



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

In reply, please refer to:
File:

House Committees on Health and Human Services

S.B. 1139, S.D. 2, Relating to the Hawaii Home Visiting Program

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

March 15, 2013

1 **Department's Position:** The Department of Health strongly supports this administrative proposal
2 which will establish essential prevention services for Hawaii's most vulnerable infants and toddlers.

3 **Fiscal Implications:** Funding would be required to maintain and support the Hawaii Home Visiting
4 Program.

5 **Purpose and Justification:** The purpose of this measure is to sustain and support a statewide home
6 visiting program within the Department of Health to prevent child abuse and neglect, promote positive
7 child development and strengthen families by amending section Chapter 321, Hawaii Revised Statutes.
8 This measure also appropriates funds to maintain these efforts for a home visiting program. The Hawaii
9 Home Visiting Program will provide hospital-based screening of all births to identify and refer high-risk
10 families to evidence-based home visiting programs. Support for this program aligns the State to the
11 federal movement for prevention and support for families identified to be at risk. Home visiting services
12 address and prevent poor outcomes for prenatal, maternal and newborn health, child development
13 including child injuries and maltreatment, cognitive, language, social-emotional, and physical
14 development, parenting skills, school readiness, reductions in crime or domestic violence, improvements
15 in family economic self sufficiency, and improvements in coordination and referrals for other

1 community resources and supports. Support for home visiting is an economically prudent intervention
2 to address the public health interests and safety of at-risk children in the State. Recent research by the
3 RAND Corporation examined the benefits and costs of various early childhood interventions using a
4 meta analysis of numerous cost analyses of home visiting programs. When conservative assumptions
5 are used, home visiting programs are estimated to generate about \$6,000 in net benefits per child. Using
6 this cost/benefit formula, at 400 children in the current home visiting program and at \$6,000 per child,
7 there is an estimated \$2,400,000 in savings. The savings from reduced emergency department visits,
8 foster care assignments, hospitalizations, and child protective service expenditures are substantial. The
9 establishment of home visiting, through a statute amendment, clearly demonstrates the State's
10 commitment to support and strengthen at-risk families and supports the State's position to receive
11 continued federal funding through the Maternal, Infant, and Early Childhood Home Visiting Grant. This
12 grant requires a Maintenance of Effort for grant funding. An appropriation of \$3,000,000 would meet
13 the State's obligation and ensure additional access to federal funding for the home visiting program.

14 The initial appropriation request in this measure was for the same \$3 million in the Governor's
15 Executive Biennium Budget; not in addition to that request.

16 We favor the language included in H.B. 908, H.D. 1. These revisions provide clarity and ensure
17 that the Department shall prioritize families within the limits of available funds.

18 Thank you for this opportunity to testify.



EXECUTIVE OFFICE ON EARLY LEARNING
HONOLULU

TERRY LOCK
DIRECTOR

Testimony in **Support** of
S.B. 1139 S.D. 2, Relating to the Hawaii Home Visiting Program
By Terry Lock, Director

House Committee on Health
House Committee on Human Services
March 15, 2013
10:30 a.m., Room 329

Chair Belatti, Vice-Chair Morikawa, Chair Carroll, Vice-Chair Kobayashi, and Members of the Committees:

Aloha, I am Terry Lock, Director of the Executive Office on Early Learning (EOEL). EOEL is in support of Senate Bill 1139 Senate Draft 2.

S.B. 1139 S.D. 2 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).

Thank you for the opportunity to testify.

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March 15, 2013



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Aloha United Way

Testimony on SB1139 RELATING TO THE HAWAII HOME VISITING PROGRAM

Joint House Committees on Health and Human Services

Friday, March 15, 2013, 10:30 a.m.

Conference Room 329, State Capitol

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

Aloha, Chairs Bellati and Carroll, Vice Chairs Morikawa and Kobayashi 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

March 15, 2013

Representative Della Au Belatti, Chair, House Health Committee
Representative Mele Carroll, Chair, House Human Services Committee
Hawaii State Capitol, Conference Room 329
Honolulu, Hi 96813

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

Dear Representatives Au Bellati, Carroll and Members of the Health and Human Services Committees,

I am Gail Breakey, Executive Director of the Hawaii Family Support Institute testifying in support of SB 1139, and 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 2009-2011.

It is important to recognize that the problem of child abuse among young children has not gone away, and to restore services specifically for families at highest risk of abuse and neglect. 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 review 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; approximately \$378,021,600 for the lifetimes of the 1,800 children confirmed for maltreatment in 2008 per CDC estimates according to a Star Advertiser article. (Karen Worthington, 2-2-12) The CDC estimates the life-time costs for one abuse/neglect case at \$210,012,

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,



Gail Breakey, Executive Director
Hawaii Family Support Institute

Date: March 13, 2013

To: Honorable Della Au Belatti
Honorable Mele Carroll

From: Lin Joseph
Director of Program Services
March of Dimes Hawaii Chapter

Re: In support of
SB1139 SD2

Hearing: Committee on Health
Committee on Human Services
March 15, 2013
Conference Room 329, State Capitol

March of Dimes Foundation

Hawaii Chapter
1580 Makaloa Street, Suite 1200
Honolulu, HI 96814
Telephone (808) 973-2155
Inter-island 1-800-272-5240
Fax (808) 973-2160

marchofdimes.com/hawaii

Chair Bellatti, Chair Carroll, Members of the Committee:

I am writing to express strong support for SB1139 SD2: *Hawaii Home Visiting Program*.

