



SB2589
RELATING TO FOSTER YOUTH
Senate Committee on Ways and Means

February 28, 2012

9:00 a.m.

Room 211

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB2589, which would require the department of human services to automatically enroll former foster youth in an appropriate medical assistance program and re-enroll them until they reach the age of twenty-six.

Approximately 52 percent of the children placed in foster care in Hawai'i are of Native Hawaiian ancestry, and often times these children are not provided with a foundation to succeed before they exit the system. When foster youth age out of the system, they no longer have a support mechanism to maintain their healthcare coverage. Enrolling and re-enrolling former foster youth in an appropriate medical assistance program would significantly benefit these children and society as a whole. This measure would provide a safety net for former foster youth to maintain their health needs and become productive and self-sufficient adults.

OHA urges the Committee to PASS SB2589. Mahalo for the opportunity to testify.

HAWAII YOUTH SERVICES NETWORK

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Daryl Selman, President

Judith F. Clark, Executive Director

Aloha House

American Civil Liberties Union of Hawaii

Assistive Technology Resource Ctrs. of HI

Bay Clinic, Inc.

Big Brothers Big Sisters of Honolulu

Big Island Substance Abuse Council

Blueprint for Change

Bobby Benson Center

Catholic Charities Hawaii

Central Oahu Youth Services Assn.

Child and Family Service

Coalition for a Drug Free Hawaii

Domestic Violence Action Center

EPIC, Inc.

Family Support Hawaii

Friends of the Missing Child Center of HI

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Behavioral Health

Hawaii Student Television

Healthy Mothers Healthy Babies Coalition

Hina Mauka Teen Care

Hui Malama Learning Center

Kahi Mohala Behavioral Health

Kama'aina Kids, Inc.

KEY (Kualoa-Heeia Ecumenical Youth)
Project

Kids Behavioral Health

Kids Hurt Too

Kokua Kalihi Valley

Kula No Na Poe Hawaii

Lanai Community Health Center

Life Foundation

Marimed Foundation

The Maui Farm, Inc.

Maui Youth and Family Services

Palama Settlement

P.A.R.E.N.T.S., Inc.

Parents and Children Together (PACT)

Planned Parenthood of Hawaii

Queen Liliuokalani Children's Center
Kona Unit

REAL

Salvation Army Family Intervention Svcs.

Salvation Army Family Treatment Svcs.

Sex Abuse Treatment Center

Susannah Wesley Community Center

The Catalyst Group

The Children's Alliance of Hawaii

Waikiki Health Center

Women Helping Women

YouthVision

YWCA of Kauai

February 23, 2012

To: Senator David Ige, Chair
And members of the Committee on Ways and Means

COMMENTS IN SUPPORT OF SB 2589 RELATING TO FOSTER YOUTH

Hawaii Youth Services Network (HYSN), a statewide coalition of youth-serving organizations, supports SB 2589 Relating to Foster Youth.

When youth age out of foster care at 18, they are suddenly faced with coping with all of the tasks of independent living without adult support or guidance. They must obtain housing, seek employment, manage a budget, and meet many other new and often overwhelming responsibilities. It is not surprising that some fail to meet all of the complex requirements for applying for and renewing their medical assistance benefits.

When youth adults lack medical assistance coverage, it can result in serious harm resulting from untreated illness or injury, inappropriate use of emergency medical services, and unnecessary costs. The stories below illustrate what happens to former foster youth when they lack medical benefits. The stories are true, but names have been changed to protect confidentiality.

Sarah used hospital emergency rooms as her primary source of medical care. When she was sick or injured, she delayed seeking help until the pain and sickness became too much to bear. If Sarah had consistent medical coverage and could establish a relationship with a doctor who knew her history and saw her regularly, the frequency and severity of her asthma attacks could have been greatly reduced. The cost of managing her asthma and other health needs would have been much lower.

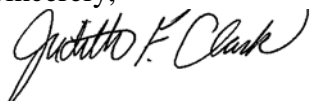
Kalani did not know why he was feeling increasingly tired and weak. When he complained to his friends, they advised him to get more sleep, take some vitamins or stop partying so much. Eventually Kalani lost his job, because he could no longer lift heavy boxes. When Kalani became desperate enough to seek medical

help, he was diagnosed with muscular dystrophy. If he had been able to see a doctor when his symptoms began, he might have been able to retain more mobility and strength as a result of prompt diagnosis and treatment.

