

# SB925

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 under the department of health;  
appropriates funds from the tobacco settlement  
special fund and the temporary assistance to  
needy families fund. (\$)

Companion:

Package:

Keiki

Current  
Referral:

HTH/HMS, WAM

Introducer(s):

CHUN OAKLAND, FUKUNAGA, KIDANI, RYAN,  
SHIMABUKURO, Dela Cruz, Ige, Ihara

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 10, 2011

**MEMORANDUM**

TO: Honorable Josh Green, M.D., Chair  
Senate Committee on Health  
  
Honorable Suzanne Chun Oakland, Chair  
Senate Committee on Human Services

FROM: Patricia McManaman, Interim Director

SUBJECT: **S.B. 925 - RELATING TO CHILDREN**

Hearing: Thursday, February 10, 2011; 1:15 p.m.  
Conference Room 016, State Capitol

**PURPOSE:** The purpose of S.B. 925 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 the temporary assistance to needy families (TANF) fund.

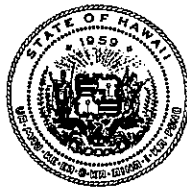
**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) supports the intent of this bill to establish an assessment and home visitation program within the Department of Health to provide a healthy start to at-risk infants and children under three years of age.

At this time, however, 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 advises that federal law prohibits the Department from transferring TANF funds to any entity other than the Social Services Block Grant (SSBG) Program and the Child Care Development Fund (CCDF) Program. TANF funds must be appropriated 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.



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

In reply, please refer to:  
File:

**SENATE COMMITTEE ON HEALTH**  
**AND**  
**SENATE COMMITTEE ON HUMAN SERVICES**  
**S.B. 925, RELATING TO CHILDREN**

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

**February 10, 2011**

1 **Department's Position:** The Department of Health supports the intent but defers on the fiscal  
2 implications until the Executive Budget has been finalized.

3 **Fiscal Implications:** Appropriates funds from the tobacco settlement special fund and the Temporary  
4 Assistance to Needy Families fund. The Department also suggests the addition of the following to  
5 Section 3. Line 13, to accommodate the increase in spending for the healthy start program, "The Hawaii  
6 tobacco settlement special fund ceiling appropriation shall be increased to, \$53,154,886.00 for fiscal  
7 year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013."

8 **Purpose and Justification:** The purpose of this measure establishes a hospital-based screening and  
9 assessment program and home visiting program for families at high risk for child maltreatment. The  
10 Department appreciates the intent of this measure and requests that revisions be considered to allow for  
11 more flexibility in operations in order to be responsive to anticipated future federal funding for home  
12 visitation services. Language that refers to a specific program model, specific measurements and tools  
13 to identify at risk families, and specific staffing roles referencing the Enhanced Healthy Start program

1 which is administered by the Dept. of Human Services should be deleted. Recommended revisions to  
2 the measure are attached to this testimony.

3 Funding provided by this measure would allow the program to fulfill federal funding  
4 requirements for matching funds and provide the resources necessary to continue its current initiatives  
5 regarding program enhancements to improve service outcomes. The program currently operates two  
6 sites which participate in the federally funded Evidence Based Home Visitation grant. Valuable and  
7 exciting findings from this project are anticipated, with positive outcomes expected to demonstrate best  
8 practices for home visitation. The Department would use funding to scale up its two program sites and  
9 to disseminate these best practices into the existing home visiting provider community. Funds would  
10 also continue and build upon the statewide development of the hospital based screenings and  
11 assessments.

12 Thank you for this opportunity to testify.

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6 **S.B. NO.925**

7 **Draft SD1**

8

9 **A BILL FOR AN ACT**

10 RELATING TO CHILDREN.

11

12 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

13

14 SECTION 1. Hawaii has long been a leader in early childhood

15 services, reflecting an understanding of the importance of early

16 childhood development. This has resulted in proactive legislation to

17 ensure the safety and well-being of infants, toddlers, and pre-

18 schoolers. Unfortunately, many of these services have been

19 eliminated or drastically cut over the

20 past two years. Hawaii's healthy start program is one of the

21 services that have been affected.

22 The healthy start program was designed to prevent child abuse

23 and neglect and promote child development among high-risk infants and

24 toddlers. Although healthy start was deployed statewide in 2001,

25 cuts to the program have resulted in elimination of assessment

26 capacity and home visiting services for most of the State.

