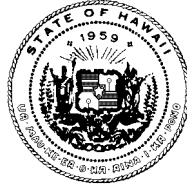


DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

February 11, 2020

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

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

Hearing: February 12, 2020, 9:00 a.m.
Conference Room 229, State Capitol

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

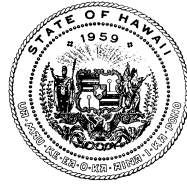
PURPOSE: Establishes a task force within the Department of Health to identify therapies and home- and community-based care services (HCBS) that may benefit persons having fetal alcohol spectrum disorders (FASD), including therapies and treatments that may benefit them as adults. Requires the task force 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 broadening the task force's charge to include services beyond HCBS. DHS believes 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 also benefit from other services and initiatives, such as needs assessment, prevention, health promotion, and other interventions, that could be studied and evaluated by the task force.

Thank you for the opportunity to testify on this bill.



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
RELATING TO HEALTH.

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 12, 2020
9:00 a.m.

Room Number: 229

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

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 asks for the creation of a Fetal Alcohol Spectrum Disorders (FASD) Task Force in the
11 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;
17 2) Identification of therapies and home and community based services (HCBS),
18 including for adults and to consider an array of HCBS;

- 1 3) Recommendations for changes to state policy and regulations that may
- 2 increase access to services; and
- 3 4) Recommendations for any necessary legislation.

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

8 The range of problems faced by people with FASD include many associated psychiatric
9 comorbidities in addition to intellectual disabilities across the lifespan including attention deficit
10 hyperactivity disorder, affect regulation, conduct disorders, post traumatic stress disorder, and
11 attachment disorders. These comorbidities require diagnostic and treatment services, and in most
12 states mental health interventions are the primary intervention modality. As well, people with
13 FASD encounter difficulties in multiple systems including human service, primary care, health
14 care, educational and courts/corrections.

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

21 SB 2350 as written emphasizes that the proposed task force looks at a specific array of Medicaid
22 home and community based services that may or may not be needed by the population of people
23 with FASD. Those with more severe functional limitations who meet eligibility for the
24 Developmental Disabilities Division are already served under this program.

25 Because of the many families who encounter problems in the Department of Education, Child
26 Welfare, the Judiciary, and Department of Public Safety, as well as in primary and specialty

1 health care the recommendation is to include representatives from these systems which is
2 allowed in the bill as written once the task force commences.

3 What may strengthen the charge of a task force is a charge to build a comprehensive solution
4 through a community-wide initiative and strategic planning. Ideally, a FASD strategic plan for
5 Hawaii would encompass screening and diagnosis, prevention, health promotion, and
6 interventions that take into consideration needs across the lifespan and specific transition
7 periods. Implementation of prevention, early detection and intervention will require a
8 community-wide, coordinated effort.

9 The recommendation is to amend SB 2350 to also include representatives of BHA's Adult
10 Mental Health Division and the Child and Adolescent Mental Health Division, and to consider a
11 broader approach to planning to reduce the incidence and impact of FASD in Hawaii.

12 Suggested Amendment:

13 The Department of Health respectfully requests the following amendment to SB 2350:

14 INSERT in Section 2 (a) on page 2, starting on line 17, a new (3) and (4) to read:

15 (3) A representative of the adult mental health division of the department of
16 health;

17 (4) A representative of the child and adolescent mental health division of the
18 department of health;

19 INSERT in SECTION 2 (b) on page 5, a new (3) to read:

20 (3) Strategies to reduce the incidence and impact of FASD in Hawaii that
21 encompass the areas of screening and diagnosis, prevention, health
22 promotion, and interventions that take into consideration of needs across
23 the lifespan through a community-wide, coordinated effort.

24 INSERT in SECTION 2 on page 6, a new (c) to read:

25 (c) Two or more members of the task force, but less than the number of
26 members that would constitute a quorum for the task force, may discuss
27 between themselves matters relating to official business of the task force

1 to enable members to faithfully perform their duties to the task force and the
2 organizations they represent, as long as no commitment to vote is made or
3 sought. Such discussions shall be a permitted interaction under section 92-
4 2.5, Hawaii Revised Statutes.

5

6 Thank you very much for the opportunity to testify.

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

SB-2350

Submitted on: 2/9/2020 10:05:09 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

SB-2350

Submitted on: 2/7/2020 6:14:51 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Yes

Comments:

This is an excellent idea. We have been advocating for several years that there needs to be a program for children born with fetal alcohol syndrome. They truly fall into a gap group, and have often failed to qualify either for DD services or mental health services. The current approach in the state is focused mostly on educating women about the dangers of consuming alcohol while pregnant. While laudable, this is highly insufficient and ineffective. These people need services. There has been much discussion in the past few sessions about the provision of services but these discussions have been somewhat ad hoc. A Task Force would formalize this and lead to a Report with concrete proposals and that is exactly what we need.



SB2350 FASD Task Force

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Wednesday, Feb. 12th, 2020: 9:00 am
- Conference Room 229

Hawaii Substance Abuse Coalition Recommends and Supports SB2350:

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.

HSAC recommends that the Hawaii Substance Abuse Coalition be a task force member since substance use disorder treatment centers are involved in the treatment of FASD:

SECTION 2. (a) There is established within the behavioral health services administration of the department of health a task force to review best care practices for persons having fetal alcohol spectrum disorders, including therapies and treatments commonly needed as adults. The task force shall consist of: ~~13~~ 14

(14) A representative from the Hawaii Substance Abuse Coalition as recommended by the Department of Health.

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.

February 9, 2020

To: Senator Rosalyn H. Baker, Chair

And Members of the Senate Committee on Commerce, Consumer Protection, and Health

Date & Time of Hearing: Wednesday, February 12, 2020, 9:00 am, Room 229

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 9, 2020

To: Senator Rosalyn H. Baker, Chair
And Members of the Senate Committee on Consumer, Consumer Protection and Health
Date & Time of Hearing: February 12, 2020, 9:00 am, Room 229

Testimony in Support of HB2350,

I am a retired biochemist and have researched some of the biochemistry relating to fetal alcohol spectrum disorders (FASD), a permanent, life-long, and 100% preventable condition caused by prenatal exposure to the metabolites of alcohol consumption. The use of Intelligent Quota (IQ) is one of the biggest injustices the U.S. uses as an index to qualify for human services. There is no correlation between a person's IQ and adaptive functioning by the standards set forth in our society. Many individuals afflicted with FASD do not qualify for developmental disability (DD, Medicaid) services because of IQ scores and/or their condition was not diagnosed until after well into adulthood. Those with life-long DD conditions (at no fault of their own) being denied services which include therapies (interventions) in both the home and in the community is a "Civil Right". It is the "Right" of those born with FASD in a society where alcohol consumption is a living issue to have access to the above services. Thus, to achieve this goal, it should be the State of Hawaii's Department of Health's responsibility to establish a Task force to implement a program(s) to obtain the need (FASD numbers), and seriously consider waivers via policy/rule changes that currently disqualify access to therapies and both home and community based services for those afflicted by FASD. It "...takes a village.." to support individuals with FASD and I strongly support HB 2350. Thank you for your consideration.

Respectfully,
Kenichi K. Yabusaki, Ph.D.

To: Senator Rosalyn H. Baker, Chair
And Members of the Senate Committee on Commerce, Consumer Protection, and Health
Date & Time of Hearing: Wednesday, February 12, 2020, 9:00 am, Room 229

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

I am a parent of an adoptive son (now 31 years old) with fetal alcohol spectrum disorder (FASD) This is an invisible brain and whole body based lifelong permanent disability. I have been involved on all previous Hi task forces and have started my own nonprofit organization FASD Communities to help develop communities for young adults with FASD.

There is a significant unawareness of this disability amongst all constituents of our community and thus little to no help available to these innocent victims and their families in Hawaii. They need and deserve help as society helps others with disabilities. Parents of people with disabilities go way above and beyond the realm of "normal Parenting" and do not receive adequate support in our community.

Although this is not a curable disability as many others are not, outcomes can be improved with ongoing interventions and supports.

Those affected are costing our community in many ways including incarceration, addiction programs, chronic unemployment and homelessness. It is my belief that money would be better spend on providing supports to this population and the outcomes would be more successful.

My son was recently hospitalized with a serious septic strep infection and I have to try and educate every nurse and doctor about this disorder to help them understand his lack of executive function despite him presenting as if he has it together. On top of this he is morbidly obese which will create more problems in his future. Research indicates that 45% of young FASD young adults struggle with obesity due to the effects of alcohol in utero on the metabolic and endocrine systems. Try and deal with this on your own with a child exhibiting adolescent behaviors towards a single mother. This is another battle to be fought with a different segment of the medical community as the expectations will be that he will need to be self-motivated and have the capacity to follow through, neither of which he can do.

Although he seems to be able to maintain employment it never last more than three or four months this is success for one of these kids. Somewhere along the way he got kicked off SSI as he made a little too much money. Another battle for me to fight again getting him requalified.

