

SB 182

Testimony by:
Sandie Wood, PT



SB 182, Children
Senate HTH/HMS Committees
Tuesday, Feb. 10, 2009, Room 16 – 1:15 pm
Position: Strong Support

Chairs Ige and Chun Oakland and Members of the Senate HTH/HMS Committees:

I am Sandie Wood, P.T., and state pediatric representative for American Physical Therapy Association and member of the Hawaii Chapter – American Physical Therapy Association (HAPTA). HAPTA is comprised of 300 member physical therapists and physical therapist assistants employed in hospitals and health care facilities, the Department of Education and Department of Health systems, and private practice. Our members represent Hawaii at the national American Physical Therapy Association and are delegates for Pediatrics, Women's Health, Parkinson's Disease and other issue sections. We are part of the spectrum of care for Hawaii, and provide rehabilitative services for infants and children, youth, adults and the elderly. Rehabilitative services are a vital part of restoring optimum function from neuromusculoskeletal injuries and impairments.

Physical Therapists (PTs) recognize the value of early intervention, for children from birth to three years of age, which is provided in a natural environment and as part of transdisciplinary team. The values of early intervention to these children and families are summarized as:

- Teach families about their children's needs and how to support them;
- Provide developmentally appropriate activities that promote the child's physical and motor development;
- Provide appropriate positioning suggestions and equipment to prevent secondary disabilities such as muscle contractures, muscle imbalances, and loss of range of motion;
- Provide functional activities to increase independence and;
- Provide suggestions and adaptive devices and equipment that support a child to become mobile.

During the past 9 years the numbers of referrals has continued to grow, children are being referred at a much younger age, and some diagnostic categories require intensive services. Federal law mandates the provision of services in natural environments, e.g. homes, day-care centers, baby sitter, etc. It must be recognized that although this mandate reflects preferred practice it adds additional challenges because of the shortage of physical therapists, difficulty in recruiting therapists, and the decreased efficiency of service delivery. However, because this is the law, it must be acknowledged that the cost to provide services will be significantly increased.

We ask for your support of this appropriations request. Thank you for the opportunity to provide testimony. I can be reached at (808) 754-0979 if there are any questions.

From: Bobbi Pollock [mailto:bjp7502@hotmail.com]
Sent: Monday, February 09, 2009 3:51 PM
To: HTHTestimony
Subject: Testimony for SB182

Testimony noted, as well as included in the attached Word Document.

February 9, 2009

TO: Senator Suzanne Chun Oakland, Chair and Senator Les Ihara, Jr., Vice Chair and Members of the Human Services Committee, as well as Senator David Y. Ige, Chair and Senator Josh Green, M.D., Vice Chair and Members of the Health Committee.

FROM: Bobbi Pollock: MSW student, parent, and Behavioral Consultant for both DOH Early Intervention and Department of Education services.

RE: Senate Bill 182 Relating to Preschool education; continuation of services.

Hearing: Tuesday, February 10, 2009, 1:15pm

Thank you for the opportunity to testify in support of SB 182, and express my support of the right of parents to choose a continuation of early intervention services.

For the past several years, I have worked with children with developmental disabilities and their families, and have witnessed what an anxiety provoking and difficult experience the transition from DOH to DOE services can be for these families. As it is, despite early intervention support (easing concerns, answering questions, and promoting a strengths-based approach), the process of coping with your child's diagnosis, painfully relaying your child's barriers to a room full of unfamiliar faces and grimacing as these same individuals discuss your child, and then trying to adjust as a whirlwind of service providers come in and out of your home, can often cause damaging stressors within the family system. As the family starts to adjust and cope with the changes, they often begin to settle into the early intervention services and are often pleased to begin seeing healthy progress in their child. The children I work with, however, are often diagnosed at around 2 ½ years old, which means that in matter of months, their child turns 3, loses early intervention services, and begins yet another difficult transition with unfamiliar people, a different setting (one that may not best accommodate their child), more paperwork, and more stressful upheaval that often causes at least a brief delay in the child's progress.

I believe this bill would be a step toward improving the outlook of parent's regarding the transition process, as extended services would help ease frustration in a lack of pre-school education choices. For many of these children with developmental disabilities, a self-contained pre-school classroom with little to no integration with typically developing peers hinders their development and is not an appropriate placement. Having increased choices for alternative placements in least restrictive, natural environments, such as home or community-based locations or private inclusive preschools, and allowing for a longer transition period to occur with an already established team in place, would go a long way in serving the needs of these children and easing frustration and anxiety among parents.

