



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 19, 2020

The Honorable Senator Donovan Dela Cruz, Chair
Senate Committee on Ways and Means
Thirtieth Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Dela Cruz and Members of the Committees:

SUBJECT: SB 2350 SD1 – Relating to Health

The Hawaii State Council on Developmental Disabilities **STRONGLY SUPPORTS SB 2350 SD1** to establish a task force to identify therapies and home- and community-based care services that may benefit persons having fetal alcohol spectrum disorders (FASD).

In 2004 the Hawaii State Legislature passed the following Resolutions, SCR76/SR36 and HR98/HCR141 “Requesting the Department Of Health to Establish a Coordinated Statewide Effort to Address Fetal Alcohol Spectrum Disorder (FASD)”. Within the Resolutions contained the following “whereas statement”, “WHEREAS, FASD is the most under-diagnosed developmental disability, both in Hawaii and across the United States; and”.

Throughout the years the legislature continued to address FASD and the State Council on Developmental Disabilities continued to support the statement that Fetal Alcohol Spectrum Disorder is the most under-diagnosed developmental disability. However, even if we improved on diagnosing, the diagnosis alone, does not guarantee admission and supports through one agency. For example, given that the prevalence rate of 1.58 percent of the population has an intellectual and developmental disability (I/DD), less than 8% of the I/DD population in Hawaii, are eligible for services through the Department of Health Developmental Disabilities Division. Of that 8% there is a very small percentage that have FASD.

Children who are born with FASD typically have a mixture of problems, ranging from medical, intellectual, behavioral, educational, and social problems. The problems caused by FASD vary from child to child, but defects caused by FASD are not reversible.

The Council understands and respects the struggles the Department of Health, Department of Human Services, Department of Education, Department of Public Safety and the Legislature have gone through while trying to address which agency or department should address the different problems caused by FASD and the complexity to provide the supports needed for those affected by FASD. We need to find a way we can work together to braid services and funding to sustain supports for this population. The Council is hopeful that the creation of a Task Force will result in finding a sustainable solution to support individuals, their families, and circle of supports affected by FASD.

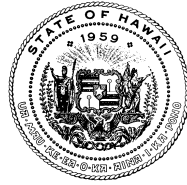
The Council respectfully has one recommendation, that the Task Force also examine the past 16 years of Hawaii State Legislation relating to FASD and the reports submitted to the Legislature. It could provide the Task Force with the perspective for a sustainable solution.

Thank you for this opportunity to submit testimony in **strong support of SB 2350 SD1.**

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus". The signature is written in a cursive style with a large initial "D".

Daintry Bartoldus
Executive Administrator



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

**Testimony COMMENTING on S.B. 2350 SD1
RELATING TO HEALTH**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 19, 2020
10:00 AM

Room Number: 211

1 **Department of Health Position:** The Department of Health (DOH) offers the following
2 **COMMENTS** to SB 2350 SD1.

3 **Department of Health Testimony:** The subject matter of this measure intersects with the scope
4 of the DOH's Behavioral Health Administration (BHA) whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the DOH is committed to carrying out this
7 mandate by reducing silos, ensuring behavioral health care is readily accessible, and person
8 centered.

9 The BHA provides the following testimony on behalf of the Department of Health.

10 SB 2350 SD1 asks for the creation of a Fetal Alcohol Spectrum Disorders (FASD) Task Force in
11 the BHA to address specific tasks:

12 (a) Review best care practices including therapies and treatments for adults with FASD.

13 (b) Conduct a study/submit a report to include:

14 1) Identification of all populations and sub-populations of people who have
15 FASD in Hawaii that currently and in the future have difficulty navigating and
16 accessing care services;

- 1 2) Identification of therapies and home and community based services (HCBS),
- 2 including for adults and to consider an array of HCBS;
- 3 3) Recommendations for changes to state policy and regulations that may
- 4 increase access to services; and
- 5 4) Recommendations for any necessary legislation.

6 DOH appreciates the intent of a FASD Task Force. The issues faced by individuals, families and
7 systems impacted by FASD are complex and often poorly understood. Finding solutions in
8 communities requires a range of answers and the participation of many stakeholders. The
9 approach to finding sustainable solutions is just as important as the solutions themselves.

