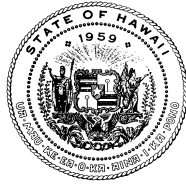


SB 981

Measure Title:	RELATING TO HEALTH.
Report Title:	Hawaii Home Visiting Program; Infants; Healthcare; Families; Children; Appropriation (\$)
Description:	Appropriates funds to continue administration of the Hawaii home visiting program, a hospital-based early identification designed to enhance health and safety outcomes and prevent child abuse and neglect, and ensure continuation of home visiting services in certain priority high-risk neighborhoods.
Companion:	
Package:	Keiki Caucus
Current Referral:	HSH/HTH, WAM
Introducer(s):	CHUN OAKLAND



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S. B. 981
Relating to Health**

SENATOR SUZANNE CHUN OAKLAND, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES AND HOUSING

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: February 3, 2015

Room Number: 016

Fiscal Implications: Appropriates \$4,500,000 of general funds and \$1,500,000 of tobacco settlement special funds to maintain funding for the Department of Health's Home Visiting Program.

Department Testimony: The Department of Health appreciates S.B. 981 and offers comment. The tobacco settlement special fund that has supported the Department of Health's Home Visiting Program for the past several years is projected to significantly decrease to a more stable source of funding to ensure consistent and quality services to families. A \$3M state maintenance of effort is a requirement to be eligible to receive the Affordable Care Act, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant and the assurance that home visiting services in Hawaii will continue to be provided in priority high-risk neighborhoods in the state. The maintenance of effort will allow for the potential draw down of \$5,050,037 MIECHV grant funds in fiscal year 2016.

President Obama's decision to invest in home visiting services, and Congress's willingness to act on his decision demonstrated an important commitment to prevention and the efficacy of home visiting programs which emphasizes quality and continuous program improvement.

Hawaii has been a leader in home visiting programs with the initiation of the Healthy Start Program in the early 1980s. Since then, the program has evolved and the new Home Visiting Program utilizes evidenced-based models Healthy Families America, Parents As Teachers and Home Instruction for Parents of Preschool Youngsters that include continuous quality improvement as part of the program design. These models were selected to best address communities with the highest rates of premature births, low birth weight, infant mortality, poverty, high school dropouts, unemployment, families receiving financial aid (Temporary Assistance for Needy Families/Temporary Assistance for Other Needy Families), families receiving food stamps, reports of domestic violence, and confirmed child abuse and neglect.

Home visitation is supported by over 20 years of research that highlights the first 3 years of life as an important intervention period for influencing a child's life course and the nature of the parent-child relationship. The key messages of this research are that learning begins at birth, and a child's developmental potential is maximized when comprehensive methods are employed to reach newborns and their families. Evidence-based models of home visitation demonstrate gains in parent-child attachment, access to preventive medical care, parental capacity and functioning, and early identification of developmental delays (Daro, 2000). Analysis of programs with an explicit focus on preventing child abuse and neglect for families of children under 3 years of age have found a significant positive overall treatment effect on reports of abuse and neglect, and on injury data (Geeraert, et al. 2004). Longitudinal studies of toddlers who have participated in home visitation programs designed to prepare them for school have found positive effects on school performance and behaviors through sixth grade (Levenstein, et al., 1998). The empirical evidence generated by these studies and others demonstrate confidence in the efficacy and efficiency of early home-based interventions with newborns and their parents.

In Hawaii, in fiscal year 2014, 621 families participated in home visiting services and were provided 5,496 home visits.

- 100% of women who were pregnant at enrollment received their first prenatal care visit before the end of the second trimester.
- 95.8% of mothers and index children were covered by a health insurance plan 6 months post program enrollment.
- 0% of index children received an injury requiring medical treatment.
- 1.3% of enrolled index children had a report of child maltreatment substantiated by Child Welfare Services.
- 84.3% of enrolled caregivers demonstrated support of index child's learning and development.

Thank you for this opportunity to testify.

Offered Amendments: None



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 981: Relating to Health

TO: Chair Suzanne Chun Oakland, Vice Chair Josh Green, and Members of the Senate Committee on Human Services and Housing
Chair Josh Green, Vice-Chair Glenn Wakai, and Members of the Senate Committee on Health

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

Hearing: Tuesday, February 3, 2015, 1:20 pm, Conference Room 016

Thank you for the opportunity to testify in support of SB 981, which maintains funding for 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 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 state funding cuts in 2008 essentially dismantled the early identification and home visiting services network. The establishment of the Hawaii Home Visiting Program by the Legislature in 2013 has helped these services continue in priority high-risk neighborhoods. This program is also supported by federal funds as part of the Affordable Care Act of 2010 and in order to drawn down those federal funds and be eligible for future federal grant opportunities, Hawaii must maintain the current program funding level.

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. We all know that 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.



Catholic
Charities
USA



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



Aloha United Way

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
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www.childandfamilyservice.org

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Child & Family
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Date

Testimony on SB981 (or SB1245 RELATING TO HEALTH)

Senate (House) Committees on Human Services and Health

Or Senate Committee on Ways and Means or House Committee on Finance

Day, Date, Time.

