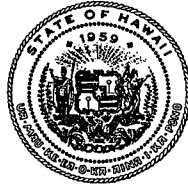


**SB 925**

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
ACTING DIRECTOR OF HEALTH

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

In reply, please refer to:  
File:

**SENATE COMMITTEE ON WAYS AND MEANS**

**S.B. 925 S.D. 1, RELATING TO CHILDREN**

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

**February 24, 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.

**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. The Department also suggests the addition of the following to Section 3, 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 for fiscal year 2011-2012 and \$53,154,886 for fiscal year 2012-2013." Recommended revisions to the measure are attached to this testimony.

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 be utilized to continue and build upon the statewide development of the hospital based screenings and assessments.

Thank you for this opportunity to testify.

# **S.B. NO.925**

## **S.D.1**

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### **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,

1 coordinated continuum of early childhood services.

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

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

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

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

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

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

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

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

19 referrals

20 of other families to existing home visiting services.

21 The purpose of this Act is to reinstate hospital-based  
22 assessments and to target improved intensive home visiting  
23 services to the highest risk families of newborns in communities  
24 across the State of Hawaii. The purpose of this Act is also to

1 appropriate funds from the Hawaii tobacco settlement fund and the  
2 temporary assistance for needy families fund, and to increase the  
3 ceiling of the Hawaii tobacco settlement special fund to allow the  
4 expenditure from the fund for this purpose.

5  
6 SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
7 amended by adding a new section to be appropriately designated  
8 and to read as follows:

9 "§321- Assessment and home visitation program;  
10 established. (a) There is established within the department of  
11 health a hospital-based screening and assessment and intensive  
12 home visitation program. This program shall follow the  
13 guidelines of the improved healthy start program.

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

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

19 (2) Make intensive home visits available on a voluntary  
20 basis for families assessed to be at the highest risk;

21 and

22 (3) Make referrals for families with lower or no-risk  
23 scores, based on the needs of the family, to a range  
24 of evidence-based home visiting services.



1        (c) Intensive home visiting services, based on guidelines  
2 of the healthy start program, ~~may~~ shall:

3        (1) Maintain critical elements developed by the improved  
4 healthy start program, especially related to  
5 caseloads, staff ratios, training, and the multi-  
6 disciplined team approach;

7        (2) Utilize a relationship-based approach with families,  
8 mother-infant dyads, and supervisor and family support  
9 worker relationships;

10       (3) Focus strongly on caregiver and infant attachment and  
11 social and emotional development, following principles  
12 of infant mental health;

13       (4) Conduct interventions to strengthen protective factors  
14 and reduce risk;

15       (5) Integrate model enhancements established and proven  
16 throughout the federally funded Hawaii evidence based  
17 home visitation project, such as:

18       (A) Initiatives developed for supervision and  
19 training;

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

22       (C) The development of sound infrastructure to  
23 support home visitation, which includes data  
24 management support, continuous quality

1 improvement, and evaluation,

2 to ensure that outcomes can be tracked, measured, and  
3 yield optimal results for families before taking home  
4 visitation to scale;

5 (6) Ensure continuous quality improvement by engaging  
6 program staff; and

7 (7) Evaluate outcomes such as risk reduction, child  
8 development, family resilience, and confirmed cases of  
9 abuse and neglect.

10 Services may continue until the child reaches three years of  
11 age, or until the child reaches five years of age if the child  
12 has a younger sibling."

13 Services will be initiated on an incremental  
14 basis, with geographic priority to be determined by the departments  
15 needs assessment, to be implemented as funding becomes available.

16 SECTION 3. There is appropriated out of the Hawaii tobacco  
17 settlement special fund, established pursuant to section 328L-2,  
18 Hawaii Revised Statutes, the sum of \$3,000,000 or so much  
19 thereof as may be necessary for fiscal year 2011-2012 and the  
20 same sum or so much thereof as may be necessary for fiscal year  
21 2012-2013 for hospital-based assessment and screening and  
22 intensive home visiting services. The Hawaii tobacco settlement  
23 special fund ceiling appropriation shall be increased to  
24 \$53,154,866.00 for fiscal year 2011-2012 and \$53,154,886.00 for  
fiscal year 2012-2013.

