

HB614,HD2

Measure Title: RELATING TO CHILDREN.

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. Increases the Hawaii Tobacco Settlement Special Fund (Special Fund) ceiling. Appropriates funds from the Special Fund for hospital-based screening and assessment and intensive home visiting services. Appropriates funds from the Temporary Assistance for Needy Families Fund for intensive home visiting services. Effective July 1, 2030. (HB614 HD2) (\$)

Companion: SB925

Package: None

Current Referral: HTH/HMS, WAM

Introducer(s): YAMANE, AWANA, MIZUNO, Fontaine



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

In reply, please refer to:
File:

**SENATE COMMITTEE ON HEALTH
SENATE COMMITTEE ON HUMAN SERVICES**

H.B. 614 HD2, RELATING TO CHILDREN

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

March 23, 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 recommends that due to references to HRS321 and HRS328 L2 ; language establishing this program and language specifying funding sources, remain fluid and expansive in order to safeguard against future possible programming restrictions. 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 continue and build upon the statewide development of the hospital based screenings and assessments.

Thank you for this opportunity to testify.

H.B. NO.614 H.D.2

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.

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 public
15 health responsibility of surveillance for needs assessment.

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

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

- (1) Brain architecture is built from the bottom up, with simple circuits and skills providing the scaffolding for more advanced circuits and skill over time;
- (2) Toxic stress in early childhood is associated with persistent effects on the nervous system and stress hormonal systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and mental and physical health;
- (3) Policy initiatives that promote safe, supportive relationships and rich learning opportunities for children create a strong foundation for later learning, followed by greater productivity in the workplace, and solid citizenship in the community;
- (4) Substantial progress in proper child development can be achieved through growth-promoting experiences, provided by a range of sources, including parent education, family support, early intervention services, and early 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 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 findings~~, the legislature finds it
12 prudent to reinstate hospital-based assessments
13 and intensive home visiting for families at highest risk, along with
14 referrals of other families to existing home visiting
15 services. ~~The legislature further finds that utilizing moneys from~~
16 ~~the Hawaii tobacco settlement special fund and temporary assistance~~
17 ~~for needy families funds is appropriate and necessary to ensure that~~
18 ~~the public health interests of the health and safety of at risk~~
19 ~~children of the State are met.~~

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

1 appropriate moneys from the Hawaii tobacco settlement special fund
2 and temporary assistance for needy families for the purposes of this
3 Act.

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

7 "§321- Assessment and home visitation program;
8 established. (a) Within the limits of available funds, there is
9 established within the department of health a hospital-based
10 screening and assessment and intensive
11 home visitation program. This program shall may follow the
12 guidelines of the multidisciplinary teams, as determined by the
13 department's improved healthy start program.

14 (b) The hospital-based screening and assessment component of
15 the hospital-based screening and assessment and intensive
16 home visiting program shall: pursuant to this section may include:

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

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

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

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

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

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

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

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

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

23 ~~(6) Integrate emerging evidence-based practice as feasible and~~
24 ~~appropriate~~
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1 ~~(7) Ensure continuous quality improvement by engaging~~

2 ~~program staff; and~~

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." Services may be initiated on an incremental~~

12 ~~basis, with geographic priority to be determined by the departments~~

13 ~~needs assessment, to be implemented as funding becomes available.~~

14 SECTION 3. ~~The Hawaii tobacco settlement special fund ceiling~~

15 ~~appropriation shall be increased to \$ for fiscal year 2011-2012~~

16 ~~and \$ for fiscal year 2012-2013.~~

17 ~~SECTION 4.~~ There is appropriated out of the Hawaii tobacco

18 settlement special fund, ~~established pursuant to section 328L-2,~~

19 ~~Hawaii Revised Statutes,~~ the sum of \$ or so much

20 thereof as may be necessary for fiscal year 2011-2012 and the

21 same sum or so much thereof as may be necessary for fiscal year

22 2012-2013 for hospital-based screening and assessment and

23 intensive home visiting services.

24 The sums appropriated shall be expended by the department

25 of health for the purposes of this Act.

1 SECTION 54. Of the federal appropriation for the department of
2 human services, there is appropriated out of the temporary
3 assistance for needy families funds in the sum of \$ or so
4 much thereof as may be necessary for fiscal year 2011-2012 and
5 the same sum or so much thereof as may be necessary for fiscal
6 year 2012-2013 for intensive home visiting services.

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

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12 SECTION 65. New Statutory material is underscored.

13 Section 76. This Act shall take effect on July 1, 2030

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1 Requested amendments to HB614 HD2

2 Page 2:

3 Line 12: insert "and ensuring the State meets its public health responsibility of surveillance for needs
4 assessment".