10 The range of problems faced by people with FASD include many associated psychiatric
11 comorbidities in addition to intellectual disabilities across the lifespan including attention deficit
12 hyperactivity disorder, affect regulation, conduct disorders, post traumatic stress disorder, and
13 attachment disorders. These comorbidities require diagnostic and treatment services, and in most
14 states mental health interventions are the primary intervention modality. As well, people with
15 FASD encounter difficulties in multiple systems including human service, primary care, health
16 care, educational and courts/corrections. If this measure should pass, it is suggested that the
17 FASD Task Force invite representatives from the Department of Education, Child Welfare, the
18 Judiciary, and Department of Public Safety, as well as representatives from primary and
19 specialty health care which is allowed in the bill.

20 A foundational step in ensuring access to services is stakeholder agreed upon diagnostic
21 categories and public health strategies for identifying the population and subpopulation to be
22 served. Most successful programs in other states emphasize prevention of drinking alcohol
23 during pregnancy as the foremost strategy for preventing incidences of FASD. A trauma-
24 informed approach across systems is particularly important given that the symptoms of FASD
25 may predispose clients to higher rates of victimization and trauma than the general population.

26 SB 2350 SD1, as written, places emphasis on a specific array of Medicaid home and community
27 based services that may or may not be needed across the population of people with FASD.
28 People diagnosed with FASD who have more severe functional limitations and who meet

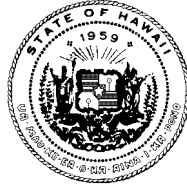
1 eligibility for the Developmental Disabilities Division are already served primarily through the
2 Medicaid Home and Community Based Services 1915(c) waiver for Individuals with Intellectual
3 and Developmental Disabilities.

4 SB 2350 SD1 charges the proposed task force to identify strategies to reduce the incidence and
5 impact of FASD in Hawaii to encompass screening and diagnosis, prevention, health promotion,
6 and interventions that take into consideration needs across the lifespan and specific transition
7 periods. The DOH supports this more comprehensive approach that looks at the most effective
8 strategies, supports and services needed by the population of individuals and families affected by
9 FASD.

10 Thank you very much for the opportunity to testify.

11 **Fiscal Implications:** The potential cost impact for a state funding match for Medicaid services
12 depends on if Task Force recommendations are enacted to include the array of treatment and
13 Medicaid HCBS services listed in the bill. A full cost analysis and rate study would be necessary.
14 If the Task Force includes recommendations for implementing screening and diagnosis, health
15 promotion and prevention activities, these areas would need to be considered in a cost analysis.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 18, 2020

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2350 SD1 – RELATING TO HEALTH**

Hearing: February 19, 2020, 10:00 a.m.
Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill and offers comments.

PURPOSE: This bill establishes a task force within the Department of Health to identify therapies and home- and community-based care services (HCBS) that may benefit persons having fetal alcohol spectrum disorders (FASD), including therapies and treatments that may benefit them as adults. Requires the task force to recommend any necessary policy changes, rule changes, or legislation to increase access to these therapies and services. Requires a report to the Legislature.

DHS appreciates the intent of this measure. Individuals with FASD and their families face significant and complex challenges that they often must shoulder alone. DHS believes a task force is an appropriate way to study and make recommendations on ways to improve the system and continuum of care for individuals with FASD and their families. DHS looks forward to participating in the task force.

DHS supports the amendments made by the Committee on Commerce, Consumer Protection, and Health that broadened the task force's charge to include services beyond HCBS. DHS agrees that the FASD community would be best served by a broader evaluation of their

needs rather than a singular focus on HCBS, which may already be provided to many individuals. Individuals with FASD and their families may benefit from other services and initiatives, such as needs assessment, prevention, health promotion, and other interventions, that will be studied and evaluated by the task force.

Thank you for the opportunity to testify on this bill.



LATE

HAWAI'I STATE ETHICS COMMISSION

State of Hawai'i · Bishop Square, 1001 Bishop Street, ASB Tower 970 · Honolulu, Hawai'i 96813

Committee: Committee on Ways and Means
Bill Number: S.B. 2350, S.D.1
Hearing Date/Time: Wednesday, February 19, 2020, 10:00 a.m.
Re: Testimony of the Hawai'i State Ethics Commission
with **COMMENTS AND PROPOSED AMENDMENT** to
S.B. 2350, S.D.1, Relating to Health

Chair Dela Cruz, Vice Chair Keith-Agaran, and Committee Members:

The Hawai'i State Ethics Commission ("Commission") respectfully suggests the deletion of the second sentence of Section 2, subsection (d): "No member of the task force shall be made subject to section 84-17, Hawaii Revised Statutes, solely because of that member's participation on the task force."

