

HMS TESTIFIER SIGN-UP SHEET

1:13

If you did not submit written testimony by 4:00 p.m. yesterday and would like to testify, please sign-up on this sheet. Testifiers will be taken in the order signed in.

BILL NO: SB 2639

NAME	ORGANIZATION	POSITION (support/oppose)
Vawnie Taylor		S
Alan Shinn	Coalition for a Drug-Free Hawaii	S
Liz Ann Salvador	State Council on Developmental Disabilities	S
Veronica Geronimo	HI state coalition Against DV	S
Alan Johnson	HI substance Abuse coalition	S
Eldon Wegner	PABEA	S
Scott Wall		S
Michael Lee	Waikiki Community Center	S
Loretta Foster	DOH	Refer to B&E
Leonard Estrada	Mau Family Support Services	S
Patrice Goto	Department of AG	Comments w/ Amendments
Jill Kikumura	Moiliili Community Center	Amendments
Lonnie		S
Anna Gonzalez		S
Jan Hanohano Dill	Partners in Development Facilitation	S

LATE

TO: COMMITTEE ON HUMAN SERVICES
Sen. Suzanne Chun Oakland, Chair
Sen. Les Ihara, Vice-Chair

COMMITTEE ON HEALTH
Sen. Josh Green, M.D., Chair
Sen. Clarence K. Nishihara, Vice-Chair

FROM: Valorie E. Taylor, LBSW

HEARING: 1:00 pm Tuesday, January 31, 2012
Conference Room 016, Hawaii State Capitol

SUBJECT: SB 2659 Relating to Emergency and Budget Reserve Fund

POSITION: I, Valorie Taylor **strongly support** SB 2659, especially the provision for additional funds for the Kupuna Care program.

- Having served Hawaii's Kupuna in a variety of settings as a Social Worker, I have seen the effects of the lack of services available for those remaining in their home. Great changes have occurred over the past 25 years and our Kupuna are faced with a difficult future. The bulk of the caregiving provided by family members, many of whom work and try to balance their life. I have seen couples who, together can offset each other's disability and continue living at home, but on the brink of institutionalization. Simple services that we may take for granted are provided by the Kupuna Care program.
- Due to the current fiscal crisis facing the state of Hawaii, our children, disabled citizens and frail elders are in immediate need of health and social services. Their care should be an important priority for public support.
- Kupuna Care serves frail elders not eligible for Medicaid services, enabling families to care for their elders at home and keeping persons from having to go on Medicaid. The loss of this safety net would result in many persons having to use higher cost residential/institutional care, usually at public expense.
- The Aging Tsunami is not just in the future but is present and steadily rising and the current Kupuna Care funding falls far short of meeting the current critical need. The funding of additional \$4.2 million for Kupuna Care is essential and would provide services for between 1254 and 3398 individuals, depending upon level of impairment.
- These critical services, case management, meals, transportation, bathing and homemaker services, have major impacts on the quality of life of frail elders and their caregivers. The cost of these services is relatively low compared to other expenditures of the state.
- Thus, I strongly recommend support from the "Rainy Day Fund" fund in order to meet our moral obligations to those in greatest need.

Thank you for allowing me to testify on this bill.

LATE

Testimony in Support of SB 2659– Relating to the Emergency and Budget Reserve Fund

January 31, 2012

TO: Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair

Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence Nishihara, Vice Chair

FR: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy, Suite A-259
Honolulu, HI 96817
(808) 545-3228 x2

Please accept this testimony in support of *SB 2659 – Relating to the Emergency and Budget Reserve Fund*. There have been significant funding reductions to health and human services over the past 2-3 years. These funding reductions have been estimated to be at least 20% of service program budgets and have negatively impacted critical services to the most vulnerable populations.

For substance abuse prevention providers, it has meant less drug education, fewer non-school hour programs for at-risk youth in the schools and the community. As a result, we have seen early use of alcohol, tobacco and other drugs and increases in overall use.

