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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,  
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 and ensuring 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 parent education, family



- 1 support, early intervention services, and early  
2 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 utilize interventions that may  
9 be 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 assessments and intensive  
15 home visiting for families at highest risk, along with referrals  
16 of other families to existing home visiting services.

17 The purpose of this Act is to reinstate hospital-based  
18 assessments and to target improved intensive home visiting  
19 services to the highest risk families of newborns in communities  
20 across the State of Hawaii.



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 the improved healthy start program.

9 (b) Hospital-based screening and assessment pursuant to  
10 this section may:

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

14 (2) Make intensive home visits available on a voluntary  
15 basis for families assessed to be at the highest risk;  
16 and

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

20 (c) Intensive home visiting services, based on guidelines  
21 of the healthy start program, may:



- 1        (1) Maintain critical elements developed by the improved  
2        healthy start program, especially related to  
3        caseloads, staff ratios, training, and the multi-  
4        disciplined team approach;
- 5        (2) Utilize a relationship-based approach with families,  
6        mother-infant dyads, and supervisor and family support  
7        worker relationships;
- 8        (3) Focus strongly on caregiver and infant attachment and  
9        social and emotional development, following principles  
10       of infant mental health;
- 11       (4) Conduct interventions to strengthen protective factors  
12       and reduce risk;
- 13       (5) Integrate model enhancements established and proven  
14       throughout the federally funded Hawaii evidence based  
15       home visitation project, such as:
- 16       (A) Initiatives developed for supervision and  
17       training;
- 18       (B) Initiatives developed for identifying families  
19       for services; and
- 20       (C) The development of sound infrastructure to  
21       support home visitation, which includes data



1                   management support, continuous quality  
2                   improvement, and evaluation,  
3                   to ensure that outcomes can be tracked, measured, and  
4                   yield optimal results for families before taking home  
5                   visitation to scale;  
6           (6) Ensure continuous quality improvement by engaging  
7                   program staff; and  
8           (7) Evaluate outcomes such as risk reduction, child  
9                   development, family resilience, and confirmed cases of  
10                   abuse and neglect.  
11 Services may continue until the child reaches three years of  
12 age, or until the child reaches five years of age if the child  
13 has a younger sibling."

14           SECTION 3. There is appropriated out of the Hawaii tobacco  
15 settlement special fund, established pursuant to section 328L-2,  
16 Hawaii Revised Statutes, the sum of \$3,000,000 or so much  
17 thereof as may be necessary for fiscal year 2011-2012 and the  
18 same sum or so much thereof as may be necessary for fiscal year  
19 2012-2013 for hospital-based assessment and screening and  
20 intensive home visiting services.

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

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

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

12 SECTION 5. New statutory material is underscored.

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

14





**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 from the federal appropriation of temporary assistance for needy families funds. (SD1)

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