



EXECUTIVE OFFICE ON EARLY LEARNING
HONOLULU

TERRY LOCK
DIRECTOR

Testimony in **Support** of
S.B. 1139 S.D. 1, Relating to the Hawaii Home Visiting Program
By Terry Lock, Director

Senate Committee on Ways and Means
February 21, 2013
9:00 a.m., Room 211

Chair Ige, Vice-Chair Kidani, and Members of the Committee:

Aloha, I am Terry Lock, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of Senate Bill 1139 Senate Draft 1.

S.B. 1139 S.D. 1 would establish, within the Department of Health, the Hawaii Home Visiting Program to administer statewide hospital-based screening and home visiting services to identify families of newborns at risk for poor health and safety outcomes, including child abuse and neglect.

EOEL is charged with coordinating efforts on behalf of young children by creating partnerships and alignment of policies and programs to achieve improved outcomes in health, safety, and school readiness and success. Over the past year, EOEL has engaged partners across the state to define the desired outcomes for children and families, as well as the critical strategies to achieve those outcomes, which should be prioritized over the next three to five years. This work – the Hawaii Early Childhood Action Strategy – is described in *Taking Action for Hawaii's Children*, which can be found at earlylearning.hawaii.gov.

Families' access to home visitation services was a key recommendation in the strategies developed by over 100 participants across the state. Home visiting is a prevention strategy used by states and communities to improve the health and well-being of women, children, and families at risk for adverse developmental, health, and safety concerns. Investments in home visiting programs have been shown to reduce costs associated with foster care placements, hospitalizations, emergency room visits, unintended pregnancies, and other more costly outcomes and interventions.

Research has demonstrated the critical role that prevention of child abuse and neglect plays in early school success. Children who have been neglected or physically abused tend to perform poorly in school, as evidenced by low grades, low standardized test scores, and frequent retention in a grade; the negative effects are even greater for neglected than for abused children (Chalk, Gibbons, & Scarupa, 2002). They tend to have lower grades, lower standardized test scores, and lower rates of grade promotion (Augostinos, 1987; Eckenrode, et al., 1991; Guterman, 2001; Wolfe & Mosk, 1983).

EOEL suggests that the amendments incorporated H.B. 908 H.D. 1 also be included in this bill. The amendments include requiring the Hawaii Home Visiting Program to:

- Provide proactive, universal screening of newborns' families, instead of including proactive, universal screening of all births; and
- Consider as a high priority, families at risk for poor health outcomes, child abuse, or neglect.

Thank you for the opportunity to testify.



CATHOLIC CHARITIES HAWAII

Comments regarding SB 1139 SD1: Relating to the Hawaii Home Visiting Program

TO: Senator David Y. Ige, Chair, Senator Michelle N. Kidani, Vice Chair, Members of the Committee on Ways and Means

FROM: Trisha Kajimura, Social Policy Director, Catholic Charities Hawaii

Hearing: **Thursday, February 21, 2013 9:00 am Conference Room 211**

Catholic Charities Hawaii strongly supports SB 1139, which establishes the Hawaii Home Visiting Program, a program that works with families to prevent child abuse and neglect through partnerships between provider agencies and the Department of Health.

Catholic Charities Hawaii (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawaii for over 60 years. CCH has programs serving families, elders, children, developmentally disabled, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable of the people in Hawaii.

Hawaii has a long history of providing early identification (screening/assessment) and home visiting services for families with children from birth to three years of age and was on the cutting edge nationally for providing these services when funding cuts in 2008 essentially dismantled the early identification and home visiting services network. These services have been available since then to a very limited degree in only two geographic sites. The establishment of the Hawaii Home Visiting Network would provide the opportunity for the families of all children born in Hawaii to be screened for risk of child abuse and neglect and referred for appropriate home visiting services.

Raising a family with limited resources, personal histories of trauma and/or other life challenges can be very difficult for parents. It can also put them at-risk for mistreatment of their children. Children at this age are extremely vulnerable because they are completely dependent on their caregivers and not yet under the care of teachers and educators who can observe signs of child abuse or neglect in their students. Preventing abuse before it happens is much more effective in stopping the cycle of abuse and dysfunction that will be perpetuated without intervention. Supporting parents to be nurturing and appropriate through this program will save the state the high cost of intervening in an abusive family. It will also help produce keiki who are happier, healthier, and facing more positive outcomes in development and learning.

Thank you for the opportunity to submit comments. Please contact me at (808)527-4810 or trisha.kajimura@catholiccharitieshawaii.org if you have any questions.