Ensuring that former foster youth have access to medical care in their young adult years will improve the health of these young adults while reducing the costs of their medical care and avoiding inappropriate use of emergency facilities.

Thank you for this opportunity to testify.

Sincerely,

A handwritten signature in black ink that reads "Judith F. Clark". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

Judith F. Clark
Executive Director

**Board of Directors**

David Derauf, M.D.
Marc Fleischaker, Esq.
Naomi C. Fujimoto, Esq.
Patrick Gardner, Esq.
Francis T. O'Brien, Esq.
David J. Reber, Esq.

Executive Director

Victor Geminiani, Esq.

Date: February 24, 2012
To: David Y. Ige, Senate Chair, Ways and Means Committee
From: Victor Geminiani, Executive Director
Hawaii Appleseed Center for Law and Economic Justice
Re: Testimony in support of SB2589
Scheduled for a hearing on February 28, 2012

Dear Chair Ige and committee members;

Thank you for an opportunity to testify in strong support of SB2589 which would automatically enroll former foster youth in an appropriate medical assistance program and automatically re-enroll former foster youth until they reach age twenty-six.

My name is Victor Geminiani and I am the Executive Director of the Hawaii Appleseed Center for Law and Economic Justice (formerly Lawyers for Equal Justice). Hawai'i Appleseed Center for Law and Economic Justice (LEJ) is a nonprofit, 501(c)(3) law firm created to advocate on behalf of low income individuals and families in Hawai'i on civil legal issues of statewide importance and to complement the assistance provided by existing legal services providers in the state. Our core mission is to help our clients gain access to the resources, services, and fair treatment that they need to realize their opportunities for self-achievement and economic security.

Youth aging out of the foster care system are the most vulnerable to being homeless, in the criminal system, pregnant, and unemployed. Far too many face significant physical and mental health issues, including chronic health conditions, psychiatric disorders, substance abuse problems, and developmental disabilities. These conditions are all too often a result of negative environmental experiences or are exacerbated by them. Automatically enrolling these youth into Medicaid will help stabilize their lives and promote their transition into adulthood and the community.

Again, thank you for providing us with an opportunity to testify in support SB2589

Aloha,

Victor Geminiani,
Executive Director



1130 N. NIMITZ HWY SUITE C-210 HONOLULU, HI 96817
PHONE: (808) 838-7752 TOLL FREE: (866) 636-1644 FAX: (808) 838-1653

To: **Committee on Ways and Means**
Tuesday, February 28, 2012
9am, Conference Room 211, State Capitol

From: **Delia Ulima, Statewide Initiative Coordinator**
Hawaii Youth Opportunities Initiative, EPIC 'Ohana, Inc.

Re: **Supporting the Intent of SB 2589, RELATING TO FOSTER YOUTH**

My name is Delia Ulima and I am a Statewide Initiative Coordinator for the Hawaii Youth Opportunities Initiative, the local site for the national Jim Casey Youth Opportunities Initiative. EPIC 'Ohana is the lead agency for this Initiative in Hawaii. The Initiative works with systems, such as the Department of Human Services, other service providers and partners with both the public and private sector to create and support transitioning foster youth to successfully move into adulthood and become a part of the community.

Although the Initiative and EPIC 'Ohana supports the intent of SB 2589 which extends medical coverage to former foster youth by automatic enrollment up to age 26, it is our understanding that DHS Administration has already committed to and is in the process of doing this starting in 2012 (up to age 24), 2013 (up to age 25) and 2014 (up to age 26). If this bill does move forward, it should be with amendments which reflect the intent of DHS to provide these services in a way that is supportive and most effective to this effort. Such amendments are given in the House version of this bill, HB 2292.

Medical coverage is critical to the success of young people who age out of foster care. Continued medical coverage by automatic enrollment up to age 26 is critical in making sure this happens.

Mahalo nui loa.



1130 N. NIMITZ HWY SUITE C-210 HONOLULU, HI 96817
PHONE: (808) 838-7752 TOLL FREE: (866) 636-1644 FAX: (808) 838-1653

To: **Committee on Ways and Means**
Tuesday, February 28, 9am (Rm. 211)

From: **Noy Worachit, Vice-President, HI H.O.P.E.S. Youth Leadership Board**
Hawaii Youth Opportunities Initiative, EPIC 'Ohana, Inc.