Just last session, the Legislature enacted language in the Ethics Code that specifically applies to task force members and their potential conflicts of interests:

[E]very task force member or designee or representative of a task force member shall publicly disclose the nature and extent of any interest or transaction that the task force member or task force member's designee or representative believes may be affected by the task force member's official action.

HRS § 84-13(c).¹ As such, an outright exemption for task force members from HRS § 84-17 appears contrary to the Legislature's intent in enacting the above-quoted language just last year.

The Commission respectfully requests that the Committees delete this proposed language from S.B. 2350. The Commission is aware that bills proposing task forces often contain an

¹ The Legislature also directed the Commission to adopt rules to effectuate this section; on March 19, 2020, the Commission intends to hold a public hearing on a large package of administrative rules, including a proposed rule regarding task force members' disclosures of potential conflicts of interests. The proposed rule on this topic currently provides as follows:

This disclosure shall be made verbally at the first available meeting of the task force and shall be memorialized in any task force report. If no meeting is to occur before the task force member, designee, or representative takes official action affecting their interests, the disclosure shall be made in writing to all other task force members, and then subsequently in any task force report.

identical sentence purporting to exclude task force members from HRS § 84-17, and the Commission will be making the same request as to those measures as well.

Thank you for your continuing support of the Commission's work and for considering the Commission's testimony on S.B. 2350, S.D.1.

Very truly yours,

Daniel Gluck
Executive Director and General Counsel

SB-2350-SD-1

Submitted on: 2/14/2020 7:21:48 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:



HAWAII SUBSTANCE ABUSE COALITION

SB2530 SD1 FASD Task Force

COMMITTEE ON WAYS AND MEANS:

- Sen. Donovan Dela Cruz, Chair; Sen. Gilbert Keith-Agaran, Vice Chair
- Wednesday: Feb. 19th, 2020: 10:00 am
- Conference Room 211

Hawaii Substance Abuse Coalition Supports SB2530 SD1:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS.

My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

FASD is a preventable and treatable disability.

- There are significant and increasingly improved interventions that are available for mental health issues such as Fetal Alcohol Spectrum Disorder and other disorders.

With home-based and community-based healthcare supported by a Task Force to improve access to essential services, we can make a difference.

FASD is a problem in Hawaii and efforts can be made to prevent this devastating condition as well as to treat children and adults that would increase their functioning:

- FASD is a range of neurodevelopmental (brain-based) disabilities that can affect any person exposed to alcohol before birth.
- FASD effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications that often co-occur with substance abuse and mental health issues.
- Proactive health care programs and interventions can help people develop new learning and coping skills to help them improve functioning. Modifications to existing treatment models can be very effective.
- FASD is very expensive to healthcare with estimates that the lifetime costs for each person is estimated to be over \$2M.
- Individuals with FASD are involved with the criminal justice system at an alarming rate. Youth and young adults with FASD have a type of brain damage that may make it difficult for them to stay out of trouble with the law. Without the aid of proper treatment, they do not know how to deal with police, attorneys, judges, social workers, psychiatrists, corrections and probation officers, and others they may encounter.

We can make a difference:

- Understand the disorder and reshape some of our interventions to change a child's behavior and improve functionality.
- Reduce the prevalence of FASD.
- Empower care givers to help FASD people reach their full potential.

- Address stigma by educating our communities to understand the complexities of this disability while promoting a more inclusive culture.
- Greatly improve upon outcomes through measurement brought about by Medicaid
- funding.
- Reduce childhood trauma by increasing supports for high-risk families, building resilience, and improving access to treatment.

Working together, we can join the growing number of states that claim to be a “FASD-Informed State.”

We appreciate the opportunity to provide testimony and are available for questions. appreciate the opportunity to provide testimony and are available for questions.

