
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,
16 coordinated continuum of early childhood services.

17 Research has shown that a combination of factors, such as
18 abuse of the parent in childhood, social isolation, lack of



1 social supports and life skills, substance abuse, domestic
2 violence, and mental health problems place parents at risk for
3 abuse and neglect of their children. Poverty and unemployment
4 can also be major contributing factors. The healthy start
5 approach uses research-based interview procedures to reach out
6 to parents who may be at risk. Intensive home visits, which
7 seek to strengthen protective factors and reduce risk, promote
8 child and family development, and avert abuse and neglect, are
9 also provided. Restoration of universal screening and home
10 visitation services is a vital step in offering culturally
11 responsive, evidence-based services to address different levels
12 of family needs and risks.

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



1 on this research, the publication presents the following core
2 concepts of development and considers their implications for
3 policy and practice:

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

16 The purpose of this Act is to reinstate hospital-based
17 screening and assessments and to target improved intensive home
18 visiting services to the highest risk families of newborns in
19 communities across the State of Hawaii, while offering other
20 families a range of evidence-based home visiting services based
21 on their identified needs.



1 SECTION 2. 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- Assessment and home visitation program;
5 established. (a) There is established within the department of
6 health, a hospital-based screening and assessment and intensive
7 home visitation program. This program shall follow the
8 guidelines of multidisciplinary teams, as determined by the
9 department.

10 (b) The hospital-based screening and assessment component
11 of the hospital-based screening and assessment and intensive
12 home visiting program shall:

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

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



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

4 (c) The intensive home visiting component of the hospital-
5 based screening services and assessment and intensive home
6 visiting program shall:

7 (1) Maintain critical elements developed by
8 multidisciplinary teams as determined by the
9 department, especially related to caseloads, staff
10 ratios, and training;

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

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

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

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

21 (6) Integrate emerging evidence-based practice, as
22 feasible and appropriate;



- 1 (7) Ensure continuous quality improvement by engaging
2 program staff;
- 3 (8) Evaluate outcomes related to risk reduction, child
4 development, family resilience, and confirmed cases of
5 abuse and neglect; and
- 6 (9) Continue to evaluate the impact of intensive home
7 visitation services and make program improvements as
8 needed.

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

12 SECTION 3. There is appropriated out of the Hawaii tobacco
13 settlement special fund, established pursuant to section 328L-2,
14 Hawaii Revised Statutes, the sum of \$3,000,000 or so much
15 thereof as may be necessary for fiscal year 2011-2012 and the
16 same sum or so much thereof as may be necessary for fiscal year
17 2012-2013 for hospital-based screening and assessment and
18 intensive home visiting services.

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

21 SECTION 4. There is appropriated out of the temporary
22 assistance for needy families fund the sum of \$3,000,000 or so



1 much thereof as may be necessary for fiscal year 2011-2012 and
2 the same sum or so much thereof as may be necessary for fiscal
3 year 2012-2013 for intensive home visiting services.

4 The sums appropriated shall be transferred by the
5 department of human services by interdepartmental transfer (U
6 fund), to the department of health, to be expended by the
7 department of health for the purposes of this Act.

8 SECTION 5. New statutory material is underscored.

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



Report Title:

Healthy Start; Home Visitation; Department of Health;
Appropriation

Description:

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 the Temporary Assistance for Needy Families fund. Effective July 1, 2011. (HB614 HD1)

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