Re: **Support the Intent of SB 2589, RELATING TO FOSTER YOUTH**

Good Afternoon Senator Chun-Oakland and Members of the Committee,

My name is Noy Worachit and I am the Vice-President of the HI H.O.P.E.S. Youth Leadership Board of the Hawaii Youth Opportunities Initiative.

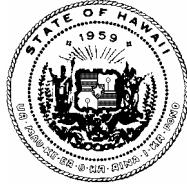
I would like to support the intent of Senate Bill 2589 which extends medical coverage to former foster youth by automatic enrollment. The HI H.O.P.E.S. Youth Leadership Board of the Hawaii Youth Opportunities Initiative supports the extension of Medicaid to former foster youth in Hawaii by automatic enrollment up to age 26. The federal Affordable Health Care Act allows this extension for former foster youth up to age 26, but will not be in effect until 2014.

I aged out of care this past year and I did not receive help to apply for medical coverage and didn't have it for several months. It is important for me to have continued medical coverage, especially because I have a young child. Extended medical coverage and automatic enrollment would be one less thing I have to worry about. As a full time student and single parent, I do not have the time to fill out lengthy and complicated forms to be able to receive medical coverage every year. This is a barrier for most foster youth.

Young people in foster care have higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement when compared to children from the same socioeconomic background, so it is important for them to receive the medical services they need when they age out of care and do not have support.

It is the understanding of the HI HOPES Youth Leadership Board that DHS Administration is already planning to extend medical coverage to youth aging out of care starting this year and we applaud these efforts. Although we support the intent of SB 2589, it appears that it may no longer be necessary. If this bill moves forward, it should be with amendments similar to those reflected in the amendments for HB 2292.

Thank you very much.



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

February 28, 2012

TO: The Honorable David Ige, Chair
Senate Committee on Ways and Means

FROM: Patricia McManaman, Director

SUBJECT: **S.B.2589 - RELATING TO FOSTER YOUTH**
Hearing: Tuesday, February 28, 2012; 9:00 a.m.
Conference Room 211, State Capitol

PURPOSE: The purpose of the bill is to require the Department of Human Services to automatically enroll former foster youth in an appropriate medical assistance program and automatically re-enroll former foster youth until they reach age 26.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill but finds it unnecessary as DHS is already working toward this goal.

Under the federal Affordable Care Act, beginning in 2014, individuals who aged out of foster care and are younger than 26 years will be eligible for Medicaid. DHS is already pursuing a phase-in of this by seeking federal approval to cover individuals who aged out of foster care and are younger than twenty-four years in 2012 and those younger than twenty-five years in 2013.

The DHS has incorporated the costs for aged out foster youth, up to age 24, into its FY 2013-2014 budget. The planned phased-in approach will allow identification of the cohort of individuals to be covered in 2014 and to begin their coverage now. It also permits a gradual

increase in enrollment that was budgeted. Expanding immediately to all individuals younger than twenty-six would require an additional general fund appropriation of \$500,000 for the upcoming fiscal year.

The current language of the bill also suggests that any individual who was at some point in foster care, even if briefly, would be eligible under its provisions. This would be far more expansive than the Affordable Care Act, which targets individuals who age out of foster care, and would require a significant appropriation.

Should this bill move forward, it is our recommendation that the following language be inserted into the bill:

"§346- Medical assistance for former foster youth. (a) The department shall provide medical assistance to former foster youth who:

- (1) Are under twenty-four years of age on July 1, 2012; under twenty-five years of age on January 1, 2013; and under twenty-six years of age on January 1, 2014;
- (2) Were in foster care under the responsibility of the State on the date of attaining eighteen years of age or such higher age as the State may elect pursuant to the Social Security Act, section 1902(a)(10)(A)(i)(IX);
- (3) Were enrolled in the Medicaid program while in such foster care; and
- (4) Have a household income of up to three hundred percent of the federal poverty level for Hawaii.

b) The department shall seek approval from the federal Centers for Medicare and Medicaid Services to implement the provisions of this section, and implementation shall be subject to approval by the Centers for Medicare and Medicaid.

c) The department shall adopt rules pursuant to chapter 91 to implement the provisions of this section."

Thank you for the opportunity to testify on this bill.