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

3           SECTION 4. Provided that of the federal fund appropriation  
4 for the department of human services, there is appropriated  
5 temporary assistance for needy families funds in the sum of  
6 \$3,000,000 or so much thereof as may be necessary for fiscal  
7 year 2011-2012 and the same sum or so much thereof as may be  
8 necessary for fiscal year 2012-2013 for intensive home visiting  
9 services.

10           The sums appropriated shall be transferred from the  
11 department of human services by interdepartmental transfer (U  
12 fund) to the department of health, to be expended by the  
13 department of health for the purposes of this Act.

14           SECTION 5. New statutory material is underscored.

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

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Requested amendments to HB925SD1:

Page 4:

Line 16: insert "The legislature further finds that utilizing the Hawaii tobacco settlement special funds 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 20: insert "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 fund to allow the expenditure from the fund for this purpose."

Page 5:

Line 10: delete "may", insert "shall"

Line 21: delete "may", insert "shall"

Page 7:

Line 13: insert "Services will be initiated on an incremental basis, with geographic priority to be determined by the departments needs assessment, to be implemented as funding becomes available."

Line 20: insert "The Hawaii tobacco settlement special fund ceiling appropriation shall be increased to \$53,154,866.00 for fiscal year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013."

NEIL ABERCROMBIE  
GOVERNOR



PATRICIA McMANAMAN.  
INTERIM DIRECTOR  
PANKAJ BHANOT  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 24, 2011

**MEMORANDUM**

TO: Honorable David Y. Ige, Chair  
Senate Committee on Ways and Means

FROM: Patricia McManaman, Interim Director

SUBJECT: **S.B. 925, S.D. 1 - RELATING TO CHILDREN**

Hearing: Thursday, February 24, 2011; 9:00 a.m.  
Conference Room 211, State Capitol

**PURPOSE:** The purpose of S.B. 925, S.D. 1, is to establish a hospital-based screening and assessment and intensive home visitation program under the Department of Health; appropriates funds from the Tobacco Settlement Special Fund and from the federal appropriation of Temporary Assistance to Needy Families (TANF) funds.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the intent of this bill but is concerned about an adverse impact to our priorities as indicated in the Executive Biennium Budget.

At this time, the Department does not have any additional TANF block grant funding available. The annual Temporary Assistance for Needy Families (TANF) federal block grant amount is fully allocated and accounted for in the proposed Fiscal Biennium 2011-2013 budget.

The Department would also like to reiterate that federal law would prohibit the transferring of TANF funds as proposed in Section 4 of this bill. Direct transfers of

TANF funds are allowed only when such transfers are to the Social Services Block Grant (SSBG) Program or to the Child Care Development Fund (CCDF) Program. TANF funds must otherwise be appropriated first to the TANF State Agency, which is DHS. DHS may then authorize the expenditure of the appropriated TANF funds for the identified purpose.

Thank you for the opportunity to provide comments on this bill.

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### **Testimony on SB 925, SD1, Relating To Children**

One of the American Heart Association's leading policy focuses is to insure that each state invests in tobacco prevention, control and cessation programs at at least the minimum level recommended by the Centers for Disease Control. Tobacco use remains the leading preventable cause of death in our state and in the country, and a leading risk factor for heart disease and stroke.

The U.S. Centers For Disease Control (CDC) recommends that Hawaii needs to invest a *minimum* of \$15.4 million each year to fund an effective, comprehensive tobacco control program. The most that Hawaii has invested since the Tobacco Prevention and Control Trust Fund was established was approximately \$8 million.

At the same time, according to the Federal Trade Commission, the tobacco companies spend approximately \$42 million each year toward marketing and advertising their deadly products in Hawaii.

The resulting loss of revenue dedicated to tobacco prevention, control and cessation programs would mean that fewer new community programs could be established and it would stall the growth of a sustainable infrastructure of programs that would otherwise further reduce smoking rates, and deaths and disability caused by tobacco use.