Birth to age 5 is a critical developmental stage. Early Intervention services have been found to be greatly beneficial to early childhood growth as well as long-term development. If a system is working up to age 3, why change it and chance regression during the final two years of this critical stage in development. An alarming number of Hawaii's children arrive at kindergarten far behind their peers. An early investment in our children will significantly reduce the added cost to society in future years. Therefore, children with developmental delays who are succeeding in early intervention services may be better served to continue Department of Health Early Intervention Services through to age 5. Thank you for the opportunity to testify on this measure.

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

In reply, please refer to:
File:

Senate Committees on Health and Human Services

S.B. 182, RELATING TO CHILDREN

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

February 10, 2009, 1:15 pm

1 **Department's Position:** The Department of Health (DOH) respectfully opposes this bill. The
2 expansion of early intervention services under Part C of the Individuals with Disabilities Education
3 Improvement Act of 2004 (IDEA) is a state option and not a mandate under IDEA. In addition, this bill
4 is not consistent with Part C of IDEA, in that this bill does not include children age 3 years who were
5 previously eligible for EI services and does not require their eligibility for preschool special education.

6 **Fiscal Implications:** Additional state funds will be needed to develop and implement a comprehensive
7 plan for early intervention services for children age 4 years until the start of kindergarten.

8 **Purpose and Justification:** This bill proposes the continuation of early intervention services until the
9 start of kindergarten, if chosen by the parent, for children age 4 years who previously received services
10 under Part C, regardless of their eligibility under Part B of IDEA for preschool special education. This
11 language is not consistent with Part C of IDEA. It is a state option under Part C of IDEA to continue to
12 serve children ages 3-5 years who previously received services under Part C and are eligible for
13 preschool special education under Part B of IDEA.

14 A DOH expansion of early intervention services will increase DOH costs for administration,
15 special education teacher positions, and other early intervention services. This bill does not appropriate
16 any state funding for these new services or explain how these new services will be funded. Depending

1 on the projection, the cost will be at least \$6,340 per child or a total estimated cost of at least \$7,000,000
2 per year. There is no business plan which identifies Federal, State, or local funds for these services,
3 including fees (if any) to be charged to families.

4 The Hawai'i 3-5 Transition Task Force, established by Act 289 of the 2007 State Legislature,
5 provided critical information and data on whether or not to expand early intervention services. The Task
6 Force reported that while families may have been initially apprehensive about transitioning their child to
7 Department of Education (DOE) preschool special education services, most families were satisfied with
8 the services provided by the DOE preschool program once services started. Only 16% of families
9 reported that after starting DOE preschool, they would have preferred that their child stay in early
10 intervention longer instead of starting preschool.

11 This bill is also premature since the federal regulations for Part C, that will give more detail to
12 the 3-5 educational component that promotes school readiness and incorporates preliteracy, language,
13 and numeracy skills, have not yet been released. The DOH must develop a comprehensive plan for
14 developing and implementing this major system change.

15 Thank you for the opportunity to testify.



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 10, 2009

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services

and

The Honorable David Y. Ige, Chair
Senate Committee on Health
Twenty-Fifth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senators Chun Oakland and Ige and Members of the Committees:

SUBJECT: SB 182 – RELATING TO CHILDREN

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) **APPRECIATES THE INTENT of SB 182, however, we DO NOT SUPPORT the bill.** The purpose of the bill is to expand the scope of services provided and broadens the definition of children covered by State early intervention (EI) services.

The Council was a member of the Hawaii 3-5 Transition Task Force established by Act 289, SLH 2007, to study the feasibility of expanding Hawaii's EI services to continue services for children three years and one day up to five years of age. DOH, through an agreement with the University of Hawaii Center on Disability Studies, began to implement Act 289 with minimal funding from DOH while awaiting the release of \$120,000 from the Governor. Based on \$15,000 from DOH, the consensus of the Task Force was to address Section 2(e)(7) of Act 289 that stated, "Conduct a needs assessment of families focusing on their experiences transitioning out of Part C programs, as well as transitioning into Part B programs."

A transition survey was developed and conducted between October-November 2007 to identify strengths and barriers of young children transitioning from EI services into the Department of Education's (DOE) 619 preschool special education programs. A total of 716 surveys were distributed, and 459 surveys were returned. In the area of,

The Honorable Suzanne Chun Oakland
The Honorable David Y. Ige
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"When your child turned three years old, did you want your child to stay in EI longer instead of starting DOE preschool," 22 percent of families wanted to continue EI services. After experiencing DOE preschool, only 11 percent of families wanted to continue EI services instead of starting preschool. **The available data in the report do not support a change in policy regarding the provision of services to preschool children with disabilities. It is also the responsibility of DOE through the 619 preschool programs to serve preschool-aged children.**

The Council acknowledges that funding for EI services for children ages 0-3 years continues to be a concern. We are aware that FY 2010 expenses for EI services are projected to be greater than available funds. **Passage of this bill without the adequate funding to support its provisions only becomes an unfunded mandate, and would only compound the budget deficit already facing EI services.** To address the projected deficit, the Hawaii Early Intervention Coordinating Council is examining whether health insurance payments for EI services is feasible. The Legislature is considering this option in SB 795 – Relating to Health Insurance and SCR 17 – Mandating Coverage of Early Intervention Services for Infants and Children from Birth to Age Three.

