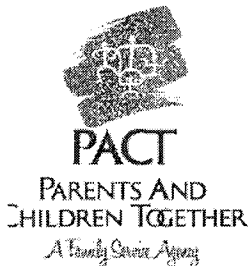
The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section, supports SB2089. We strongly support the Healthy Start program, which has provided much needed screening for high-risk mothers and assistance for new mothers and infants.

As obstetrician/gynecologists, we have first-hand knowledge regarding the importance of screening all new mothers for high-risk factors and providing additional community support to those at high-risk. Based on our professional experience in caring for pregnant and postpartum mothers, we believe that the Healthy Start program has resulted in the identification of high-risk mothers and subsequent mother and child interventions contributing to a healthy family.

Unfortunately, the recent decrease in Healthy Start program funding has resulted in a decrease in screening of our new mothers, particularly on the neighbor islands. Instead of face-to-face screening by trained Healthy Start staff, neighbor island hospital nurses already over-worked due to inadequate staffing now perform screening of our new mothers. Due to funding cuts, these forms are reviewed by the Healthy Start staff after the mother has left the hospital. Based on our clinical experience, we believe that funding cutbacks have led to a decrease in identification of high-risk mothers and a subsequent decrease in services and support provided to these mothers. This will result in putting more mothers, babies and families at risk for domestic violence, substance abuse, and poor health.

Hawaii ACOG has always supported issues of importance to women and their families, and we strongly support SB2089. During these trying and economically stressful times, this program is even more important than in the past. The community needs this assistance to assure the well-being of our new mothers and babies.

Thank you very much for the opportunity to submit this testimony.



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**OAHU PROGRAMS**

COMMUNITY TEEN CENTER

CPS VISITATION CENTERS

EARLY HEAD START/  
HEAD START

ECONOMIC DEVELOPMENT  
CENTER

FAMILY PEACE CENTER

FAMILY VISITATION CENTER

HANA LIKE HOME  
VISITOR PROGRAM

INTENSIVE SUPPORT SERVICES

KANEOHE COMMUNITY  
FAMILY CENTER

KPT FAMILY CENTER

LEHUA TRANSITIONAL SHELTER

OHIA - DOMESTIC VIOLENCE  
SHELTER

RESPIRE CARE

**MAUI COUNTY PROGRAMS**

FAMILY PEACE CENTER

INTENSIVE SUPPORT SERVICES

LANAI INTEGRATED SERVICES

**KAUAI COUNTY PROGRAMS**

FAMILY VISITATION CENTER

INTENSIVE SUPPORT SERVICES

**HAWAII ISLAND PROGRAM**

KEONEPOKO PRE-PLUS CHILD CARE

**MEMBER:**

CWLA

ALOHA UNITED WAY

COA

**TO:** Senator David Ige, Chair  
Senator Josh Green, Vice Chair  
Senate Committee on Health

Senator Suzanne Chun-Oakland, Chair  
Senator Les Ihara, Vice-Chair  
Senate Committee on Human Services

**FROM:** Haaheo Mansfield  
Vice President of Programs  
Parents And Children Together

**DATE:** January 29, 2010

**RE:** In Support of SB 2089, Relating to Healthy Start

My name is Haaheo Mansfield. I am the Vice President of Programs at Parents And Children Together. PACT is one of Hawaii's leading not-for-profit human service providers, with 14 programs statewide providing services to over 20,000 individuals in FY 2009. PACT has been a member of the statewide Healthy Start Network since 1981. With the exception of universal screening at hospitals, our Hana Like Home Visitor Program remains the only program that provides services utilizing the original Healthy Start model. The program is currently supported by private funds that are projected to run out by June 2010. I am testifying in strong support of SB 2089 that establishes Healthy Start in statute.

A year and a half ago, the PACT Board made the bold and visionary decision to commit private funds in support of Hana Like because it recognized that the years from birth to three lay the foundation for each child's cognitive and emotional development. The quality of a child's early environment, including their relationship with their parents and the provision of early learning experiences, is predictive of that child's later success in areas such as school performance and social adjustment. The Board's decision about our agency budget was based on the values embedded in our mission and vision statements.

The PACT Board recognized that the integrity and strength of families is core to Hawaii's overall community wellness. The work of Healthy Start is to ensure each family has sufficient skills to provide their newborn with the kind of quality care and environment that promotes and sustains successful outcomes, for the newborn as well as for the family. It is important work. It is work that promotes our stated values.

