



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**House Committee on Finance**

**H.B. 614 HD1, RELATING TO CHILDREN**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Acting Director of Health**

March 3, 2011

**Department's Position:** The Department of Health supports the intent but defers on the fiscal implications until the Executive Budget has been finalized.

**Fiscal Implications:** Appropriates funds from the Tobacco Settlement Special Fund and the Temporary Assistance to Needy Families fund. Raises the special fund ceiling appropriation to \$53,154,866.00 for fiscal year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013.

**Purpose and Justification:** The purpose of this measure establishes a hospital-based screening and assessment program and home visiting program for families at high risk for child maltreatment. The Department appreciates the intent of this measure and requests that revisions be considered to allow for more flexibility in operations in order to be responsive to anticipated future federal funding for home visitation services. Language that refers to a specific program model, specific measurements and tools to identify at-risk families, and specific staffing roles referencing the Enhanced Healthy Start program which is administered by the Department of Human Services should be deleted. The recommended revisions are attached.

Funding provided by this measure would allow the program to fulfill federal funding requirements for matching funds and provide the resources necessary to continue its current initiatives regarding program enhancements to improve service outcomes. The program

currently operates two sites which participate in the federally funded Evidence Based Home Visitation grant. Valuable and exciting findings from this project are anticipated, with positive outcomes expected to demonstrate best practices for home visitation. The Department would use funding to scale up its two program sites and to disseminate these best practices into the existing home visiting provider community. Funds would also continue and build upon the statewide development of the hospital based screenings and assessments.

The Department suggests the addition of the following to Section 3. line 11. to accommodate the increase in spending for the healthy start program, "The Hawaii tobacco settlement special fund ceiling appropriation shall be increased to, \$53,154,886.00 for fiscal year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013."

Thank you for this opportunity to testify.

# **H.B. NO.614 H.D.1**

---

## **A BILL FOR AN ACT**

RELATING TO CHILDREN.

### **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. This has resulted in  
4 proactive legislation to ensure the safety and well-being of  
5 infants, toddlers, and pre-schoolers. Unfortunately, many of  
6 these services have been eliminated or drastically cut over the  
7 past two years. Hawaii's healthy start program is one of the  
8 services that has been affected.

9 The healthy start program was designed to prevent child  
10 abuse and neglect and promote child development among high-risk  
11 infants and toddlers. Although healthy start was deployed  
12 statewide in 2001, cuts to the program have resulted in  
13 elimination of assessment capacity and home visiting services  
14 for most of the State. Restoration of these critical services  
15 is the first step towards establishment of an effective,  
coordinated continuum of early childhood services.

1 Research has shown that a combination of factors, such as  
2 abuse of the parent in childhood, social isolation, lack of  
3 social supports and life skills, substance abuse, domestic  
4 violence, and mental health problems place parents at risk for  
5 abuse and neglect of their children. Poverty and unemployment  
6 can also be major contributing factors. The healthy start  
7 approach uses research-based interview procedures to reach out  
8 to parents who may be at risk. Intensive home visits, which  
9 seek to strengthen protective factors and reduce risk, promote  
10 child and family development, and avert abuse and neglect, are  
11 also provided. Restoration of universal screening and home  
12 visitation services is a vital step in offering culturally  
13 responsive, evidence-based services to address different levels  
14 of family needs and risks and ensuring the State meets its  
15 public health responsibility of surveillance for needs  
16 assessment.

17 A recent renaissance in research and national-level policy  
18 on early childhood underscores the foresight of the legislature  
19 in focusing on early childhood issues. For example, the  
20 National Scientific Council on the Developing Child published  
21 *The Science of Early Childhood Development: Closing the Gap*  
22 *Between What We Know and What We Do* (Harvard University, 2007).  
23 Composed of leading neuroscientists, pediatricians,  
developmental psychologists, and economists, the National

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

- 6 (1) Brain architecture is built from the bottom up, with  
7 simple circuits and skills providing the scaffolding  
8 for more advanced circuits and skill over time;
- 9 (2) Toxic stress in early childhood is associated with  
10 persistent effects on the nervous system and stress  
11 hormonal systems that can damage developing brain  
12 architecture and lead to lifelong problems in  
13 learning, behavior, and mental and physical health;
- 14 (3) Policy initiatives that promote safe, supportive  
15 relationships and rich learning opportunities for  
16 children create a strong foundation for later  
17 learning, followed by greater productivity in the  
18 workplace, and solid citizenship in the community;
- 19 (4) Substantial progress in proper child development can  
20 be achieved through growth-promoting experiences,  
21 provided by a range of parent education, family  
22 support, early intervention services, and early  
23 childhood education;

(5) Later remediation for highly vulnerable children will produce less favorable outcomes and cost more than appropriate early intervention, beginning in the earliest year of life;

(6) Responsible investment is needed to produce results; it is not profitable to utilize interventions that may be less costly but fail to produce needed results; and

(7) Child development is the foundation for community and economic development; capable children become the foundation for a prosperous, sustainable society.

Given the foregoing findings, the legislature finds it prudent to reinstate hospital-based assessments and intensive home visiting for families at highest risk, ~~along with referrals of other families to existing home visiting services.~~ The legislature further finds that utilizing the Hawaii tobacco settlement special fund and the temporary assistance for needy families funds is appropriate and necessary to ensure that the public health interests of the health and safety of at risk children of the State are met.

The purpose of this Act is to reinstate hospital-based screening and assessments and to target improved intensive home visiting services to the highest risk families of newborns in communities across the State of Hawaii, ~~while offering other families a range of evidence-based home visiting services based on their identified needs.~~ The purpose of this Act is also to appropriate funds from the

Hawaii tobacco settlement fund and the temporary assistance for needy families fund, and to increase the ceiling of the Hawaii tobacco settlement special fund to allow the expenditure from the fund for this purpose.

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

"§321- Assessment and home visitation program;

established. (a) There is established within the department of health a hospital-based screening and assessment and intensive home visitation program. This program shall follow the guidelines of the improved healthy start program.

(b) Hospital-based screening and assessment pursuant to this section shall:

(1) Include proactive universal screening and assessment to enroll families prenatally or at birth before any child welfare reports are made;

(2) Make intensive home visits available on a voluntary basis for families assessed to be at the highest risk, with the highest priority given to those with scores of forty and above on the family stress checklist or parent survey; and

(3) Make referrals for families with lower or no-risk

1 scores, based on the needs of the family, to a range  
2 of evidence-based home visiting services.

3 (c) Intensive home visiting services, based on guidelines  
4 of the healthy start program, shall:

5 (1) Maintain critical elements developed by  
6 multidisciplinary teams as determined by the  
7 Department, especially related to caseloads, staff  
8 ratios, and training;  
9 the improved healthy start program, especially related to  
10 caseloads, staff ratios, training, and the multi-  
11 disciplined team approach;

12 (2) Utilize a relationship-based approach with families,  
13 mother-infant dyads, and supervisor and family support  
14 worker relationships;

15 (3) Focus strongly on caregiver and infant attachment and  
16 social and emotional development, following principles  
17 of infant mental health;

18 ~~(4) Utilize the clinical specialist approaches of enhanced~~  
19 ~~healthy start in working with very high risk families;~~

20 (5) Conduct interventions to strengthen protective factors  
21 and reduce risk;

22 ~~(6) Integrate emerging evidence-based practice as feasible and~~  
23 ~~appropriate~~

24 Integrate model enhancements established and proven  
25 throughout the federally funded Hawaii evidence based



home visitation project, such as:

2 (A) Initiatives developed for supervision and  
3 training;

4 (B) Initiatives developed for identifying families  
5 for services; and

6 (C) The development of sound infrastructure to  
7 support home visitation, which includes data  
8 management support, continuous quality  
9 improvement, and evaluation, to ensure that outcomes  
10 can be tracked, measured, and yield optimal results for  
11 families before taking home visitation to scale;

12 (7) Ensure continuous quality improvement by engaging  
13 program staff; and

14 (8) Evaluate outcomes such as risk reduction, child  
15 development, family resilience, and confirmed cases of  
16 abuse and neglect; and

17 (9) Continue to evaluate the impact of intensive home  
18 visitation services and make program improvements as  
19 needed.