A study completed last year by Penn State University estimated that in Hawaii the annual direct costs to the economy attributable to smoking were in excess of \$1.1 billion, including workplace productivity losses of \$215 million, premature death losses of \$449 million, and direct medical expenditures of \$444 million. While the retail price of a pack of cigarettes in Hawaii is on average \$7.45, the combined medical costs and productivity losses attributable to each pack of cigarettes sold are approximately \$23.26 per pack of cigarettes.

Allocations to the Tobacco Prevention and Control Trust Fund were halved from 25 percent of annual Tobacco Settlement Funds received by Hawaii to only 12 ½ percent in 2001. Since then, allocations to the Trust Fund were cut in half again so that currently only 6 ½ percent of the Settlement Funds actually fund tobacco prevention, cessation and control programs.

Restoring the funds diverted from the Tobacco and Control Trust Fund to help Hawaii smokers and youth to cecede from smoking, or to never start, will insure that future generations of Hawaii taxpayers will no longer have to subsidize tobacco industry profits through the payment of tobacco-related healthcare costs.

The structure of the Master Settlement Agreement payments from the tobacco industry to the state are based in part on national smoking rates. As smokers die, and tobacco-control efforts continue to successfully wean current tobacco users off their addiction and prevent new smokers from starting, payments from the industry to the state will drop, thus

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Fax: 808-538-3443

**Maui County:**

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**Hawaii County:**

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making those payments an unstable source of funding. Drops in tobacco control program funding as a result of drops in smoking rates would be not only acceptable, but a goal of those programs. A reduction in smoking rates, the death and disability caused by tobacco use, and its resulting economic costs should also be the goal of the state.

The American Heart Association strongly urges legislators to identify an alternative, more appropriate, stable source of funding for the programs outlined in SB 925, SD1. Tobacco settlement funds should be used to help those who are affected directly by tobacco addiction and tobacco industry marketing.

Respectfully submitted,

Donald B. Weisman  
Hawaii Advocacy Director





Hearing date:  
**Thursday,**  
**February 24,**  
**9:00 a.m.**  
Senate  
Committees on  
Ways and Means  
Room 211

To: Senator David Ige, Chair  
Senator Michelle Kidani, Vice Chair

From: Elisabeth Chun, Executive Director  
Good Beginnings Alliance

Date: Thursday, February 24, 2011, 9:00 a.m.  
Conference Room 211

Subject: **SB 925 SD1: Establishes a hospital-based screening and assessment and intensive home visitation program under the department of health; appropriates funds from the tobacco settlement special fund and from the federal appropriation of temporary assistance for needy families funds.**

The Good Beginnings Alliance is a policy and advocacy organization focused on Hawaii's youngest children and their families. We strive to ensure a nurturing, safe and healthy development for all children from pre-birth to age eight. We believe all children deserve safe and supportive environments that meet their needs as they grow and develop. Good Beginnings is also a member of One Voice for Hawaii's Children ([www.onevoiceforchildren.net](http://www.onevoiceforchildren.net)), an alliance of organizations and individuals committed to the development of an effective and equitably funded early childhood system that gives all young children the opportunity to arrive at kindergarten safe, healthy and ready to succeed. The following information is provided to help you in your decision-making process.

Universal screening and home visitation services provide culturally responsive, evidence-based services to address different levels of family needs and risks. Moreover, addressing the needs of our most at-risk babies and families at the very beginning is foundational to our early learning system. These hospital screenings as well as home visits are critical to a child abuse prevention focus. They initiate important parental engagement and training so the family can foster a child's early learning and healthy growth.

Hawaii's families with young children have experienced significant cuts to our state's comprehensive early childhood system in the Departments of Education, Health, and Human Services. With the increased stress placed upon our families because of the weak economy, this program is a major part of the support system that needs funding for at-risk children. Finally, it directly supports the Parent Education and Family Support objectives for the Early Learning Council's Early Childhood System Development.