Conference Room #, State Capitol

Testimony submitted by: Name, Title (Board/Guild members can just put Board/Guild Member or use their titles and company names)

Aloha, Chair(s) (Insert names) and Vice Chair(s) (Insert names) and Committee members. I am (state name), Board Member/Guild Member 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 SB981 to continue to fund the Hawaii Home Visiting Network (HHVN).

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. Since then the Department of Health (DOH) has been able to restore some funding at the \$3 million a year level through Tobacco Settlement Funds.

In recent years, DOH has been able to draw down Federal non-competitive home visiting funds under the Affordable Care Act Maternal Infant Early Childhood Home Visiting program (MIECHV) and at one point also received a competitively funded expansion grant which DOH no longer has. However, DOH has applied for new funding in the next round of competitive expansion grants. If successful in this application, DOH plans to restore home visiting services that were eliminated when the previous expansion grant ran out. DOH needs \$3 million in state funds for its "Maintenance of Effort" in order to be eligible to draw down Federal funds. This is another reason that it is important to maintain the current level of funding for the HHVN.

The HHVN consists of providers who provide one of two **evidence-based** child abuse prevention home visiting programs: Healthy Families America (HFA) which was based on Healthy Start and Parents as Teachers (PAT). Both programs serve very high risk families, and, in addition to successfully preventing child abuse, also address child health and child development.

A sampling of program outcome measures for the CFS Healthy Families Oahu and Healthy Families Kauai home visiting programs demonstrates the effectiveness of these programs:

- % of families served have no report of child or neglect
- % of families are up to date on immunizations for their child
- % of children have had developmental screening using the Ages and Stages Questionnaire [ASQ] and Ages and Stages Questionnaire for Social-Emotional Development [ASQ-SE]
- % of families have a medical home for their child

Also, the CDC has estimated the lifetime cost of one child abuse case as \$210,000, so for an average of \$4,500 per family per year for home visiting services, the cost-effectiveness of these programs in preventing child welfare and special education costs is evident and substantial.

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 SB981.

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 the HHVN 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,

Name and Title (Board/Guild Members can just put Board/Guild Member at CFS unless they want to put their title with their company name)

{ Keiki to Kūpuna }

Healthy Child Development * Teen Programs * Family Services * Senior Care

Hawaii Association for Infant Mental Health

FIRST RELATIONSHIPS

February 3, 2015

Senator Josh Green, MD, Chairman, Senate Health Committee
Senator Suzanne Chun-Oakland, Chair, Senate Human Services Committee
Hawaii State Capitol Room 407,
Honolulu, HI 96813

Re: SB 981 Relating to Health

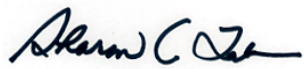
Dear Senators Green, Chun-Oakland and Committee Members

I am Sharon Taba, President of the Hawaii Association for Infant Mental Health, testifying in support of maintenance of current home visiting services for high risk, disadvantaged families with infants and toddlers. The purpose of this initiative is to prevent child abuse and neglect and promote well-being, good health and positive development of infants and toddlers who are at great risk for abuse and neglect, lack of school readiness and need for special education, as well as at future risk for a host of social and health problems stemming from trauma and poor developmental foundations.

The first 1000 days of life are critical for establishment of a strong social-emotional foundation which is necessary for future cognitive development and learning. Bonding, attachment and ability to regulate emotions are important early developmental steps. Toxic living environments caused by intergenerational trauma, poverty and lack of parental skills have an adverse effect upon young children, so that these early steps are not achieved and the child has an unstable developmental foundation. The Adverse Childhood Experiences study (Felitti, 2000) has documented the long term costly health and behavioral outcomes for children living in these circumstances.

Home visiting to reduce toxic stresses, teach positive parenting skills and promote positive early development has been recommended by the Center for Disease Control (CDC), the federal Health and Human Services as well as researchers at the Federal Reserve Bank as an effective approach to addressing these issues. The Hawaii Association for Infant Mental Health strongly supports continuation of Hawaii home visiting services as a critical part of services to ensure that our keiki are safe, healthy and ready to learn!

Mahalo,



Sharon Taba, President

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HAWAII FAMILY SUPPORT INSTITUTE

Making Hawaii's Families Strong

February 3, 2015

Senator Josh Green, MD, Chairman, Senate Health Committee
Senator Suzanne Chun-Oakland, Chair, Senate Human Services Committee
Hawaii State Capitol Room 407,
Honolulu, HI 96813

SB 981 Relating to Health

Dear Senators Green, Chun-Oakland and Committee Members

I am Gail Breakey, Director of the Hawaii Family Support Institute at the UH School of Social Work testifying in support of maintenance of current home visiting services for high risk, disadvantaged families with infants and toddlers.

The purpose of this initiative is to prevent child abuse and neglect and promote well-being, good health and positive development of infants and toddlers who are at great risk for abuse and neglect, lack of school readiness and need for special education, as well as at future risk for a host of social and health problems stemming from trauma and poor developmental foundations.