27 Restoration of these critical services is the first step towards

1 establishment of an effective, coordinated continuum of early  
2 childhood services.

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

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

1 reviewed all current research and literature on early childhood  
2 development. Based on this research, the publication presents the  
3 following core concepts of development and considers their  
4 implications for policy and practice:

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



1 appropriate early intervention, beginning in the earliest  
2 years of life;

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

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

9 Given the foregoing realities, the legislature finds it prudent  
10 to reinstate hospital-based assessments and intensive home visiting  
11 for families at highest risk, along with referrals of other families  
12 to existing home visiting services.

13 The purpose of this Act is to reinstate hospital-based  
14 assessments and to target improved intensive home visiting services  
15 to the highest risk families of newborns in communities across the  
16 State of Hawaii.

17 **SECTION 2. Assessment and home visitation program; established.**

18 (a) There is established within the department of health, a  
19 hospital-based screening and assessment and intensive home visitation  
20 program. This program shall follow the guidelines of the improved  
21 healthy start.

22 (b) Hospital-based screening and assessment pursuant to this  
23 section may:

24 (1) Include proactive universal screening and assessment

1 to enroll families prenatally or at birth, before any  
2 child welfare reports are made;

3 (2) Make intensive home visits available on a voluntary  
4 basis for families assessed to be at the highest risk;  
5 and

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

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

11 (1) Maintain critical elements developed by the improved  
12 healthy start especially related to  
13 caseloads, staff ratios, training, and multi-  
14 disciplinary team approach;

15 2) Utilize a relationship-based approach with  
16 families, mother-infant dyads, and supervisor and  
17 family support worker relationships;

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

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

23 (5) Integrate model enhancements established and proven  
24 through the federally funded Hawaii Evidence Based

1 Home Visitation project such as: initiatives developed  
2 for supervision and training; initiatives developed  
3 for identifying families for services, and the  
4 development of sound infrastructure to support home  
5 visitation, which include data management support,  
6 continuous quality improvement, and evaluation. By  
7 integrating these practices, home visiting guidelines  
8 will ensure that outcomes can be tracked, measured,  
9 and yield optimal results for families before taking  
10 home visitation to scale;

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

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

16 Services may continue until the child reaches three years of age, or  
17 until the child reaches five years of age if the child has a younger  
18 sibling.

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

1 The Hawaii tobacco settlement special fund ceiling appropriation  
2 shall be increased to \$53,154,886.00 for fiscal year 2011-2012 and  
3 \$53,154,886.00 for fiscal year 2012-2013.

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

6 SECTION 4. There is appropriated out of the temporary  
7 assistance for needy families fund the sum of \$3,000,000 or so much  
8 thereof as may be necessary for fiscal year 2011-2012 and the same  
9 sum or so much thereof as may be necessary for fiscal year 2012-2013  
10 for intensive home visiting services.

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

15 SECTION 5. This Act shall take effect on July 1, 2011.

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1 Requested amendments to HB614 (see yellow highlights of attached document)

2 Page 2:

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

5 Page 4:

6 Line 18: delete "while offering other families a range of evidence-based home visiting services based on their identified  
7 needs."  
8

9 Page 5:

10 Line 1-3: delete "Chapter 321, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated  
11 and to read as follows:"

12 Line 4: delete "\$321-"

13 Line 8-9: delete "and Healthy Families America program."

14 Line 11: delete "shall", insert "may"

15 Line 17-19: delete "with the highest priority given to those with scores of forty and above on the family stress checklist or  
16 parent survey; and"  
17

18 Page 6:

19 Line 2: delete "shall", insert "may"

20 Line 3-4: delete "Healthy Families America program" and insert "improved healthy start"

21 Line 5: delete "and" and insert after training ",and multi-disciplinary team approach;"

22 Line 12-13: delete "Utilize the clinical specialist approaches of enhanced healthy start in working with very high risk  
23 families;"

24 Line 14: renumber from 5 to 4

25 Line 16: delete "Integrate emerging evidence-based practice, as feasible and appropriate;" and insert "Integrate model  
26 enhancements established and proven through the federally funded Hawaii Evidence Based Home Visitation project such as:  
27 initiatives developed for supervision and training; initiatives developed for identifying families for services; and the  
28 development of sound infrastructure to support home visitation, which include data management support, continuous quality  
29 improvement, and evaluation. By integrating these practices, home visiting guidelines will ensure that outcomes can be  
30 tracked, measured, and yield optimal results for families before taking home visitation to scale."  
31

32 Line 20: delete "related to" and insert "such as"

33 Page 7:

34 Line 1-3: delete "Continue to evaluate the impact of intensive home visitation services and make program improvements as  
35 needed."