Long term housing supports are also needed with the appropriate supervision and structure which is why I created my nonprofit organization. Many years ago I decided that it would take the state way to long to make progress and this this organization was created and it although our first " FASD group home is in WI, for economic reasons it is working and the residents are thriving and their parents are happy as they know firsthand what is needed and they know their young adults are safe, happy, not being exploited by others and well cared for. If there were financial resources available in Hawaii I would be happy to open a home here specifically for FASD adults. If one individual can make this happen the State should be able to do better with its vast resources.

This is only a small snippet of my ongoing care of my son which will need to be ongoing.

You wonder why more parents do not submit more testimony it is because they don't have the time, knowledge or expertise and they are barely able to keep afloat.

I strongly encourage you to support SB 2350 and do not have the time to come and testify in person

Thanks for your time in reviewing this testimony

Sincerely

A handwritten signature in black ink that reads "Gigi Davidson". The signature is written in a cursive, flowing style.

Gigi Davidson

Testimony in Support of SB 2350 – Relating to Health
Hearing on February 12, 2020, 9:00 am
Conference Room 229 of the State Capitol

TO: Committee on Commerce, Consumer Protection, and health
Senator Rosalyn Baker, Chair
Senator Stanley Chang, Vice Chair

FR: Alan Shinn
2869 Park Street
Honolulu, HI 96817

Please accept my testimony in support of SB 2350- 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 on 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.

SB-2350

Submitted on: 2/10/2020 4:14:28 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jana-Macy Moya	Individual	Support	No

Comments:

February 10, 2020

To: Senator Rosalyn H. Baker, Chair

Senator Stanely Chang, Vice Chair

Members of the Senate Committee on Commerce, Consumer Protection, and Health

Testimony in Support of SB2350: Establishes a task Force for Home and Community-Based Care

to Benefit Persons with FASD

Date & Time of Hearing: Wednesday, February 12, 2020, 9:00 am, Room 229

I am in strong support of SB2350 as it establishes a task force related to services that benefit individuals with Fetal Alcohol Spectrum Disorder (FASD). I have been in the mental health field for 15 years and throughout this time, I have seen the lack of adequate support services for those with FASD.

Many people may not be aware of how important services for an individual with FASD is. FASD is a brain-based developmental disorder that can affect those

exposed to alcohol in utero. Part of why people may not be aware is because it is often undiagnosed or misdiagnosed in our communities. Some concerns of significance are difficulty in relationships, school, employment, independent living, and getting involved with the criminal justice system. Unfortunately, support services are largely not available or not optimal to meet the needs of this population and those who care for them.

A task force is needed to define the needs, identify the gaps in service, and find ways of addressing barriers and maximizing strengths. Our clients, our communities, and our families need the policy makers and service providers to support them in creating solutions that will help them live productive and meaningful lives.

Thank you for your consideration.

Sincerely,

Jana-Macy Moya, MS, LMFT

SB-2350

Submitted on: 2/10/2020 9:28:52 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

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

Comments:

February 10, 2020

To: Senator Rosalyn H. Baker, Chair and the Members of the Committee on Commerce, Consumer Protection, and Health

Date and Time of Hearing: February 12, 2020 at 9:00 a.m.

Testimony in Support of SB2350 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

SB-2350

Submitted on: 2/11/2020 12:36:48 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erika Vargas	Individual	Support	No

Comments:

I support with suggestions submitted by HSAC: 14 members to include one representative from HSAC

SB-2350

Submitted on: 2/11/2020 12:43:00 PM

Testimony for CPH on 2/12/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	Individual	Support	No

Comments:



SB2350 FASD Task Force

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Wednesday, Feb. 12th, 2020: 9:00 am
- Conference Room 229

Hawaii Substance Abuse Coalition Recommends and Supports SB2350:

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.

HSAC recommends that the Hawaii Substance Abuse Coalition be a task force member since substance use disorder treatment centers are involved in the treatment of FASD:

SECTION 2. (a) There is established within the behavioral health services administration of the department of health a task force to review best care practices for persons having fetal alcohol spectrum disorders, including therapies and treatments commonly needed as adults. The task force shall consist of: ~~13~~ 14

(14) A representative from the Hawaii Substance Abuse Coalition as recommended by the Department of Health.

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.



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

LATE

February 12, 2020

The Honorable Senator Rosalyn Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health
Thirtieth Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Baker and Members of the Committees:

SUBJECT: SB 2350 – Relating to Health

The Hawaii State Council on Developmental Disabilities **STRONGLY SUPPORTS SB 2350** 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.**

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus". The signature is written in a cursive, flowing style.

Daintry Bartoldus
Executive Administrator