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6 Page 4:

7 Line 11: delete "realities" insert "findings"

8 Line 15: insert "The legislature further finds that utilizing moneys from the Hawaii tobacco settlement
9 special fund and temporary assistance for needy families is appropriate and necessary to ensure that the
10 public health interest of the health and safety of at risk children of the State are met"

11 Line 17: delete "screening and"

12 Line 19: insert after State "of Hawaii"

13 Line 19: delete "while offering other families a range of evidence based home visiting services based on
14 their identified needs." Insert " An additional purpose of this Act is to appropriate moneys from the
15 Hawaii tobacco settlement special fund and temporary assistance for needy families funds for the
16 purposes of this Act"

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18 Page 5:

19 Line 5: insert in (a) "Within the limits of available funds," there is established....

20 Line 7: delete "shall", insert "may"

21 Line 8: delete "multidisciplinary teams, as determined by the department", insert "department's
22 improved healthy start program."

23 Line 10: delete "component of the hospital based screening and assessment and intensive home visiting
24 program shall" Insert "pursuant to this section may include:"

25 Line 13: delete "Include"

26 Line 14-15: delete all

27 Line 16: delete "Make intensive"

28 Line 17-20: delete "for families assessed to be at the highest risk, with the highest priority given to
29 those with scores of forty and above on the family stress checklist or parent survey"

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31 Page 6:

32 Line 1: delete "Make" "with lower or not risk scores"

33 Line 2: delete "a range of evidence based"

34 Lines 4-22: delete all

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37 Page 7:

38 Lines 1-11: delete all

39 Line 11: insert "Services may be initiated on an incremental basis, with geographic priority to be
40 determined by the department's needs assessment and to be implemented as funding becomes available.

41 Lines 12-14: delete all

42 Line 15: delete "Section 4"

43 Line 16: delete "established pursuant to section 328L 2, Hawaii Revised Statutes"

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- 1 Page 8:
- 2 Line 3: change section "5" to "4" and insert "Of the federal appropriation for the department of human
- 3 services" change "T" to "t"
- 4 Line 12: change section "6" to "5"
- 5 Line 13: change section "7" to "6"

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Testimony on HB 614, RELATING TO CHILDREN

Joint Senate Committees on Health and Human Services

Health Chair: Sen. Josh Green, M.D.

Health Vice Chair: Sen. Clarence K. Nishihara

Human Services Chair: Sen. Suzanne Chun Oakland

Human Services Vice-Chair: Les Ihara, Jr.

Thursday, March 24, 2011, 2:45 p.m.

Conference Room 229

Testimony submitted by: Howard S. Garval,
President & CEO, Child & Family Service

Aloha, Chais Green and Chun Oakland, Vice Chairs Nishihara and Ihara, Jr. and Committee members. I am Howard S. Garval, President & CEO of Child & Family Service, Hawaii's oldest and largest human service nonprofit organization with services on every island and touching the lives of 40,000 Hawaii residents from keiki to kupuna each year. I am testifying in support of HB 614.

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First of all, I want to extend big mahalos to this committee and the legislature for preventing the total elimination of Hawaii's nationally recognized model Healthy Start home visiting child abuse prevention program. Last session the Legislature restored \$1.5 million in TANF funds to keep the remaining two programs alive in the state. These two programs are: the Hilo program provided by the YWCA of East Hawaii and the Leeward Oahu program that Child & Family Service provides. I also want to thank you for the approval of the Emergency Budget and Reserve Fund (Rainy Day Fund) bill that provided \$1.5 million for Healthy Start. The intent of the Rainy Day funds was to supplement the TANF funds, but the TANF funds were never released, and now the Rainy Day Funds are needed to keep these two remaining programs alive.

In the last two years the Maternal Child Health Branch (MCHB) of the Department of Health (DOH) has been implementing a federal Evidence Based Home Visitation and program improvement grant it was awarded with Johns Hopkins University. Hawaii was one of only 17 states to receive this highly competitive grant because we were recognized for creating Healthy Start that was then replicated under the Healthy Families America banner in 37 other states. In awarding the grant to Hawaii it was hoped that we would share our success with the rest of the country. The great news is that this grant has helped move very good programs to an even higher level of excellence.

The Governor publicly touted Healthy Start during his campaign and was one of the original legislators to sponsor the first Healthy Start pilot program for which the Legislature appropriated funds. Now we have an administration that believes in Healthy Start which matches the Legislature's consistent support of the program. In addition we have worked closely with the Department of Health (DOH) on the bill and we are in agreement, unlike what happened with the previous leadership at DOH.

This bill proposes to first restore the hospital based screening and assessment program that was eliminated at the beginning of FY 10 when Tobacco Funds were not released by the prior administration. This is a critical component for Healthy Start to assess families for risk of child abuse before there is ever a report of child abuse. The first priority would be hospitals that serve the geographic areas of the two existing programs. We are proposing to restore intensive home visitation services for the highest risk families only and to refer lower risk families to existing community programs that focus on parent education and support. The home visiting services are voluntary since you cannot mandate such services for families with no substantiated report of child abuse/neglect. Ultimately, a statewide program of this nature would cost an estimated \$6.5 million compared to the previous statewide system at \$12 million.