91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamilyservice.org



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Kauai United Way
Maui United Way
Hawaii Island United Way



Aloha United Way

February 21, 2013

Testimony on SB1139 RELATING TO THE HAWAII HOME VISITING PROGRAM

Senate Committee on Ways and Means
Thursday, February 21, 2013, 9:00 a.m.
Conference Room 211, State Capitol

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

Aloha, Chair Ige and Vice Chair Kidani 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 strong support of SB1139.

Before 2009, Hawaii was a leader in child abuse prevention when it still had a statewide Healthy Start Home Visiting program that screened parents of all newborns for risk of child abuse and referred those at high and moderate risk to the voluntary home visiting program. Unfortunately in 2009, this statewide program was decimated when funding was reduced from almost \$10 million in General Funds to \$1.5 million in TANF funds through a Memorandum of Agreement between DHS and DOH. DOH then identified census tracts with the highest rates of child abuse to preserve one Oahu program and one Neighbor Island program. Ewa/Waipahu was selected on Oahu and Child & Family Service was able to keep one small Healthy Start program going as a result, since we were already serving Leeward Oahu. The YWCA of East Hawaii was the provider in Puna/Hilo that was able to preserve a small program as well.

In the current biennium that began July 1, 2011, Healthy Start has been funded with Tobacco Settlement Funds at \$3 million per year for FY '12 and FY '13. Mahalo to the Governor and the Director of Health for finding a way to prevent the total elimination of this critically essential child abuse prevention program through the use of these Special Funds that actually had not been released by the previous administration and had not lapsed.

This bill establishes in statute the Hawaii Home Visiting Network which includes hospital-based screening using a standardized screening tool for parents of newborns to assess for risk of child abuse and refers families at high risk of child abuse to the Healthy Start Home Visitation program. The Department of Health is now also eligible for Federal Affordable Care Act (ACA) Home Visitation funds and these can only be used for evidence-based models. (Healthy Start is in the process of being accredited under Healthy Families America which is recognized by the Federal government as an evidence-based model.)

The Governor publicly touted Healthy Start during his gubernatorial campaign and was one of the original legislators to sponsor the first Healthy Start pilot program (first in the nation) for which the Legislature appropriated funds. It is encouraging that we have an administration that believes in Healthy Start which matches the Legislature's consistent support of the program.

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 1139.

I ask for your support of this bill to preserve home visitation programs to prevent child abuse for the highest risk families. The importance of a program like Healthy Start (Healthy Families America) is that we intervene before there is ever a report of child abuse to Child Welfare Services. For numerous years when Healthy Start was a robust statewide program, over 99% of families that stayed 12 months or longer in the program had no report of child abuse. We believe this speaks to the effectiveness of home visitation services for high risk families. We can prevent child abuse, but we must protect these services from being totally eliminated as we were close to experiencing back in 2011.

Mahalo for providing the opportunity to submit testimony.

With warm Aloha,

Howard S. Garval, MSW, President & CEO, Child & Family Service

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

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Hawaii Island United Way



Aloha United Way

Testimony on SB1139 SD1 (HB908 HD1) RELATING TO THE HAWAII HOME VISITING PROGRAM

Senate Committee on Ways and Means

Chair Senator David Y. Ige, Vice Chair Senator Michelle N. Kidani, Committee Members Suzanne Chun Oakland, Donovan M. Dela Cruz, J. Kalani English, Will Espero, Gilbert Kahele, Gilbert S. C. Keith-Agaran, Ronald D. Kouchi, Russell E. Ruderman, Laura H. Thielen, Jill N. Tokuda and Sam Slom

February 21, 2013 9:00am

Conference Room 211

State Capitol 415 South Beretania Street

Testimony submitted by: Staff member

Child & Family Service

Aloha e Chair Senator David Y. Ige, Vice Chair Senator Michelle N. Kidani and Committee members,

I am Jodi Aiu, Program Administrator for Healthy Start of Child & Family Service. I am testifying **in strong support of SB1139 SD1 (HB908 HD1)** specifically the verbiage that relates to home visiting in effort to reduce child abuse.

Hawai'i has had a proud history as a leader in child abuse prevention. Previously, Hawai'i had a statewide Healthy Start Home Visiting program. The 2009 reduction in funding from nearly \$10 million to \$1.5 million reduced servicing areas to Leeward Oahu and East Hawai'i.

This bill establishes in statute the Hawai'i Home Visiting Network which includes hospital-based screening using a standardized screening tool for parents of newborns to assess for risk of child abuse and refers families at high risk of child abuse to the Healthy Start Home Visitation program. Healthy Start is in the process of being accredited under Healthy Families America which is recognized by the Federal government as an evidence-based model.

The importance of Healthy Start is prevention. Hawai'i Healthy Start's statewide history boasts over 99% of at risk families enrolled a year or more in the program had no report of child abuse. This bill supports a proactive state model to be proud of.