36 Line 4: delete "shall" and insert "may"

37 Line 13: insert "The Hawaii tobacco settlement special fund ceiling appropriation shall be increased to \$53,154,866.00 for  
38 fiscal year 2011-2012 and \$53,154,886.00 for fiscal year 2012-2013."  
39

40 Page 8:

41 Line 3: delete "New statutory material is underscored." *Delete all underscore in Section 2.*

42 Line 4: delete "Section 6"  
43  
44  
45  
46  
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Hearing date:  
**Thursday,**  
**February 10,**  
**9:30 a.m.**  
**Senate**  
**Committees on**  
**Human Services**  
**and Health**  
Room 016

To: Senator Suzanne Chun Oakland, Chair  
Senator Josh Green, Chair

From: Elisabeth Chun, Executive Director  
Good Beginnings Alliance

Date: Thursday, February 10, 2011, 1:15 p.m.  
Conference Room 016

Subject: **SB 925: 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 to needy families fund.**

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.

We wish to provide you with information that may be helpful in your decision-making process. Healthy Start Program was pioneered in Hawaii and championed by leaders such as Governor Abercrombie when he served in the Legislature. Since then, this vital program has been improved upon considerably and directly supports the Parent Education and Family Support objectives for the Early Learning Council's Early Childhood System Development.

Addressing the needs of our most at-risk babies and families at the very beginnings is foundational to our early learning system. Hospital screenings as well as the home visits are critical to a prevention focus. This program initiates vitally important parental engagement and training as to how 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 over the last two years--including the Healthy Start Program. Our weakened economy has placed increased stress on families, and this program is a major part of the support system for at-risk children.

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

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Council on Accreditation

AFFILIATIONS

Alliance for Children  
and Families

Hawaii Island

United Way

Maui United Way

Kauai United Way



Aloha United Way

**Testimony on SB 925, RELATING TO CHILDREN**

Joint Senate Committees on Health and Human Services

Health Chair: Sen. Josh Green

Health Vice-Chair: Sen. Clarence Nishihara

Human Services Chair: Sen. Suzanne Chun Oakland

Human Services Vice-Chair: Sen. Les Ihara

Thursday, February 10, 2011, 1:15 p.m.

Conference Room 016

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

Good morning, Chairs Green and Chun Oakland and Vice Chairs Nishihara and Ihara and Committee members. I am Howard S. Garval, President & CEO of Child & Family Service, Hawaii's oldest and most comprehensive 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 SB 925.

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 successes 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.

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 plans to evaluate the current two programs this year and expect outcome data that will demonstrate the efficacy of the work the two programs are doing. The plan will be to 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 SB 925. 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.

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

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

**Joint Health and Human Services Committees  
Senate Human Services Chair: Senator Suzanne Chun  
Oakland  
Senate Health Chair: Josh Greene**

**February 10, 2011 @ 1:15 pm**

**Conference Room 016**

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

Good Afternoon, Chairs Senator Chun Oakland and Green ,, members of the Senate Health and Human Services Committees.

I am Gail Breakey, Director of the Hawaii Family Support Institute, whose mission is to promote evidence based practice in prevention and treatment of child abuse and neglect. I am testifying on behalf of the Institute and also as a member of One Voice, a collaborative of organizations promoting a unified voice for young children in Hawaii. .

In regard to a technical note on this bill, I believe there was not an intention to create a change in the Department of Health Statutes in regard to prevention of child abuse at this time. Rather, the intent is to begin to restore improved Healthy Start services which have been almost eliminated due to non-release of funds appropriated by the Legislature last year. I have attached some requested bill revisions to this testimony which address this issue and also minor language changes.

The purpose of this bill is to reinstate hospital-based assessments and to gradually rebuild improved intensive home visiting services for the highest risk families of newborns in communities across the state, to avert abuse and neglect and promote positive child development. We hope that this can occur on an incremental basis over the next two legislative biennium sessions.

My colleague from Child and Family Service will tell you more specifically about the current status of services. I want to focus on why preventing child abuse needs to be a priority in these tough economic times and why you should make a commitment to services for families with newborns at highest risk.