The Maternal Child Health Branch (of DOH) plans to evaluate the current two programs this year and expects outcome data that will demonstrate the efficacy of the work the two programs are doing. The plan will be gradually build back the hospital-based screening and assessment and home visitation services in the highest need communities until a statewide program is restored. The metaphor I have been using is that of building a house. You start with a strong foundation and build up from there. I support the approach that MCHB is taking to ensure that every Healthy Start program is being delivered at a high performance level with positive and verifiable impact. In that way a strong foundation is the platform for a solidly built house rather than one that is structurally unsound to complete the metaphor.

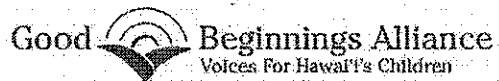
There is nothing more important that we can do as a state and for our keiki than preventing child abuse. At Child & Family Service our mission is strengthening families and fostering the healthy development of children so I think you can see why we strongly support HB 614. I am asking you to pass this bill so we can build back the nationally recognized model home visitation child abuse prevention program we call *Healthy Start*.

Mahalo for providing the opportunity to submit testimony.



Aloha United Way

Our Mission: Strengthening Families and Fostering the Healthy Development of Children



Hearing date:
Wednesday,
March 23, 2011,
2:45 p.m.
Senate Health and
Human Services
Committees
Room 229

To: Senator Josh Green, Chair
Senator Suzanne Chun Oakland, Chair
SENATE COMMITTEES ON HEALTH & HUMAN SERVICES

From: Elisabeth Chun, Executive Director
Good Beginnings Alliance

Date: Wednesday, March 23, 2011, 2:45 p.m.
Conference Room 229

Subject: **HB 614 HD2: Healthy Start; Home Visitation**

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.

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

Testimony on HB 614, HD2 Relating to Children

Senator Josh Green, Chair, Senate Health Committee

Senator Suzanne Chun-Oakland, Chair Senate Human
Services Committee

March 23, 2011 @ 2:45 pm

Conference Room 229

From: Gail Breakey, Executive Director
Hawaii Family Support Institute

Good afternoon, Committee Chairs and Members. . I am Gail Breakey, Executive Director of the Hawaii Family Support institute testifying of behalf of the Institute and One Voice for Hawaii's Children in support of HB 614, HD 2. This bill adds provision of home visiting services to prevent child abuse to the existing Hawaii State Statute on child abuse prevention, and authorizes support for the improved Healthy Start program.

Prevention of child abuse in the first three years of life is more critical than at any other time. The Adverse Childhood Experiences (ACE) study as well as a large body of research on early brain development show that adverse experiences during the formative period of the brain and emotional systems have a severe negative impact upon normal early child development and are correlated with most of the social and health problems of older children and adults. It has been estimated that as high as 50% of Hawaii's young children are not ready to perform and succeed in school when they reach kindergarten. A major issue and priority for most people in Hawaii is to reform our school system performance, which is low compared with many states.

Nobel laureate Economist James Heckman states in a 2008 New York Times article "The Biggest Issue", **that school readiness is a major issue related to improving school performance. In Hawaii, only 24% of schools reported that the majority of their kindergarten children had adequate pre-literacy skills, a major key to school readiness.** We know that children need to be able to read by third grade, as after that they need to be able to read in order to learn. There should be little doubt that lack of school readiness is a major barrier to school performance. In Hawaii, the investment made in school age children far outweighs the investment made in pre-school age children. A concerted paradigm shift is needed to insure that young children are school ready

Hawaii Family Support Institute
Testimony on SB 614, HD 2

There are a number of barriers to school readiness. Child abuse, neglect, living with parents who have substance abuse, mental health and domestic violence problems are key issue which are barriers to school readiness and subsequent success and productivity in life

It is worth noting that while we spend approximately \$12,000/ year on education for older children, and \$24,000/ year for those needing special education, we **spend way less, under \$1,000 /year for children in the formative early years when the capacity for school success is being established.** We must invest in the safety, well-being and normal growth and development of vulnerable young children in order to achieve our goals in education and to have a more productive economy.

Thank you for the opportunity to testify on this legislation and for your favorable consideration of this bill.

ChunOakland2 - Tyrell

From: HTHTestimony
Sent: Tuesday, March 22, 2011 4:01 PM
To: HMS Testimony
Subject: FW: Testimony for HB614 on 3/23/2011 2:45:00 PM

-----Original Message-----

From: mailinglist@capitol.hawaii.gov [<mailto:mailinglist@capitol.hawaii.gov>]
Sent: Tuesday, March 22, 2011 1:28 AM
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Subject: Testimony for HB614 on 3/23/2011 2:45:00 PM

Testimony for HTH/HMS 3/23/2011 2:45:00 PM HB614

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Olinda Aiwohi
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Comments: