



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committees on Health and Human Services

HB 0893, Respite Services; Appropriation

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 12, 2009, 10:00 a.m., Room 329

1 **Department's Position:** The Department of Health opposes this measure because it would adversely
2 impact the priorities set forth in the Executive Biennium Budget for Fiscal Years 2009-2010.

3 **Fiscal Implications:** This bill is a vehicle to appropriate funds, which amounts are unspecified, to the
4 Department of Health to provide for respite services for family caregivers.

5 **Purpose and Justification:** The purpose of this bill is to provide funds to families of children with
6 serious or chronic illnesses, families with children with emotional or behavioral challenges, and families
7 of infants/children and adults with developmental delays or disabilities. The Department appreciates the
8 intent of this measure; however, given the current fiscal difficulties, it would not be prudent to pursue
9 enactment at this time. Respite services provide temporary relief and can preserve the family unit.
10 The Department encourages families to obtain respite services through natural supports and seeks
11 collaboration with other organizations in lieu of the unprecedented fiscal conditions that exist. For
12 children and adults with developmental disabilities respite is also available through the Medicaid Home
13 and Community Based Services Waiver program. The Department seeks to provide core services with
14 limited financial resources.

15 Thank you for the opportunity to testify on this measure.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
February 12, 2009

The Honorable Ryan I. Yamane, Chair
House Committee on Health

and

The Honorable John M. Mizuno, Chair
House Committee on Human Services
Twenty-Fifth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representatives Yamane and Mizuno and Members of the Committees:

SUBJECT: HB 893 – RELATING TO HEALTH

The position and views expressed in this testimony do not represent nor reflect the position and views of the Department of Health (DOH).

The State Council on Developmental Disabilities (DD) **STRONGLY SUPPORTS HB 893**. The purpose of the bill is to reinstate funds that have been depleted by budget reductions in order to provide continued support for families of individuals with disabilities through the implementation of the DOH Respite Services Program.

As noted in Section 1 of the bill, the Legislature enacted Act 324 to address the needs of families and caregivers through various appropriations. Section 4 of the Act established a Task Force within DOH to advise the Department on the allocation and expenditures of moneys appropriated for respite services and broad policy statements related to respite services. Section 5 specifically appropriated \$1,000,000 for support services, training, and respite services for families providing home-based care for a family member who is:

1. an infant and toddler three years of age or younger;
2. an adult with a serious mental illness;
3. a child with a serious emotional disturbance;
4. a child with a serious or terminal illness; or
5. a child or adult with a developmental disability.

The Task Force is comprised of representatives from the Health Resources Administration (HRA); Early Intervention Section, Family Health Services Division; Adult Mental Health Division; Child and Adolescent Mental Health Division; DD Division; Disability and Communication Access Board; DD Council; and family members of the target group. The Task Force continues to meet monthly or on an as needed basis to review and discuss program expenditures and issues related to the provision of respite services.

The DOH Respite Program's budget has been administered under HRA. The budget has taken its share of reductions of \$375,872 during the past 18 years, resulting in \$624,128 for the program. Below is the breakdown of the budget and its reductions.

DOH Respite Program Budget
 Act 324, SLH 1990

| | |
|-------------|--|
| \$1,000,000 | Act 324, SLH 1990 Appropriation |
| (\$375,872) | Minus Budget reductions |
| \$624,128 | Remaining in operating budget |
| (\$51,316) | Minus 4% legislative reduction, transfer of funds to cover payroll shortfall, adjustment for personal services |
| \$572,812 | Remaining in operating budget (minus the above reductions) |

| | |
|------------------|---|
| \$572,812 | Operating Budget |
| (\$412,024) | Minus the Governor's proposed adjustments in the Executive Budget Request for FY 2010 and FY 2011 |
| \$160,788 | Actual amount available for the Respite Program |

During the past year, the budget was affected by the four percent legislative reduction (\$30,732), transfer of funds to cover the payroll shortage for HRA (\$16,165), and adjustment for personal services (\$4,419). Those reductions left the program with \$572,812 until the Governor's proposed adjustments to the Executive Budget Request for FY 2010 and FY 2011 included the deletion of \$412,024 for respite services. The total reduction in the respite budget is \$463,340. Current budget for respite services is \$160,788. That amount divided by each of the six program areas means \$26,798 for each target group. Information about the DOH Respite Program and impact of the reduction in the budget is included in the attached FACT SHEET.

The Honorable Ryan I. Yamane
The Honorable John M. Mizuno
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The Council strongly feels that respite services are essential in supporting families to cope with the daily responsibilities of caring for their family member with a disability and preserve and maintain the family unit. Respite continues to be the number one requested service to support families caring for a family member with a disability. Moreover, with the economic crisis facing our State, increase in unemployment, reduction in basic services, and other cost cutting measures, families will be ultimately challenged and stretched to the limit just to survive.

The Council is hopeful that the passage of the Economic Recovery and Reinvestment Act by Congress and signed by President Obama will provide Hawaii with some level of fiscal recovery. We will benefit from the proposed enhanced Federal Medical Assistance Percentage. The increase in Federal reimbursements will result in a decrease in the State's share and would allow for State funds to be redirected to other priority areas not matched by Federal funds.

Thank you for your consideration and the opportunity to present testimony strongly supporting HB 893.

Sincerely,



Waynette K.Y. Cabral
Executive Administrator



Chair

Attachment

FACT SHEET

The Department of Health Respite Program

What is Respite?

- Respite provides temporary relief for a family, which helps to preserve the family unit by decreasing the individual and family stresses associated with caregiving so that families can continue to care for their loved ones. It is beneficial not only for the family caregiver, but also for the child or adult with special needs. It allows the family to engage in daily activities, decrease a feeling of isolation, increase the ability to cope with daily caregiving responsibilities, and maintain stability during crisis situations.
- Respite provides substitute support for a child or adult with special needs in order to provide a period of relief or rest for the family caregiver. Respite can allow time for the family caregiver to address personal needs, other business, or an unexpected emergency.
- Respite is an important part of the continuum of services for families who care for an individual with special needs. This support for families prevents burnout of the caregiver and reduces the possibility for out-of-home placement.

Who Receives Respite?

Families caring for a family member who is:

- An infant or toddler three years of age or younger with a developmental delay
- A child or adult up to age 21 with a serious or terminal illness
- A child with a serious emotional disturbance
- A child or an adult with a developmental disability
- An adult with a serious mental illness

Who Provides Respite?

Currently, the Respite Program affords respite to the families of clients from six program areas of four divisions of the Department of Health, per the intent of Act 324, SLH 1990. Each of these six program areas split the respite funds equally (approximately \$104,000 per program area - before budget reductions). In addition, the programs work together and have transferred funds between programs to cover shortfalls experienced by one or more of the other programs.

- **Family Health Services Division – Early Intervention Section (EIS)** - Provides respite support to families in two program areas - medically fragile children or youth up to age 21 and infants and toddlers with developmental delays three years of age or younger.
- **Child and Adolescent Mental Health Division (CAMHD)** - Provides respite support to families for children with a serious emotional disturbance.
- **Developmental Disabilities Division (DDD)** - Provides respite support to families in two program areas – respite is available to families of individuals (children and adults) with developmental disabilities and/or mental retardation (DD/MR) who are not in the DD/MR Home and Community-Based Medicaid Waiver Program.
- **Adult Mental Health Division (AMHD)** - Provides respite services via a single, statewide provider, Mental Health Kokua. A respite housing pilot was initiated that will present a valuable resource to families and providers in the community and a formal contract modification was completed. Due to the recent budget reduction of \$25 million to the AMHD budget, the contract with Mental Health Kokua was terminated effective January 15, 2009. Respite funds were being used to supplement funds provided through the AMHD operating budget (approximately 25 percent of the total contract expenditures).

What are the Budget Expenditures for Fiscal Year 2008?

Fiscal Year 2008

| Division | FSHD – EIS | CAMHD | DDD | AMHD | Total |
|---|------------|--------------------------|--------------------|---|--------------------|
| Amount Spent | \$202,627 | \$ 104,021 (estimate) | \$156,110 | \$423,208* (\$98,000 in respite funds) | \$560,768 |
| Number of Families Served | 544 | 73 | 194 | 34 | 845 |
| Number of Families Waiting For Services | 35 | Data Not available | Data Not available | Not Applicable | Data Not available |

*Total contract amount. Respite funds used to supplement small portion of the contract.

What is Extent of the Budget Reduction?

The respite program budget sustained a discretionary reduction for FY 2009 of approximately \$51,316. The Governor's recommendation in the executive budget for the FB 2009-2011 further reduces the amount for respite by \$412,024, resulting in a total appropriation of \$160,788 to be shared among the six program areas.

What is the Impact of a Budget Reduction?

Overall, the budget reduction would have an adverse impact on the provision of respite for families and individuals with special needs. As respite is reduced, families will become more "at risk" for out-of-home placement, foster care, and possibly higher levels of care. In addition, it is more cost effective to provide respite funds to families than to pay for foster care or out-of-home placement if families are unable to care for their loved ones at home.

- **Family Health Services Division – Early Intervention Section (EIS) –**
 - A determination will need to be made as to whether to reduce the number of families served or reduce the respite hours per month.
 - The waitlist for respite services is expected to increase.
 - Reduction in Federal grant funding – general funds from the respite appropriation have been used as a "match" required to leverage the Federal Community-Based Child Abuse Prevention Grant.

- **Child and Adolescent Mental Health Division (CAMHD) –**
 - Possible increases in out-of-home placements and higher levels of care, such as therapeutic foster care, community-based residential care, or hospital-based residential care, which are much more restrictive and costly.

- **Developmental Disabilities Division (DDD) –**
 - Allotments for respite services of children and adults would decrease, with a more significant reduction of respite allotment for Neighbor Islands.
 - Anticipates that it will be receiving more requests for respite services that will exceed their annual portion, particularly from families who do not qualify for Medicaid, are not eligible for the DD/MR Medicaid Waiver Program respite services, or have had a reduction in respite services under the waiver program.

- **Adult Mental Health Division (AMHD) –**
 - AMHD Respite services contract with Mental Health Kokua was terminated effective January 15, 2009. All consumers with open authorizations for respite as of January 1, 2009 were transitioned to AMHD Peer Coaching services, which provide similar support for consumers and respite for caregivers delivered by a peer.

State of Hawai'i
Testimony in Support of HB 893, Related to Respite Care
February 12, 2009
Committees on Human Service
Committee on Health

Representative John M. Mizuno, Chair, Human Services
Representative Tom Brower, Vice Chair

Representative Ryan Yamane, Chair, Health
Representative Scott Nishimoto, Vice Chair

Chairs Mizuno and Yamane, Vice Chairs Brower and Nishimoto, and Committee Members:

The Legislative Committee of the State's Policy Advisory Board for Elder Affairs (PABEA) is in strong support of HB 893, Related to Respite Care. My name is Colette Browne, Professor of Social Work the University of Hawai'i. I offer this testimony on behalf of PABEA, which is an appointed board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA but of the Board. I also testify here today as a citizen who has worked for more than 30 years in community and university settings to promote the well-being of older adults.

Nationally, nearly five million older adults with at least some type of impairment in activities of daily living reside in the community and 70% of them rely exclusively on the unpaid assistance of families and friends. Here in Hawaii, families provide the bulk of the care to frail elderly citizens and in doing so, assist elders to age-in-place. Families also provide an invaluable economic service to the state in their selfless giving of support and assistance, thereby potentially decreasing the state's funding for nursing home and other residential types of care. Although beneficial to the elder and the state, caregiving has its challenges to the care provider. Families are often balancing work and other family commitments, jeopardizing this very ability to provide the needed care to a frail elder.

Respite care responds to a critical need of caregivers by providing them with a minimal number of hours to be away from the care recipient so that they can do other daily tasks. It is short sighted to limit the availability of such care if the consequence is that families can no longer provide this care, resulting in the elder's institutional placement or neglect.

We strongly support continued funding of respite care to the Department of Health.

We ask for your support in passing HB 893.

Respectfully,

Colette V. Browne, Dr.PH
Legislative Committee
Policy Advisory Board for Elder Affairs

Hawai'i Alliance for Retired Americans

An affiliate of the Alliance for Retired Americans
c/o AFSCME · 888 Mililani Street, Suite 101 · Honolulu, Hawaii 96813

AFT Hawaii Retirees

HGEA Retirees

HSTA – Retired

ILWU Retirees

Kokua Council

Machinists Union Retirees

UPW Retirees

ADA/Hawaii

Hawaii Family Caregivers Coalition

(Submitted by email to: HUSTestimony@Capitol.hawaii.gov. February 10, 2009)

Joint statement of Al Hamai, President, and Carol Nitta, Legislative Committee
Member, Supporting HB 893, Relating to Health

Joint Hearing of the House Committees on Human Services and on Health

February 12, 2008, 10 a.m. Conference Room 329

Chair John Mizuno, and Members of the HUS Committee, and Chair
Ryan I. Yamane and Members of the HLT Committee,

We are submitting testimony on behalf of HARA in support of HB 893.

The purpose of this bill is to restore funds, already provided by law, to
provide continued support for families of individuals with disabilities
through the implementation of the Department of Health respite
services program.