SB-2350-SD-1

Submitted on: 2/16/2020 11:48:37 AM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Yurie Takishima-Lacasa	Testifying for Hawai'i Psychological Association	Support	No

Comments:

THE SENATE
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2020

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

NOTICE OF DECISION MAKING

DATE: Wednesday, February 19, 2020
TIME: 10:00 A.M.
PLACE: Conference Room 211
State Capitol
415 South Beretania Street

POSITION: **STRONG SUPPORT SB2350 SD1**

In behalf of myself, the Hawaii FASD Action Group, a group of volunteers appealing to you, being the voices of children who have none, and individuals who have FASD whom for many years have been marginalized, unrecognized and without appropriate services. I am writing in **STRONG SUPPORT of SB2350 SD1**

FASD is associated with secrecy and shame, quite possibly due to its preventable nature and the stigma attached to it. Alcohol is legally accessible, available in the community stores often left in unlocked cabinets in many homes, therefore, it is not surprising that the research stated that 1 in 20 first graders do have FASD. According to a research study questions, "Is this shame the reason for its marginalization of the children and families with FASD in general? While Autism Spectrum Disorders has increased public awareness, availability of therapeutic services and much recognition. (Barker, Kulyk, Knorr, & Brenna, 2011).

FASD diagnosis is a processing disorder, learning disability, and attention-deficit/hyperactivity disorder almost the same with Autism Spectrum Disorders (Astley, 2010; Kodituwakku & Kodituwakku, 2014). Somewhere between 1% and 4% of all children worldwide are reported to have an FASD. The neurodevelopmental impairments associated with FASD came with significant social costs across the lifespan in the form

of increased medical, educational, and vocational support and lost productivity (Lupton, Burd, & Harwood, 2004; Popova, Lange, Burd, & Rehm, 2015). I have worked with children with Autism as a Registered Behavioral Therapist under ABA Guidelines, and in my observations, FASD is a Developmental Disability is equally as severe as Autism. I find very few FASD services for many families and clients affected by FASD, which is why I support and believe that creating a task force is critical in establishing our own data in Hawaii to provide appropriate and necessary pieces of information for services in our own current demographics impacted by FASD. Through a task force, my colleagues and community may begin to recognize and diagnose FASD and create FASD-specific services.

Hindsight, we will be able to save our children, women, and families of Hawaii, and also our tax dollars when you support and the services are appropriated to this bill. Often, these children with FASD are seen with as children only with behavioral issues in our school system, get kicked out and eventually these children without no support will join into crime committing and delinquent groups who end up in our prison systems as juveniles and eventually as adult offenders. This cost our State \$55,000.00 a year per inmate, not to mention that our prison system is overpopulated and we ship our State Inmates to other States which cost us \$35,000.00 a year per inmate. This cost doesn't include property damages, medical and another cost to our tax dollars. With this bill, services will be provided and these individuals can be productive members of our society and somehow contribute not only to their own growth and needs but also to our community.

Mental Health Problems - 60% of children with FASD have ADDH and most individuals have clinical depression as adults; 23% of the adults had attempted suicide, and 43% had threatened to commit suicide. • Disrupted School Experience - 43% experienced suspension or expulsion or drop out; • Trouble with the Law - 42% had involvement with police, charged or convicted of a crime; • Confinement – 60% of these children age 12 and over experienced inpatient treatment for mental health, alcohol/drug problems, or incarceration for a crime. • Inappropriate Sexual Behavior – Reported in 45% of those aged 12 and over, and 65% of adult males with FAE. • Alcohol/Drug Problems – Of the adults with FAS, 53% of males and 70% of females experienced substance abuse problems. These children who have the potentials to become adult offenders can cost Hawaii \$55,000.00 a year in incarceration cost, and more economic challenges in societal, property damages and tax dollars. I do beg of you to support and consider passing SB2350 SD1 for the children and the families of Hawaii.

We are in dire need of a task force to define the needs, gaps in service and address this invisible disability because of the stigma surrounding its preventable cause. A task force will create FASD Informed care for the children who are born into an impossible world; together can make the world possible for them.

Thank you for your kind consideration.

Respectfully yours,

Darlyn Chen Scovell

Reference

- Astley, S. J. (2010). Profile of the first 1,400 patients receiving diagnostic evaluations for fetal alcohol spectrum disorder at the Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network. *Canadian Journal of Clinical Pharmacology*, 17(1), e132–e164.
- Barker, C., Kulyk, J., Knorr, L., & Brenna, B. (2011). Open Inclusion or Shameful Secret: A Comparison of Characters with Fetal Alcohol Spectrum Disorders (FASD) and Characters with Autism Spectrum Disorders (ASD) in a North American Sample of Books for Children and Young Adults. *International Journal of Special Education*, 26(3), 171–180. Retrieved from <http://search.ebscohost.com.libproxy.edmc.edu/login.aspx?direct=true&db=eric&AN=EJ959010&site=eds-live>
- Kodituwakku, P., & Kodituwakku, E. (2014). Cognitive and behavioral profiles of children with fetal alcohol spectrum disorders. *Current Developmental Disorders Reports*, 1(3), 149–160. <https://doi.org/10.1007/s40474-014-0022-6>
- Thorne, J. C. 1. jct6@uw. ed. (2017). Accentuate the Negative: Grammatical Errors During Narrative Production as a Clinical Marker of Central Nervous System Abnormality in School-Aged Children With Fetal Alcohol Spectrum Disorders. *Journal of Speech, Language & Hearing Research*, 60(12), 3523–3537. [https://doi-org.libproxy.edmc.edu/10.1044/2017pass:\[_\]JSLHR-L-17-0128](https://doi-org.libproxy.edmc.edu/10.1044/2017pass:[_]JSLHR-L-17-0128)

LATE

Testimony in Support of SB 2350, SD1 - Relating to Health
Hearing on February 19, 2020, 10:00 am
Conference Room 211 of the State Capitol

TO: Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

FR: Alan Shinn
2869 Park Street
Honolulu, HI 96817

Please accept my testimony in support of SB 2350, SD1- Relating to Health, that establishes a task force in DHS to identify therapies and home and community-based care that benefit persons with FASD. Requires task force to recommend policy and rule changes, or legislation to increase access to these specified services and report to the legislature.

As a volunteer member of the Fetal Alcohol Spectrum Disorder (FASD) Action Group, we have a mission to raise awareness of the impact of FASD on individuals, their families, and the community through education, advocacy, and research in Hawaii.

A task force within DHS would be a good way to determine what kinds of therapies and services are most appropriate for children and adults with FASD. Currently they are not afforded continuum-of-care support. This puts a tremendous emotional and financial burden on the families with disabled members who lack resources. Studies show that individuals with FASD can successfully live normalized lifestyles with lifelong supportive services in the home and community.

Thank you for the opportunity to submit testimony in support of SB 2350, SD1.

February 16, 2020

To: Senator Donovan Dela Cruz, Chair
And Members of the Senate Committee on Ways and Means
Date & Time of Hearing: Wednesday, February 19, 2020, 10:00 am, Room 211

Testimony in Support of SB2350: Establishes a task Force for Home and Community-Based Care to Benefit Persons with FASD

I am writing on behalf of myself and individuals, parents, families, and communities that I serve who seek services for their children and adults with a Fetal Alcohol Spectrum Disorder (FASD). FASDs are permanent brain-based disorders that affect many individuals who were exposed to alcohol during pregnancy. Brain impairment from FASD varies from individual to individual and often goes undiagnosed and misdiagnosed leading to inappropriate interventions.

Many families are faced with few, if any, community resources for their children and adults. Parents are under tremendous stress caring for their children and often encounter stress-related health problems. We know that individuals with FASD function best with vigilant supervision and structure. As adults, they want to be “on their own” but without help, have difficulty living independently.

A comprehensive study in the U.S. (Streissguth, A., et al., 2004) noted that most (~75%) of adults with FAS/FAE had IQs within the normal range but with severe to mild functional disabilities. The finding suggests that in spite of intelligence functional disabilities showed ~60% of adults with FAS encountered the criminal justice system; ~60% had disrupted school experiences; and ~50% had Alcohol/Drug problems. Many (~80%) cannot live independently.

A task force to define the needs, gaps in service, and ways of addressing these gaps would be a tremendous boost to creating solutions for this under-recognized and underserved population. With community help, individuals with FASD can lead productive and meaningful lives.

Thank you for your consideration.
Sincerely,
Ann S. Yabusaki, Ph.D., MFT

February 16, 2020

To: Senator Donovan Dela Cruz, Chair
And Members of the Senate Committee on Ways and Means
Date & Time of Hearing: Wednesday, February 19, 2020, 10:00 am, Room 211

Testimony in Support of SB2350: Establishes a task Force for Home and Community-Based Care to Benefit Persons with FASD

I am a retired biochemist. I am writing on behalf of myself and individuals, parents, families, and communities who seek services for their children and adults with a Fetal Alcohol Spectrum Disorder (FASD). FASDs are permanent brain-based disorders that affect many individuals who were exposed to alcohol during pregnancy. Brain impairment from FASD varies from individual to individual and often goes undiagnosed and misdiagnosed leading to inappropriate interventions.

Many families are faced with few, if any, community resources for their children and adults. Parents are under tremendous stress caring for their children and often encounter stress-related health problems. We know that individuals with FASD function best with vigilant supervision and structure. As adults, they want to be “on their own” but without help, have difficulty living independently.

A comprehensive study in the U.S. (Streissguth, A., et al., 2004) noted that most (~75%) of adults with FAS/FAE had IQs within the normal range but with severe to mild functional disabilities. The finding suggests that in spite of intelligence functional disabilities showed ~60% of adults with FAS encountered the criminal justice system; ~60% had disrupted school experiences; and ~50% had Alcohol/Drug problems. Many (~80%) cannot live independently.

A task force to define the needs, gaps in service, and ways of addressing these gaps is extremely important for creating solutions for this under-recognized and underserved population. With community help, individuals with FASD can lead productive and meaningful lives.

Thank you for your consideration.
Sincerely,
Kenichi K. Yabusaki, Ph.D.

SB-2350-SD-1

Submitted on: 2/17/2020 1:14:47 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
adriane nishimura	Individual	Support	No

Comments:

SB-2350-SD-1

Submitted on: 2/18/2020 9:37:58 AM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Le Burkien	Individual	Support	No

Comments:

I am writing on behalf of myself, individuals, families, and the State of Hawaii, which I serve both professionally and as a volunteer. I volunteer my services and experience for those who seek services for their children and adults with Fetal Alcohol Spectrum Disorder (FASD).

Many members of this group are faced with limited, and most likely no, resources from the community nor government agencies local or state. Attempting to serve this group is like a Catch-22. Too smart to receive resources and funding and too disable to function to fully experience a successful and productive life. This audience can function very well in our communities with a just a small degree of assistance and far better understanding. Research indicates that most have IQs within a normal range but can only function best with dedicated supervision. From a social-economic perspective providing resources and supervision actually will reduce the financial burden on the state and local government in relation to expenses encountered within the criminal justice system.

A task force that leverages the talents and expertise within the State of Hawaii will accurately and measurably define the needs, gaps in service, ways inter-agencies can partner and be a tremendous vehicle to collaboratively create and facilitate solutions so these individuals can lead more joyful and productive lives.

Thank you for your consideration and with gratitude,

Richard D. Le Burkien, MPH

LATE

SB-2350-SD-1

Submitted on: 2/18/2020 8:45:26 PM
Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eri Rodrigues	Individual	Support	No

Comments:

February 18, 2020

To: Senator Donovan M. Dela Cruz, Chair and the Members of the Committee on Ways and Means

Date and Time of Hearing: February 19, 2020 at 10:00 a.m.

Testimony in Support of SB2350 SD1 Establishing a Task Force for Home and Community-Based Care to Benefit Persons with Fetal Alcohol Spectrum Disorder

I would like to take this opportunity to express my support for the existing needs of individuals impacted by Fetal Alcohol Spectrum Disorder to be further assessed through this measure. Statistics in the United States indicate higher prevalence of Fetal Alcohol Spectrum Disorder compared to individuals with other diagnoses such as Autism Spectrum Disorder. Studies and services from other states as well as overseas present that individuals with Fetal Alcohol Spectrum Disorder benefit from structure and supports that cater to their unique needs, however these individuals as well as families are currently under identified and served in our state of Hawaii. This measure will create an opportunity for the gaps in services to be identified for those impacted by Fetal Alcohol Spectrum Disorder, for conversation to begin on how to fill those gaps.

Thank you for your consideration and allowing me to express my support toward this measure.

Sincerely,

Eri N. Rodrigues, LSW