These services are important:

- Children under age five account for half of those in the child protective services; children under one comprise the largest age group, followed by one and two year olds.
- The first three years of life are the time of most rapid early brain development; the structure brain is 75% complete by age one and 85% complete by age three.
- Interaction with caregivers provides the context for early development; nurturing relationships promote healthy neurological and emotional development.
- Exposure to violence, trauma and neglect creates toxic stress and interferes with normal development often resulting in social and health problems.
- Services of Healthy Start, Parents as Teachers and HIPPOY are designed to establish trusting relationships with families, promote positive bonding and interaction of parents with their child promote and monitor positive child development, connect families with a primary care provider for infant and teach parents how to teach their children to promote school readiness.

Services are effective. Data reports available for 2014:

- 100% non-abuse rate for families served,

- Developmental screens were completed for 81%-96% of children
- Emotional development screen were completed for 96%-100% of children
- Immunizations were up to date for 93%-96% of children
- 94%-100% of children had a “Medical home”

Services are cost effective:

- The cost of serving one family for 2 years is between \$9-10,000.
- The CDC estimated lifetime cost of one confirmed abuse case is estimated at \$210,012.

In regard to the budget, the home visiting network supports the DOH budget of \$3 million to maintain existing services. This is also a Maintenance of Effort requirement to draw down federal funds through the Mother Infant Early Childhood Home Visiting (MIECHV) initiative under the Affordable Health Care Act.

Thank you for the opportunity to testify on this legislation.

Sincerely,

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Gail Breakey, RN, MPH, Executive Director,
Hawaii Family Support Institute
MBT School of Social Work

INPEACE - Institute for Native Pacific Education and Culture
TESTIMONY

SB981 RELATING TO HEALTH

Testimony Presented Before
Committees on Human Services & Housing/Health
February 3, 2015 in Conference Room 016 @ 1:20 pm
by Dr. Kanoe Nāone, Chief Executive Officer, INPEACE

INPEACE, the Institute for Native Pacific Education and Culture, supports SB981, which appropriates continued funding for the Hawai‘i Home Visiting Network at \$3 million/year for both years of the 2016-2017 biennium. HHVN is an early identification program designed to enhance health and safety outcomes and prevent child abuse and neglect, as well as ensure continuation of home visiting services in certain priority high-risk neighborhoods. This bill allows a match of federal dollars and helps us save money in the long run.

INPEACE has been a leader in family strengthening services in high-need communities for more than 20 years and is a current provider within HHVN, utilizing the Parents as Teachers (PAT) model. PAT is not only an evidence-based model but is also nationally and internationally recognized as a strategy for improving outcomes for high-risk children and families. Furthermore, studies show that the PAT model is particularly effective at reducing the risk of child abuse and neglect. A study by Pfannenstiel, Lambson & Yarnell (1991) found that parents who participated in the PAT program had significantly “fewer cases of abuse and neglect.” The impact of the PAT model on our community members is further evidence of its effectiveness to strengthen families and prevent child abuse and neglect; data on our participants shows that:

- 98% of parents reported having a better understanding of how their child grows & learns
- 100% of parents reported a strengthened relationship with their child
- 100% of parents expressed how PAT has helped them be their child’s best first teacher

Critical programs are essential for high need and at risk families who would not otherwise receive these services. The HHVN packages health, school readiness and child abuse prevention services for families with limited resources. It uses evidence-based models for service delivery, reaches isolated families in rural and urban areas, and is cost-effective. It is also cost saving, keeping children and families out of the child welfare system, reducing costs linked to hospitalization and emergency services. State funding secures federal dollars.

As a community-based, grassroots organization, INPEACE annually serves more than 6,200 children, parents and community members through its early childhood, home visiting, workforce development and culture and language development programs on five different islands. The work of INPEACE has been extensive and progressive in Hawai‘i, particularly within communities that do not otherwise have access to the services it provides. The agency’s first-hand experience working in high-need communities proves that each community requires place-specific approaches for any real success to occur. We also know that communities respond best to approaches, models, and organizations with which they’ve established strong, effective, and trusting relationships. INPEACE has worked diligently to establish relationships within communities and ensure the success of the child abuse and neglect prevention models they utilize, uniquely fitted to meet the needs of each community.

For these reasons, we support SB981.

Date: February 2, 2015

To: Honorable Suzanne Chun Oakland
Honorable Josh Green

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

Re: In support of
SB981

Hearing: Committee on Human Services and Housing
Committee on Health
February 3, 2015
Conference Room 016, State Capitol

Chair Chun Oakland, Chair Green, Members of the Committee:

I am writing to express strong support for SB981: *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 Affordable Care Act of 2010, the maternal, infant and early childhood visiting program was added to Title V, Maternal and Child Health Block Grant.

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, safe sleep practices and maintaining a healthy diet. Benefits of home visiting include increased school readiness and lower health care costs for young children.

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 involvement in the juvenile justice system. 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

March of Dimes Foundation

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Telephone (808) 973-2155
Inter-island 1-800-272-5240
Fax (808) 973-2160

marchofdimes.com/hawaii



March 13, 2013
Honorable Della Au Belatti
Honorable Mele Carroll
Page 2

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 SB981.