Mahalo for your consideration. For more information contact: Good Beginnings Alliance; phone: 531-5502; [lchun@goodbeginnings.org](mailto:lchun@goodbeginnings.org)



To: The Honorable David Y. Ige, Chair  
The Honorable Michelle Kidani, Vice Chair  
Members, Senate Committee on Ways and Means  
From: Trisha Y. Nakamura, Esq. Policy and Advocacy Director  
Date: February 23, 2011  
DM: WAM Cmte; February 24, 2011 at 9:00 a.m.; Rm 211  
Re: **Comments re SB 925**

---

Thank you for the opportunity to provide comment on SB 925, which will provide an appropriation of \$3,000,000 to Healthy Start for FY 2011-12 and FY 2012-13. The comments here focus on providing your honorable committee with information about the Tobacco Settlement Special Fund and to share our concern about the further erosion of funds away from tobacco prevention and treatment.

Hawai'i receives Tobacco Settlement moneys as the result of a settlement entered into between 46 states and the major tobacco companies to recover damages for tobacco-related health care costs borne by taxpayers because of the harms caused by tobacco. By joining the settlement, Hawai'i made a promise to the people of Hawai'i to reduce youth use of tobacco and to advance public health.<sup>1</sup> The Coalition asks the Committee to remember the reason we have the tobacco settlement: Hawaii residents lost their lives to smoking because of the tobacco industry's interest in maintaining profits. We must work to make sure the next generation never experiences the suffering of those who died and those whom they left behind.

Our tobacco prevention programs are working to make sure this doesn't happen. From 2002 to 2008, there are 42,300 fewer adult smokers in Hawaii, saving 14,100 lives from tobacco-related deaths and saving our State an estimated \$402 million in direct medical costs. There is no mistake—this consistent dedicated source of funding from the Tobacco Settlement (from the tobacco industry which has cost our State billions of dollars in health-related costs) has resulted in lives and dollars saved.

**We've greatly reduced tobacco use and saved lives from preventable disease and death because of the investment in tobacco prevention and control. Still, tobacco use**

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<sup>1</sup> Hawai'i upon signing the settlement, agreed to "reduc[e] underage tobacco use by discouraging such use and by preventing Youth access to Tobacco Products" and avoid further cost of litigation to "achieve for [Hawai'i and its] citizens significant funding for the advancement of public health." (See Master Settlement Agreement, Recitals. Available at <http://ag.ca.gov/tobacco/pdf/1msa.pdf> (last visited Jan 28, 2010).

**remains a serious health issue.** Smoking costs us over half a billion dollars per year in smoking-related health care costs and lost productivity. And, more than 1,000 Hawai'i youth become daily smokers each year. Clearly, the work of tobacco treatment and prevention is not over.

When Hawai'i started receiving tobacco settlement funds in 1999, 25% of the funds were dedicated to tobacco prevention and control efforts. The portion for tobacco prevention has been cut down to 6.5%. We are concerned that funding for tobacco prevention will decline and that we will see the end of resources for efforts that save lives and keep kids from tobacco.

Because of our concern for the people of the State, the Coalition urges the Committee to ensure funding for tobacco prevention and tobacco cessation work in perpetuity. All that stands between the tobacco industry and our kids is our prevention efforts.

Thank you for the opportunity to comment on the funding for critical tobacco prevention and control funds. We ask that you continue funding for tobacco prevention and control via the Tobacco Prevention and Control Trust Fund so that these community-based services can continue. **Thank you for the opportunity to testify on this matter.**

The Coalition for a Tobacco Free Hawaii (Coalition) is the only independent organization in Hawaii whose sole mission is to reduce tobacco use through education, policy and advocacy. Our organization is a small nonprofit of over 3,000 organizations and members that work to create a healthy Hawaii through comprehensive tobacco prevention and control efforts. The Coalition started in 1996, under the auspices of the American Cancer Society. The Coalition, along with its founding members, played a key role in establishing the Tobacco Prevention and Control Trust Fund.

# **Testimony on SB 925, Relating to Children**

## **Ways and Means Committee**

**Chair: Senator David Ige**

**Vice- Chair: Senator Michelle Kidani**

**February 24, 2011 @ 9:00 am**

**Conference Room 211**

**From: Gail Breakey, Executive Director  
Hawaii Family Support Institute**

Good Morning, Chair Senator Ige, Vice-Chair Senator Kidani , members of the Senate Ways and Means Committees. I am Gail Breakey, Director of the Hawaii Family Support Institute testifying in support of SB 925, S.D. 1

We have met with staff of Maternal Child Health Branch of DOH who would oversee the implementation of this initiative. \_We are in agreement on some technical changes to this legislation as follows:

1. As written, the bill would made additions to Chapter 321, Hawaii Revised Statutes, **which is not intended**. We request that on page 5 beginning on Line 1 to delete material beginning Chapter 321 through Line 4. S321 and to delete the underlining on pages 5 through 7.
2. Make other minor language changes per the attached list.
3. Reinsert the word “shall” for the word “may” on lines page 6 on Line 25 and on page 7 on Line 10
4. On page 8, at the beginning of line 16 insert: “Services will be initiated on an incremental basis, with geographic priority to be determined by the department’s needs assessment, to be implemented as funding becomes available”.
5. Section 3, Line 13 add: “The Hawaii tobacco settlement special fund ceiling appropriate should be increased to \$53,154,886 for fiscal year 2011-2012 and \$53,154,886 for fiscal year 2012-2013. in order to accommodate spending for the healthy start program.

Thank you very much for the opportunity to testify on this bill and I hope you will support this important work.

**Requested Changes to SB 925** (from Gail Breakey, Hawaii Family Support Institute (226-4817))

P. Two, Line 12 **(add)** and in ensuring the state meets its public health responsibility of surveillance for needs assessment.

P. Four, Line 18 **(delete)** while offering other families a range of evidence based home visiting services based on their identified needs.

P. five, Line 1-3 **(delete)** all of sentence after SECTION 2

Line 4 **(delete)** 321

Line 8 **(delete)** Healthy Families America

Line 17 **(delete)** with highest priority given to those with scores of forty and above on  
The family stress checklist or parent survey and

P. six Line 3 **(delete)** Healthy Families America . **Replace** with "improved Healthy Start".

Line 5 **(delete)** and. **Add** and multi-disciplinary team approach

Line 12 **Delete entire sentence and renumber the items after this.**

Line 17 **Add** Insert: Integrate model enhancements established and proven through the federally funded Hawaii Evidence Based Home Visitation project such as: initiatives developed for supervision and training; initiatives developed for identifying families for services; and the development of sound infrastructure to support home visitation, which include data management support, continuous quality improvement, and evaluation. By integrating these practices, home visiting guidelines will ensure that outcomes can be tracked, measured, and yield optimal results for families before taking home visitation to scale

Line 25 re-insert "shall" for "may"

Line 20 **(Delete)** "related to" and **replace** with "such as"

P. seven Line 1-3 **(Delete all)**

Line 10 Re-insert "shall" for "may"

**P eight Line 16 at the beginning : " Services will be initiated on an incremental basis, with geographic priority to be determined by the departments needs assessment, to be implemented as funding becomes available"**

Addition of the following to Section 3. Line 13, 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."

The Twenty-Sixth Legislature, State of Hawaii  
Hawaii State Senate  
Senate Committee on Human Services  
Senate committee on Health  
Testimony by  
Early Learning Council  
February 24, 2011  
S.B. 925 – Relating to Children

Chair Ige and Committee Members:

The Early Learning Council (“ELC”) offers this testimony in support of S.B. 925.

Established under Act 14, First Special Session 2008, the Early Learning Council is entrusted with the development and administration of the state’s early learning system. The ELC seeks to establish a cohesive, comprehensive, and sustainable early learning system that ensures a spectrum of quality early learning opportunities for young children from their prenatal period until the time they enter kindergarten. As such, the ELC focuses upon four essential areas: Early Education and Care; Health; Parent Education and Family Support; and Workforce and Professional Development.

S.B. 925, which provides for the restoration of assessment capacity and home visitation services for the healthy start program, relates directly to the ELC’s focus area of Parent Education and Family Support, and represents a significant step in establishing a comprehensive array of services to children, their families, and those who work with them. The Early Learning Council strongly supports this bill.

Thank you for the opportunity to testify.

Respectfully Submitted,

Dr. Robert Peters  
Chair, Early Learning Council

**SB 1289**