In years past, this Committee has heard testimony regarding the effectiveness of the original Healthy Start model. The scientific community has deemed the model to be effective, consumer voices have echoed their agreement with the research findings and a number of high profile citizens have come forward to leverage their reputations in support of Healthy Start.

We are here once more. I strongly urge you to make child abuse prevention a state mandate by establishing Healthy Start in statute through SB 2089. Thank you for the opportunity to testify on behalf of this important issue.



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MĀNOA

February 1, 2010

Senator David Ige, Chair  
Senate Health Committee  
Senator Suzanne Chun-Oakland, Chair  
Senate Human Services Committee  
Hawaii State Capitol  
Honolulu, HI 96813

Re: SB 2089, Relating to Healthy Start

Dear Senator Ige and Committee Members:

I am Gail Breakey, Executive Director of the Hawaii Family Support Institute at the Myron B. Thompson School of Social Work testifying in support of the intent of SB 2089, which would exempt the Healthy Start child abuse prevention intensive peri-natal home visiting services from cost reductions. We would like to recommend a language change for this bill, which would instead amend HRS 371.37, which provides that the Department of Health **may** provide a range of child abuse prevention services, by adding the following::

The Department **shall** provide comprehensive peri-natal screening and assessment for prospective and new parents, and provide intensive family support home visiting services following the Healthy Families America critical elements, for up to three years for families with infants and toddlers at the highest risk, as defined by scores of 40 and over on the Kempe Family Stress Checklist.

This language would replace Section 2 and Section 3 ( c ) of SB 2089. Also on page 4, paragraph 3 would be revised to read: "The purpose of this Act is to require the Department of Health to provide per-natal home visitation family support services for infants and toddlers at highest risk to avert child abuse and neglect and to promote healthy parent infant attachment and child development"

There are extremely important reasons for insuring that infants and toddlers do not experience adverse childhood experiences and do establish the foundations for development into productive adults.

- (1) About 80% of all serious abuse occurs among children under age five; around 43% of deaths occur among children less than one year of age.
- (2) While we are very fortunate in Hawaii to have a good differential response system, this is tertiary intervention after the fact, and very different from secondary prevention with high risk families to avert abuse and neglect from occurring in the first place. We know that abuse, neglect and poor parenting of

very young children can continue for long periods of time before being observed and referred by the community. The impact on brain development in the first weeks and months of life can be severe and long-lasting

- (3) The social and economic consequences of early neglect and abuse far outweigh the costs of prevention. The National Institute on Trauma has published results of many studies showing high correlations between early trauma and neglect with substance abuse, mental illness, and school failure, juvenile and adult crime. The ACE study shows correlations of adverse childhood experiences with a range of chronic health problems, including that causing greatest cost burden on the health care system. The US has the highest per capita incarceration rate among developed countries; largely related to substance abuse.
- (4) The universal screening and early intervention components of Healthy Start not only supports efforts to prevent child abuse before it occurs; it also is an entry point for high risk infants and toddlers into an Early Learning system. Hawaii has extremely high percentages of children entering kindergarten who do not meet school readiness assessments. In some neighborhoods the percentage of kindergarten age children who possess the cognitive and social-emotional skills to succeed in school is very low- less than 25% of those entering kindergarten. This is a major reason why school systems are failing.
- (5) Business communities across the country understand that early child development means community development; that success in school is a pre-requisite for an adequate workforce of competent adults.
- (6) The issue of young adult competency is now a concern of the military and our national security. The military recently published information that as many as 75% of young men applying for military service do not meet minimal requirements related to reading and writing.

Given the severe current economic crisis, we believe it is possible to achieve the goal of this bill without placing undue stress upon the state budget. During the last legislative session, the home visiting service providers developed a plan for sustaining a framework for a state-wide program in each community by establishing a more streamlined hospital based assessment process and for providing intensive home visiting for only the highest risk families, those with assessment scores of 40 and above on a scale of 0-100. (Initial research on the assessment instrument in 1986 showed that the actual abuse rate among these families with these scores was about 50%). All of these children would be at risk for abuse, neglect as well as attachment and other parenting problems. This plan for provision of services on a priority basis was supported and funded by the legislature, but funding but not released resulting in almost total collapse of the program.

While provision of services beyond the core of services to the highest risk is needed, only the core of "highest risk" would be a required service. We hope that you will give serious consideration to this legislation.

Sincerely,

Gail Breakey, Executive Director  
Hawaii Family Support Institute