

JAN 2 1 2020

SENATE RESOLUTION

URGING THE DEPARTMENT OF HEALTH TO EXPAND AND IMPROVE HAWAII'S HOME VISITING PROGRAM.

WHEREAS, positive experiences in early childhood promote healthy socio-emotional and physical and development, a healthy, nurturing home is imperative for families of newborns throughout the State; and

WHEREAS, home visiting programs provide individually tailored support, resources, and information to expectant parents and families with young children, which is especially important for families at risk of child maltreatment and neglect and other adverse childhood experiences, including living with parents involved in domestic violence, substance abuse, mental health problems, or incarceration; and

WHEREAS, home visiting services can reduce the risk of child abuse and developmental delays by reducing risk factors, fostering family functioning, promoting infant mental health and development, enhancing positive parenting skills, and linking parents to community resources, including childcare, housing, employment, health and mental health services, early childhood education, family literacy, and social services; and

WHEREAS, the Hawaii Healthy Start program was pioneered in Hawaii in 1985 and became a model for the national Healthy Families American program, and the Hawaii programs were certified as Healthy Families American programs during the 2000s; and

WHEREAS, the Healthy Families America-Hawaii program, run by the Department of Health, was the State's primary home visiting child abuse prevention program, serving around 2,400 high risk families annually, with an excellent track record consistently showing a ninety-nine percent non-abuse rate among children of families served; and

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WHEREAS, the Healthy Families America-Hawai'i program was dismantled in 2008 due to budget restrictions, leaving only Hilo and Wai'anae sites; and

WHEREAS, a Hawai'i home visiting program was established within the Department of Health for hospital-based screening and home visiting services for newborns' families, by Act 91, Regular Session of Hawaii 2013; and

WHEREAS, a study of the Healthy Families America-Hawai'i program in the 2014 Journal of Family Violence showed that among 4,466 O'ahu families screened as high risk, children of families not receiving services were hospitalized four times more frequently than families receiving services, affirming that the services were effective among the highest risk families; and

WHEREAS, in 2018, the Department of Health successfully obtained competitive funding from the United States Department of Health and Human Services, Health Resources and Services Administration for a Maternal, Infant, and Early Childhood Home Visiting program that included the two existing Healthy Families America-Hawai'i sites, Parents as Teachers services, and Home Instruction for Parents of Preschool Youngsters services, two initiatives that are evidence-based models targeting specific outcomes including cognitive development and school readiness, intervention with developmental delays, and prevention of child abuse: and

 WHEREAS, while intake criteria for the Maternal, Infant, and Early Childhood Home Visiting program includes low income, history of child welfare, substance abuse, developmental delays, low educational status, smoking, and being in the military, it does not include the Child and Adolescent Needs and Strengths tools; and

WHEREAS, conditions for many families in Hawai'i have become more stressful since 2008, with forty-eight percent of families living below or near the poverty level per a recent Aloha United Way Asset Limited, Income Constrained, Employed report, and more families are living in extremely stressful financial conditions

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including lack of housing which makes safe child rearing often impossible; and

WHEREAS, Department of Health data from the former statewide program showed that between ten and twelve percent of families, or around 1,377 families, had very high-risk assessments, meaning a score of forty and above on the parent survey, similar to four or more adverse childhood experiences (ACEs); and

WHEREAS, such data correlates well with data from ACE studies that estimate that about twelve percent of families with ACE scores of four and above experience high levels of negative outcomes related to health, including high rates of drug use, HIV/AIDS, depression and attempted suicide, and poor work attendance; and

 WHEREAS, the ACE study showed that without interventions, children of parents with multiple ACEs tend to experience the same problems thereby creating an intergenerational cycle of trauma, and that there remains a need for services that can identify and effectively serve families at highest risk for child abuse and neglect who have experienced multiple ACEs; and

 WHEREAS, services that are specifically designed to reduce ACE risk factors and avert abuse and neglect can reduce intergenerational trauma and the social impact of this trauma related to mental health and attempted suicide, substance dependence, anti-social and criminal behavior, and related costs, which recent state budgets total nearly \$1,000,000,000 annually for Hawai'i; and

 WHEREAS, the ACE risk reduction services can augment the Maternal, Infant, and Early Childhood Home Visiting program, potentially forming two levels of needed services, including comprehensive services for lower and moderate risk families and intensive evidence-based risk reduction services for families at very high risk for child abuse and neglect; now, therefore,

BE IT RESOLVED by the Senate of the Thirtieth Legislature of the State of Hawaii, Regular Session of 2020, that the Department of Health is urged to continue expanding and

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improving its home visiting program, including reinstatement of a network of evidence based home visiting services for families at highest risk for child abuse and neglect; and

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BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Director of Health and the Executive Director of the Hawaii Family Support Institute at the University of Hawaii at Mānoa.

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OFFERED BY:

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