20 Services shall may continue until the child reaches three years of  
21 age, or until the child reaches five years of age if the child  
22 has a younger sibling." Services will be initiated on an incremental  
23 basis, with geographic priority to be determined by the departments  
needs assessment, to be implemented as funding becomes available.

SECTION 3. There is appropriated out of the Hawaii tobacco  
2 settlement special fund, established pursuant to section 328L-2,  
3 Hawaii Revised Statutes, the sum of \$3,000,000 or so much  
4 thereof as may be necessary for fiscal year 2011-2012 and the  
5 same sum or so much thereof as may be necessary for fiscal year  
6 2012-2013 for hospital-based assessment and screening and  
7 intensive home visiting services. The Hawaii tobacco settlement  
8 special fund ceiling appropriation shall be increased to  
9 \$53,154,866.00 for fiscal year 2011-2012 and \$53,154,886.00 for  
10 fiscal year 2012-2013.

11 The sums appropriated shall be expended by the department  
12 of health for the purposes of this Act.

13 SECTION 4. Provided that of the federal fund appropriation  
14 for the department of human services, there is appropriated  
15 temporary assistance for needy families funds in the sum of  
16 \$3,000,000 or so much thereof as may be necessary for fiscal  
17 year 2011-2012 and the same sum or so much thereof as may be  
18 necessary for fiscal year 2012-2013 for intensive home visiting  
19 services.

20 The sums appropriated shall be transferred from the  
21 department of human services by interdepartmental transfer (U  
22 fund) to the department of health, to be expended by the  
23 department of health for the purposes of this Act.

SECTION 5. New statutory material is underscored.

25 SECTION 6. This Act shall take effect on July 1, 2011.

Requested amendments to HB614 HD1:

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47

Page 4:

Line 15: insert “and ensuring the State meets its public health responsibility of surveillance for needs assessment.”

Page 6:

Line 13: delete “along with referrals of other families to existing home visiting services.”

Insert: “The legislature further finds that utilizing the Hawaii tobacco settlement special fund and the temporary assistance for needy families funds is appropriate and necessary to ensure that the public health interests of the health and safety of at risk children of the State are met.”

Line 23: delete “while offering other families a range of evidence based home visiting services based on their identified”

Page 7:

Line 1:

Insert: “Hawaii tobacco settlement fund and the temporary assistance for needy families fund, and to increase the ceiling of the Hawaii tobacco settlement special fund to allow the expenditure from the fund for this purpose.”

Line 21: delete: “with the highest priority given to those with scores of forty and above on the family stress checklist or parent survey; and”

Page 8: (re-number these items appropriately)

Line 6: delete: “multidisciplinary teams as determine by the Department, especially related to caseloads, staff ratios, and training”

Insert: “the improved healthy start program, especially related to caseloads, staff ratios, training, and the multi-disciplined team approach;”

Line 18: delete: “(4) Utilize the clinical specialist approaches of enhanced healthy start in working with very high risk families;

Line 22: delete: “(6)Integrate emerging evidence based practice as feasible and appropriate”

Insert: “Integrate model enhancements established and proven throughout the federally funded Hawaii evidence based

Page 9

Line1: insert

“home visitation project, such as:

(A) Initiatives developed for supervision and training;

(B) Initiatives developed for identifying families for services; and

(C) The development of sound infrastructure to support home visitation, which includes data management support, continuous quality improvement, and evaluation, to ensure that outcomes can be tracked, measured, and yield optimal results for families before taking home visitation to scale;”

3 Line 17: delete: "(9) Continue to evaluate the impact of intensive home visitation services and make  
4 program improvement as needed."

5 Line 20: delete "shall" and insert "may"  
6

7 Line 22: insert: "Services will be initiated on an incremental basis, with geographic priority to be  
8 determined by the departments needs assessment, to be implemented as funding becomes available."  
9

10 Page 10  
11

12 Line 7: insert: "The Hawaii tobacco settlement special fund ceiling appropriation shall be increase to  
13 \$53,154,866.00 for fiscal year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013."  
14  
15  
16