## Testimony on SB 925, Hawaii Family Support Institute P.2

### **Child abuse is a serious child health and social problem**

- About 80% of all serious abuse and neglect is among children birth to age five; 43% of all deaths are among children under one.
- Historically, among the confirmed child abuse cases in Hawaii, nearly half are among children under five,
- Studies link early child abuse and neglect with a wide range of socio-emotional and health problems, beginning with attention deficit, aggressive behavior, or withdrawal problems in pre-school children,
- Prevent Child Abuse America estimates these problems nationally cost over \$100 billion annually. In Hawaii, these costs are reflected in budgets for special education, mental health and substance abuse treatment services, youth services and juvenile justice, corrections and burgeoning health care costs for diabetes, obesity, heart and lung disease, cancer and other chronic diseases.

### **How does a program like Healthy Start actually work?**

Research has shown that a combination of factors such as abuse of the parent in childhood, social isolation, lack of social supports and life skills, substance abuse, domestic violence, mental health problems can place parents “at risk” for abuse and neglect of their children. Poverty and unemployment can be contributing factors.

Research based interview procedures are utilized to triage parents who may be at risk; these are used in non-stigmatizing approaches which are compliant with privacy requirements. Services are provided through frequent home visits. Staff work with parents to strengthen protective factors such as a strong bond with the infant and reduce risk factors such as domestic violence, substance abuse and mental health problems such as post partum depression. They teach parents activities to promote child development and help parents learn coping skills and to set goals to improve their own lives.

### **The Healthy Start program has been well evaluated and found to be successful**

- Correlations with child welfare data have consistently shown no abuse for 99 % of families. Many of the 1% confirmed cases have been for threatened danger only, i.e. they are confirmed to be at high risk but no abuse/neglect has occurred.
- A Hawaii Family Support Center study of children hospitalized for abuse and neglect at Kapiolani Medical Center (1991-1995) showed that children of families not served (2,728) were hospitalized over six times more frequently (13.86/1000) than those served by Healthy Start (1,738) and hospitalized at (2.3/1000).
- Outcomes of a 10 year Johns Hopkins randomized study conducted on Oahu (1998-2008) on 648 families: **While the experimental study found modest overall impact for most outcomes, it revealed substantial benefits for a key subset of targeted families.**

## **Testimony on SB 925, Hawaii Family Support Institute P. 3**

Benefits extended to both mothers and children and were sustained years after families had been in the Healthy Start Program (HSP).

- 31% of HSP mothers vs. 68% of control mothers were depressed.
- 9% of HSP families vs. 20% of control families had a substantiated CAN (Child Abuse and Neglect) report by 3<sup>rd</sup> grade.
  
- 32% of HSP children vs. 54% of control children scored below norms for academic achievement.
- Among families where domestic violence was a problem, the study also showed 50% fewer incidents of domestic violence among Healthy Start served than control families when the children were two years old.

### **Current Research and Policy on Early Childhood**

A recent renaissance in early brain development research and national policy on early childhood underscores the earlier foresight of the Hawaii State Legislature in focusing on early childhood issues. For example, the National Scientific Council on the Developing Child published “The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do (Harvard University, 2007).” Comprised of leading neuroscientists, pediatricians, developmental psychologists and economists, the Council reviewed all current research and literature on early brain development and other child development findings. Based on this research, the publication presents the core concepts of early child development and their implications for policy and practice, for example:

1. Brain architecture is built from the bottom up beginning with the brain stem. Initial simple circuits and skills provide scaffolding for advanced circuits and skills over time.
2. Toxic stress in early childhood is associated with persistent effects on the nervous system and stress hormonal systems that can damage the 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 learning experiences for infants and toddlers such as Healthy Start, create a strong foundation for later learning followed by greater productivity in the workplace and future solid citizenship
4. Later remediation for highly vulnerable children will produce less favorable outcomes and cost more than appropriate early interventions, beginning in the earliest years of life. The earlier the interventions are initiated, the greater the cost savings.
5. Child development is the foundation for community and economic development; capable children become the foundation for a prosperous, sustainable society.

**Senate Bill 925, Hawaii Family Support Institute**

So we have more evidence than ever that preventing child abuse is not only critical to the well being of vulnerable infants and the right thing to do. It also cuts future costs of a range of health and social problems and increases future productivity of people in our communities.

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

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