Based on the above in bold print, the Council does not support passage of SB 182. Thank you for the opportunity to present our testimony.

Sincerely,



Wayhette K.Y. Cabral
Executive Administrator

Date of Hearing: February 10, 2009

Committee: Senate Human Services/Health

Department: Education

Person Testifying: Patricia Hamamoto, Superintendent

Title: S.B. 182, Relating to Children

Purpose: Expands the scope of services provided and broadens the definition of children covered by state early intervention services. Incorporates elements of the federal Individuals with Disabilities Education Improvement Act of 2004. Makes an appropriation.

Department's Position: The Department of Education (Department) does not support S.B. 182.

The new Section, §321- Preschool education; continuation of services, describes options for parents of children four years of age or older who were previously eligible for early intervention services. Currently, early intervention services are available for children up to the age of three. The bill, as drafted, would not be applicable to three year olds who had received early intervention services. The bill also does not describe an upper age limit, leaving open the possibility that a parent may choose to continue with early intervention services beyond the age when a child may enter kindergarten. The bill goes beyond the Individuals with Disabilities Education Act (IDEA) Section 635(c) regarding the children who would be eligible for continued early intervention services. This section of the IDEA pertains to "children

with disabilities who are eligible for services under Section 619 (*special education services for 3-5 year olds*) and previously received services under this part (*Part C*).” S.B.182 as written, by contrast, would appear to provide for all children served in Part C, whether or not they are eligible under section 619.

The definitions section of the bill includes definitions for “biological risk,” “environmental risk,” and “early intervention services.” The revision of the definition of “early intervention services,” Item 3, appears to include only infants and toddlers with disabilities and leaves out “special needs” which included children at biological or environmental risk. If these categories of children are no longer to be eligible for early intervention services, then it is not clear why the definitions for those categories remain.

Another paragraph addresses “habilitative therapy” which is described as “care provided to individuals with developmental or chronic conditions. . .” Providing “care” is not the purpose of early intervention services. Assisting the family to help a child to improve functional skills is accomplished through other therapy services already described under the definition of early intervention services. During the 2007 legislative session, a bill was passed, Act 289, requiring a study of the feasibility of expanding eligibility pursuant to Part C of the IDEA, for services from the Department of Health’s Early Intervention Section to children between 3 and 5 years old who

have developmental disabilities. The study was conducted by the Center on Disabilities Studies of the University of Hawaii. The primary recommendation from the study was to make no changes in current policy, unless there is significant further study and adequate funding to support any changes in policy.

As currently drafted, S.B. 182 is inconsistent with the IDEA, is unclear which population of children it pertains to, is contrary to the recommendation of the study completed in response to Act 289, and may result in significant additional expense to the state.

The Department does not support this bill and defers to the Department of Health for further input.



HAWAI'I EARLY INTERVENTION COORDINATING COUNCIL

1350 South King St. Suite 200 ☎ Honolulu Hawai'i 96814

Date: February 7, 2009

To: COMMITTEE ON HEALTH
Senator David Ige, Chair
Senator Josh Green, MD, Vice Chair

COMMITTEE ON HUMAN SERVICES
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

Fr: Leolinda Parlin, Chair, Hawaii Early Intervention Coordinating Council

Re: **OPPOSE** – SB182 – Expanding the scope of Early Intervention

On behalf of the Hawai'i Early Intervention Coordinating Council (HEICC), I submit this testimony in **opposition** of HB 182, which expands the scope of services provided and broadens the definition of children covered by state early intervention services and makes an appropriation.

The HEICC is the federally mandated advisory in Hawai'i for the services and programs defined in Part C of the Individuals with Disabilities Education Act. As such, it is the Council's responsibility to advise against this measure for the following reasons:

1. Due to the economic constraints, it is inappropriate to expand the scope of services for Early Intervention while the Department of Education is mandated to provide services to the population described in this bill
2. The additional burden of serving an unmandated new population will require additional state dollars and will unfairly burden the existing resources and service system in meeting its mandate to serve children birth to age three
3. The legislature has already convened a Legislative Task Force in 2007 (Act 289) which found that a significant majority of families who exited Early Intervention into the Department of Education were satisfied with the services they received

For these reasons, the HEICC must oppose this measure. Thank you for your time and consideration.

