
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 that 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 have 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 the
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 toward the 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 support 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, 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 and ensuring that the State meets its
13 public health responsibility of surveillance for needs
14 assessment.

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



1 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 sources, including parent



- 1 education, family support, early intervention
2 services, and early childhood education;
- 3 (5) Later remediation for highly vulnerable children will
4 produce less favorable outcomes and cost more than
5 appropriate early intervention, beginning in the
6 earliest year of life;
- 7 (6) Responsible investment is needed to produce results;
8 it is not profitable to use interventions that may be
9 less costly but fail to produce needed results; and
- 10 (7) Child development is the foundation for community and
11 economic development; capable children become the
12 foundation for a prosperous, sustainable society.

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



1 The purpose of this Act is to reinstate hospital-based
2 assessments, target improved intensive home visiting services to
3 the highest-risk families of newborns in communities across the
4 State of Hawaii, and appropriate moneys from the Hawaii tobacco
5 settlement special fund and from the federal appropriation of
6 temporary assistance for needy families funds for the purposes
7 of this Act.

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

11 "§321- Hospital-based screening and assessment and
12 intensive home visitation program; established. (a) Within the
13 limits of available funds, there is established within the
14 department of health a hospital-based screening and assessment
15 and intensive home visitation program. This program may follow
16 the guidelines of the department's improved healthy start
17 program.

18 (b) The hospital-based screening and assessment services
19 pursuant to this section may include:

20 (1) Proactive universal screening and assessment;

21 (2) Home visits available on a voluntary basis; and



1 (3) Referrals for families, based on the needs of the
2 family, for home visitation services.

3 (c) Services provided pursuant to this section may be
4 initiated on an incremental basis, with geographic priority to
5 be determined by the department's needs assessment, and shall be
6 implemented as funding becomes available."

7 SECTION 3. There is appropriated out of the Hawaii tobacco
8 settlement special fund the sum of \$ or so much
9 thereof as may be necessary for fiscal year 2011-2012 and the
10 same sum or so much thereof as may be necessary for fiscal year
11 2012-2013 for hospital-based screening and assessment and
12 intensive home visitation program services.

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

15 SECTION 4. Of the federal appropriation for the department
16 of human services, there is appropriated temporary assistance
17 for needy families funds in the sum of \$ or so much
18 thereof as may be necessary for fiscal year 2011-2012 and the
19 same sum or so much thereof as may be necessary for fiscal year
20 2012-2013 for intensive home visitation services.

21 The sums appropriated shall be transferred by the
22 department of human services by interdepartmental transfer



1 (U fund) to the department of health, to be expended by the
2 department of health for the purposes of this Act.

3 SECTION 5. New statutory material is underscored.

4 SECTION 6. This Act shall take effect on July 1, 2030.



Report Title:

Healthy Start; Home Visitation; Department of Health;
Appropriation

Description:

Establishes a hospital-based screening and assessment and intensive home visitation program within the Department of Health. Appropriates funds from the Hawaii tobacco settlement special fund for hospital-based screening and assessment and intensive home visitation services. Appropriates Temporary Assistance for Needy Families funds for intensive home visitation services. Effective July 1, 2030. (SD1)

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