We clearly understand the need for family caregivers to have some
respite from their 24/7 responsibilities of caregiving for much need
rest and to take care of personal matters. This program has been an
extremely beneficial program.

HARA, with our growing membership of 21,000, urges the House
Human Services Committee and the House Health Committee to
approve HB 893. Mahalo.

*HARA is a strong voice for Hawaii's retirees and seniors; a diverse community-based
organization with national roots; a grassroots organizer, educator, and communicator; and a
trusted source of information for decision-makers.*

TESTIMONY TO THE TWENTY-FIFTH STATE LEGISLATURE, 2009 SESSION

To: House Committee on Health:
House Committee on Human Services:

From: Hawaii Disability Rights Center
Re: HB 893, Relating To Health

Hearing: Thursday February 12, 2009 10:00AM
Conference Room 329, State Capitol

Members of the Committee on Health:
Members of the Committee on Human Services:

Thank you for the opportunity to provide testimony supporting House Bill 893.

We are the agency mandated by federal law and designated by Executive Order to protect and advocate for the human, civil and legal rights of Hawaii's estimated 180,000 people with disabilities.

We support this bill. We represent many individuals who are able to reside in their own home or with their family because they receive caregiver support from a friend or family member. Obviously, this is an improved quality of life for them and also is generally more economical than placing these individuals in care homes. The key element is that the family member must be able to provide the care. Caregiver burnout is a well recognized phenomenon in these cases. This is where respite care proves to be invaluable as it provides an opportunity for the caregiver to either perform other essential chores or simply avail themselves of a brief time out so they can rejuvenate themselves. This money is extremely well spent from a quality of life and economic perspective. For those reasons, we support this bill.

Thank you for the opportunity to testify.

Jan M. Tateishi
7182 Kamilo Street
Honolulu, Hawaii 96825
Work Number: 586-8126

February 12, 2009

The Honorable John Mizuno, Chair
House Committee on Human Services

And

The Honorable Ryan Yamane, Chair
House Committee on Health
Twenty-Fifth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT/RE: HB 893 – RELATING TO HEALTH

Dear Representatives Mizuno and Yamane and Members of the Committee:

My name is Jan Tateishi and I am the parent of Daren Tateishi, a young adult with a developmental disability. I strongly support the passage of HB 893.

Respite services have positively impacted our family over the years. It preserved our family unity, strengthened our marriage, and helped to create a nurturing environment for other family members. As a result of these services, our family has been able to give back to our community through volunteerism and civic service many times over.

I do believe that if respite services are reduced, families will be forced to make decisions that will create significant hardships for them, including, out-of home placements, reducing their work hours or even being forced to quit their jobs. In the long run, this in itself would more costly for the state.

I strongly support HB 893 and urge you and your Committee to support the bill to preserve the 'ohana' of Hawai'i. Thank you for your concern and commitment to individuals with special needs and their families.

Warmest aloha,

Jan M. Tateishi

Susan Rocco
1716 Piikea Street
Honolulu, HI 96818

February 12, 2009

The Honorable John Mizuno, Chair
House Committee on Human Services, AND
The Honorable Ryan Yamane, Chair
House Committee on Health
Twenty-Fifth Legislature
State Capitol
Honolulu, Hawaii 96813

RE: HB 893 – RELATING TO HEALTH

Dear Representatives Mizuno and Yamane and Members of the Committee:

I am a single parent with a 27 year-old son, Jason, who has significant cognitive disabilities and serious health conditions. I'm writing in strong support of HB 893.

With the current economic downturn I, like so many other citizens, see the necessity of belt-tightening and personal sacrifice. However, with the Department of Health Respite Fund's reduction by 75% in the upcoming budget, I feel compelled to appeal to your committees to reconsider such a drastic cut to an essential family support service.

I like to think of myself as a competent employee, a responsible neighbor, and a nurturing parent, but in truth, I would never be able to manage a full time job and the medical and physical demands of caring for Jason at home without having period breaks from care giving to catch my breath and replenish my batteries. For many families like mine, respite services allow us to keep the family together and have a reasonable quality of life.

The Department of Health's Respite Fund has served thousands of families since its creation in 1990 with relatively low amounts of funding. Most of the respite care is provided by friends and neighbors at an average reimbursement of \$5-10 an hour. Many families manage with as little as \$500 a year in respite reimbursement. This tiny investment in families pays off big dividends by preventing the need for more restrictive care facilities and additional social services.

I urge you to maintain this invaluable family support service. It's just not fair or fiscally responsible to yank this safety net out from under us.

Sincerely,

Susan Rocco
Susan Rocco
(808) 422-5759