For 75 years, the March of Dimes has been a leader in maternal and child health. Our mission is to *improve the health of babies by preventing birth defects, premature birth, and infant mortality*.

The Hawaii Healthy Start home visiting program has a long history in Hawaii, beginning as a demonstration project in 1985 and expanding statewide by 2001. Hawaii Healthy Start was widely recognized nationally and has been replicated in the U.S. and Canada. With the budget cuts of 2009, Hawaii's home visiting program has been reduced to only two programs.

Home visiting can provide screening for maternal and child health, developmental delays and child maltreatment. Care givers can be supported in learning positive parenting skills, problem solving, and linking to community resources. Home visiting programs are designed to work with parents to improve developmental, educational and health outcomes for young children and their families, and to promote healthy behavior such as quitting smoking and maintaining a healthy diet. Benefits of home visiting includes increased school readiness and lower health care costs.

Evaluations of home visiting programs have shown improvements in child development and maternal and child health, as well as decreased rates of child maltreatment and juvenile justice. Hawaii Healthy Start has been shown in many cases to prevent child abuse and neglect. Approximately 98 percent of families enrolled in Hawaii Healthy Start for at least 12 months had no confirmed reports of child abuse or neglect. Preventing child abuse and neglect can decrease costs associated with emergency care and hospitalizations, child welfare services and foster care. Funding the Hawaii Home Visiting Program will also meet the matching funds requirement for federal funding through the Maternal, Infant and Early Childhood Home Visiting Grant.

Mahalo for the opportunity to present testimony in support of SB1139 SD2.

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Comments regarding SB 1139 SD2: Relating to the Hawaii Home Visiting Program

TO: Representative Della Au Bellatti, Chair, Representative Dee Morikawa, Vice Chair and members of the Committee on Health
Representative Mele Carroll, Chair, Representative Bertrand Kobayashi, Vice Chair and members of the Committee on Human Services

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

Hearing: Friday, March 15, 2013 10:30 am Conference Room 329

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 testify. Please contact me at (808)527-4810 or trisha.kajimura@catholiccharitieshawaii.org if you have any questions.



CLARENCE T. C. CHING CAMPUS • 1822 Ke'eaumoku Street, Honolulu, HI 96822
Phone (808)527-4810 • trisha.kajimura@CatholicCharitiesHawaii.org



Aloha United Way

LORENN WALKER, J.D., M.P.H.

COMMITTEES ON HEALTH AND HUMAN SERVICES

Honorable Committee Members
Friday March 15, 2013
10:30 a.m.
Conference Room 329

STRONG SUPPORT – SB 1139, SD2– RELATING TO THE HAWAI’I HOME VISITING PROGRAM

Please vote yes to pass this measure to provide home visitors for at risk babies and families in our community. The home visitors program can help people be healthy and safe, preventing immeasurable and unsustainable social and economic problems. Please pass this measure with any amendments suggested by Gail Breakey.

The home visitors program can help prevent social and economical costs by keeping babies and children safe by helping their parents provide healthy homes.

My civil litigation work as a former deputy attorney general (AG) in the 1985 - 1994 included defending the departments of public safety (PSD) and human services (DHS). In preparation for depositions and trials I read countless files of imprisoned people who were witnesses. In reading the files, I was stunned that a large percent of the incarcerated people were former foster children. Also around this time, Kim Thorburn, MD, PSD former medial director, discussed a survey she did of incarcerated men finding that well over 80% of them reported being sexually abused as children. It is well known now too that most imprisoned women were sexually abused.

As a health educator and restorative lawyer today helping people deal with the effects of crime and criminal behavior, everyday I see the tragedy of how a lack of resources, substance abuse, crime, and prison harms children and families for generations, e.g., in a prison program we are currently providing, two incarcerated women out of a total of about 50, have families that we worked with previously in a family court program only a few years ago.

We spend vast amounts punishing people for bad decisions concerning substance abuse, which rarely improves behavior,¹ or helps people heal, and instead often works to destroy families and put children at further risk. My experiences as a guardian ad litem, and as a lawyer in child abuse and neglect cases after I left the AGs, also supports my belief in supporting prevention measures like the home visitor program.

Finally, as a former at-risk teen parent and the mother of a baby girl when I was 18, who was helped by a home visitor as this bill would provide, I can attest to the program’s value. Despite what I lacked, including education as a 15 year old high school drop out who was briefly incarcerated at age 16, I became a Montessori teacher, and by age 31 was a lawyer, thanks in part to the help our home visitor provided us, which I remain deeply grateful for today.

Please support this program to help at risk families find meaningful lives with the support of home visitors. It is a program that will easily benefit our community in the long run. For more details about my background and work including numerous publications please see www.lorennwalker.com.

Thank you for your time and efforts serving the public.

¹ (see: National Institute of Justice 12-19-12 presentation on first circuit court’s HOPE program and ramifications of our current justice system failure to decrease recidivism with prolonged incarceration) <http://nij.gov/multimedia/presenter/presenter-kleiman-hawken/data/resources/presenter-kleiman-hawken-transcript.htm>

March 13, 2013

Representative Della Au Belatti, Chair, House Health Committee
Representative Mele Carroll, Chair, House Human Services Committee
Hawaii State Capitol, Room 329
Honolulu, HI 96813

Re: SB 1139 Relating to the Hawaii Home Visiting Program

Dear Representatives AuBellati, Carroll and Members of the Health and Human Services Committees,

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