
A BILL FOR AN ACT

RELATING TO HUMAN SERVICES.

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

SECTION 1. The department of human services has the largest operating budget of any state department, approximately \$3,304,000,000, including seventy-nine per cent of all the executive branch's federal funds. The department provides benefits and services to one in four Hawaii residents or nearly 360,000 individuals. The state's medicaid program provides medical insurance coverage for nearly one-half of Hawaii's children.

The department's programs and services include: protection of vulnerable children and adults; vocational rehabilitation and financial assistance to the disabled; the supplemental nutrition assistance program; financial assistance; job training and placement; housing and services for the homeless; medicaid services for the State's medically needy population; and prevention, treatment, and housing for the State's youthful offenders.



To provide these benefits and services to Hawaii's vulnerable individuals and families, the department manages significant federal and state funds and processes vast amounts of information on a daily basis. Initiated by the Patient Protection and Affordable Care Act of 2010, the department continues to invest in the development of an enterprise eligibility system that will support the integration of services that will lead to improved individual and program outcomes through more efficient service delivery and data analytics.

As part of the department's continuous improvement efforts, in 2016 the department embarked on its 'Ohana Nui effort by adopting a multigenerational approach to transform the way services are provided to individuals and families to improve outcomes and well-being. By providing programs and services that maintain a high level of service integration, quality, and intensity across multiple generations, the department intends to reduce intergenerational poverty in the State, and the human and financial costs associated with poverty.

The human and financial costs associated with poverty are well-documented. The 2009 paper "Childhood and Intergenerational Poverty: The Long Term Consequences of Growing up Poor," by Robert L. Wagmiller, Jr., and Robert M. Adelman, found that "individuals who grow up in poor families are much more likely to be poor in early adulthood. Moreover, the



chances of being poor in early adulthood increase sharply as the time spent living in poverty during childhood increases." Our programs must focus on reducing the time children, families, and individuals spend in poverty, and supporting every person's ability to meet their human and economic potential.

Furthermore, other studies link adverse social and economic conditions in childhood to health problems in adulthood. The original 1998 Adverse Childhood Experiences (ACE) study conducted by the Centers on Disease Control & Prevention and Kaiser Permanente, surveyed nearly 17,000 adults in southern California. The primary conclusion of the ACE study was the finding of a strong relationship between "exposure to abuse or household dysfunction during childhood and multiple risk factors for several leading causes of death in adults," such as heart disease, cancer, chronic lung disease, fractures, and liver disease. While adverse childhood experiences occur across all races and economic classes, there is a higher prevalence of ACEs for those who also live in poverty.

A similar conclusion was again found in a 2014 Swedish study that "showed social and economic disadvantages in childhood were associated with an earlier onset and faster progression of functional health problems from midlife into old age." See Agahi N, et al., "Social and economic conditions in childhood and the progression of functional health problems from



midlife into old age," J Epidemiol Community Health 2014; 0:1-7.
doi:10.1136/jech-2013-20369.

The Swedish study also concluded that "creating equal opportunities for educational attainment may help reduce the long-term effect of disadvantaged childhood conditions and postpone functional health problems." Transitioning the department's service delivery to a multigenerational approach will refocus the department's efforts to provide available resources and support to reduce the time a child and family spends in poverty, stabilize the child's basic needs and environment to enhance their ability to learn, improve all recipients' economic security, and ultimately reduce intergenerational poverty in Hawaii.

The purpose of this Act is to require the department of human services to use an integrated and multigenerational service delivery approach to reduce the incidence of intergenerational poverty and dependence on public benefits consistent with the nationally recognized best practices.

SECTION 2. The department shall use their administrative rules on welfare to work programs and place such program in this measure.

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.



SECTION 4. This Act, upon its approval, shall take effect
on July 1, 2018.



Report Title:

Department of Human Services; Welfare to Work through an Integrated and Multigenerational Approach; Reduction of Intergenerational Poverty

Description:

Requires the Department of Human Services to use an integrated and multigenerational approach focused on Welfare to Work to deliver human services and training to reduce the incidence of intergenerational poverty and dependence on public benefits.

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