Your dedication is profound, your task is daunting and your thoughtful consideration is greatly appreciated. Mahalo.

A hui hou,
Jodi K. Aiu

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

February 20, 2013

Senator David Ige, Chair, Senate Ways and Means Committee
Senator Michelle Kidani, Vice Chair, Senate Ways and Means Committee
Hawaii State Capitol, Conference Room 211
Honolulu, Hi 96813

Re: SB 1139, Relating to the Hawaii Home Visiting Program

Dear Senators Ige, Kidani and Committee Members,

I am Gail Breakey, Executive Director of the Hawaii Family Support Institute testifying in support of SB 1139, Relating to the Hawaii Home Visiting Program

Beginning in 1985, the Hawaii state legislature supported a home visiting program called Healthy Start, which was aimed primarily at averting child abuse and neglect and also supported the health and positive development of young children at risk. This program initiated a hospital based screening program, with capability to reach out to families of newborns at risk. This program provided support to at risk families of newborns across the state, with at least a 99% non-abuse rate for many years. In 2009, there was no confirmed abuse for over 99% of families served for at least 12 months, and most of these cases were categorized as threatened harm or maltreatment of a sibling of the infant rather than maltreatment of the target infant.

With the loss of nearly all home visiting services statewide during the downturn in 2009, two program sites remained- in Leeward Oahu and Hilo-Puna, communities which exhibited the highest rates of maltreatment. These programs have benefited from a competitively awarded quality improvement grant and are also undergoing accreditation from Healthy Families America, the national program modeled after Hawaii Healthy Start. There has been no confirmed abuse for 99.8% of children among the 505 families served in Leeward Oahu from 2009-2013.

To its' credit, the Department of Health has moved creatively to start to rebuild a network of home visiting services for newborns, reaching out to home visiting services like Early Head Start and Parents as Teachers, which have proven successful as models to enhance early learning and along with Healthy Families America are recognized as evidence based programs. Hospital based screening is also being reinstated on an incremental basis. A Healthy Start/HFA programs has been re-established on Maui along with a very small initiative on Kauai. Funds in the budget for 2013-14 are basically for maintenance of these efforts.

In regard to future commitment to this initiative, it is important to recognize that the problem of child abuse among young children has not gone away. Most serious abuse and death occur among our youngest keiki. **Children under age 1 are largest age group for Hawaii confirmed abuse cases; children under age five comprise half of CPS cases (DHS, 2011). While nationwide data show lower rates of maltreatment**

overall, the most recent national incidence study shows higher rates for young children living in high risk situations, and a national study of hospitalizations for abuse shows a major increase of children under one hospitalized for abuse and neglect.

Child abuse and its consequences cost our state millions. The CDC estimates the life-time costs for one abuse/neglect case at \$210,012. Using this estimate, a recent Star Advertiser article estimated that lifetime costs of the 1,800 children confirmed for maltreatment in 2008 were approximately \$378,021,600. (Karen Worthington, 2-2-12) These figures are realistic. A compendium studies on abuse and neglect published by the Maine office of trauma concludes that our mental health systems are filled with survivors of abuse and neglect. A physician at OCCC in Hawaii conducted a survey and found that most of the men had been abused sexually as children; colleagues at the Women's Corrections facility report similar information. The combined budgets for courts and corrections is around \$210 Million. These are in addition to the costs of child protective services and special education.

Major studies show links between early trauma and emotional/ mental health problems, such as substance abuse, school failure, crime as well as chronic health problems such as obesity, diabetes, heart and lung problems and smoking. **When we understand that 75 % of brain development is completed by age one, it is easier to understand how** abuse and neglect of infants and toddlers negatively impact developing brain architecture, creating long term post-traumatic stress which results in so many costly social and health problems.

While it is likely not feasible to completely restore the Healthy Start program to 2008 levels, it will be very important to restore state wide risk screening and sufficient intensive services designed to avert abuse and neglect for families at highest risk for maltreatment as a major priority. Preventing abuse and neglect among infants and toddlers should be a cornerstone of our early childhood system. Children who are well nurtured and experience healthy early emotional development will have the foundations for early learning and school readiness.

Thank you for the opportunity to testify on this legislation.

Sincerely,

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Gail Breakey, Executive Director
Hawaii Family Support Institute

Testimony on SB1139 RELATING TO THE HAWAII HOME VISITING PROGRAM

Senate Committee on Health
Thursday, February 21, 2013, 9:00 a.m.
Conference Room 211, State Capitol
Testimony submitted by: Joey McKeague, MSW

Aloha Chair Green, Vice Chair Baker, and Committee members,

I am writing today in support of SB1139 SD1 (HB908, HD1). I have a strong belief that our state must do all that is possible to ensure the safety and security of our children by reducing the risk of child abuse and neglect.

In Hawaii, home visitation services, such as Healthy Start has been a prevention mechanism to reducing such abuse and neglect. In 2009, Healthy Start was significantly reduced in funding, so much so that we almost lost our home visiting programs altogether. Hundreds of families who were in need of home visiting services were left with little to no support at all. It is with a bill such as SB1139 SD1 (HB908, HD1) that we can avoid the elimination of such needed services in our state by ensuring that the highest risk families are identified and provided home visitation services through the Hawaii Home Visitation Network.

Please know that this bill is not only important to the families of highest risk, but also to the state as a whole. As a state we benefit from utilizing evidence-based programs, such as Healthy Start to reduce risk factors that ultimately will cost us more money in its absence in future years. It is a bill that makes sense both socially as well as financially.

SB1139 SD1 (HB908, HD1) will ensure that home visitation services will be protected from total elimination in future years, thus ensuring families with the highest risk will continue to receive services. I thank you for your leadership in authoring this important bill.

Mahalo,

Joey McKeague, MSW

February 20, 2013

Senator David Ige, Chair, Senate Ways and Means Committee
Senator Michelle Kidani, Vice-Chair Senate Ways and Means Committee
Hawaii State Legislature, Room 221
Honolulu, HI 96813

Re: SB 1139 Relating to the Hawaii Home Visiting Program

Dear Senators Ige, Kidani and members of the Senate Health Committee,

I am Carol Plummer, Associate Professor at the Myron B. Thompson School of Social Work and Research Affiliate with the Consuelo Foundation. My research specialization is in child abuse and neglect and its prevention. I am testifying in support of SB 1139.

My work and area of expertise over the past 35 years has been in child abuse and neglect. As someone who has seen the devastation in the lives of children, both short term and long term, in treating hundreds of children and their parents, I urge you to consider the importance of this Bill. Home visiting with families at risk for abuse in the earliest years has been proven to be one of the most effective ways to promote bonding, improve health, and most of all prevent incidences of abuse. After my many years of clinical work, program development, and research, I am convinced that prevention must receive priority consideration in order to alleviate future problems and substantial costs to both youth and society.

Most recently I conducted a study entitled "And How are the Children", which involved meeting with 8 Hawaiian communities on all islands, involving 18 focus groups comprised of service providers or kupuna. A total of 181 individuals participated. First of all, every group highlighted the importance of addressing child abuse and family dysfunctions that impact children. Even more striking was the fact that Healthy Start was singled out as something that was of great help and, when defunded, had dire consequences in our communities. As I noted in my report, "Service providers were frustrated that oftentimes even politicians did not realize the impact of cutting those important family prevention efforts."

I hope that you will support home visiting efforts which are specifically aimed at working with families of children who are at significant risk of abuse and neglect in order to reduce this problem in our communities. I urge you to prioritize prevention programs which strengthen families rather than waiting to pick up the broken pieces, something the literature and research shows can be effective.

Thank you very much for the opportunity to testify on this matter. I am at your service if I can ever provide you with relevant information.

Sincerely,

Carol A. Plummer, MSW, Ph.D.

Associate Professor, Myron B. Thompson School of Social Work

Research Affiliate, Consuelo Foundation

February 20, 2013

Senator David Ige, Chair, Senate Ways and Means Committee
Senator Michelle Kidani, Vice-Chair, Ways and Means Committee
Hawaii State Capitol, Room 211
Honolulu, Hi 96813

Re: SB 1139, Relating to the Hawaii Home Visiting Program

Dear Senators Ige, Kidani and Members of the Senate Ways and Means Committee,

Aloha! I am Linda Coble, an advocate for child abuse prevention over many years. As I understand it, the Department of Health is seeking to re-build a system of home visiting services for families of newborns in need of extra support in parenting. These services will address a range of needs, including child health and development and early learning as well as to avert child maltreatment.

I support the efforts of the Department to creatively use all existing resources to improve the development of young children in the most formative years of birth to three. As someone who has followed the issue of child abuse and its prevention, first as a reporter and TV anchor and then as a Board member for an organization providing services, I urge you to prioritize services to those families who are most at risk for maltreatment. The consequences of maltreatment and neglect are too serious for the child, the family and ultimately costly for us as tax-payers. The Healthy Start program, which was the model for and is now under certification as Healthy Families America, has done a good job in leading the way in prevention of child abuse, and these services need to be restored and maintained for those at highest risk in communities across the state.

Thank you so much for the opportunity to testify on this matter.

Sincerely,

Linda Coble