During the past fiscal year, the use of the Emergency and Budget Reserve Fund or Rainy Day Fund helped to maintain certain services and prevent the further meltdown of the social service safety net. Letting the Rainy Day funding run out this fiscal year will be the same as more service program cuts.

We urge your support of the intent of SB 2659. Thank you.



LATE

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
January 31, 2012

The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice Chair
Senate Committee on Human Services
and

The Honorable Josh Green, M.D., Chair
The Honorable Clarence K. Nishihara, Vice Chair
Twenty-Sixth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senators Chun Oakland and Ihara, Green and Nishihara, and Members of the Committees:

SUBJECT: SB 2659 – RELATING TO THE EMERGENCY AND BUDGET RESERVE FUND

The State Council on Developmental Disabilities (DD) **STRONGLY SUPPORTS SB 2659**. The purpose of the bill is to appropriate moneys from the Emergency and Budget Reserve Fund to maintain the levels of programs determined to be essential to education, public health, and public welfare.

The Council appreciates the Legislature's action through this bill to restore essential health and human services that were cut or terminated over the past several years. Any appropriations provided in the bill would help rebuild Hawaii's fragile safety net for its most vulnerable populations.

The bill addresses the following essential services for individuals with DD and their families, and is strongly supported:

1. Page 3, Section 2, lines 7-12: Department of Health (DOH) Respite Program
2. Page 3, Section 3, lines 13-18: DOH Healthy Start Program
3. Page 4, Section 6, lines 11-16: Aging and Disability Resource Center
4. Page 4, Section 7, lines 17-21, and Page 5, lines 1-2: DOH DD Medicaid Waiver Program
5. Page 5, Section 9, lines 9-14: DOH Partnerships in Community Living Program
6. Page 12, Section 28, lines 17-22, and Page 13, lines 1-18: Restoration of Adult Dental Care

LATE

The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice Chair
The Honorable Josh Green, M.D., Chair
The Honorable Clarence K. Nishihara, Vice Chair

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January 31, 2012

7. Page 13, Section 29, lines 19-21 and Page 22, lines 1-4: University of Hawaii Maui Community College adult dental care program
8. Page 21, Section 50, lines 15-21 and Page 22, lines 1-2: Advocacy services provided to individuals with DD and mental illness through the Hawaii Disability Rights Center

Act 191/2010 (Emergency and Budget Reserve Fund) appropriated \$200,000 for respite, \$150,000 for PICL and \$1.5 million for the DD Waiver. The Center on Disability Studies, University of Hawaii is assisting the DOH DD Division in administering the respite and PICL funds. With regards to the \$1.5 million for the DD Waiver, to our knowledge, DD Division's budget was able to address the numbers of individuals served and the anticipated new admissions into the program. Therefore the appropriation was not expended. It is our understanding that the current budget for DD Division would also be able to address current individuals receiving waiver services and projected admissions in the DD Waiver program.


With respect to the DOH Respite Program, DOH Partnerships in Community Living (PICL) Program and DD Medicaid Waiver, the Council defers to DOH for the specific appropriation amounts for this bill.

The Council appreciates the Legislature's ongoing support for individuals with DD and their families. Thank you for the opportunity to submit testimony in **strong support of SB 2659.**

Sincerely,



Liz Ann Salvador
Chair



Waydette K.Y. Cabral, MSW
Executive Administrator

LATE



To: The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice-Chair
SENATE COMMITTEE ON HUMAN SERVICES

The Honorable Josh Green, Chair
The Honorable Nishihara, Vice-Chair
SENATE COMMITTEE ON HEALTH

From: Veronika Geronimo, Executive Director
Hawaii State Coalition Against Domestic Violence

RE: SB2659 - SUPPORT

Hearing Date and Time: Tuesday, January 31 @ 1:00PM

Good afternoon Chairs Chun Oakland and Green, and Vice-Chairs Ihara and Nishihara. The Hawai'i State Coalition Against Domestic Violence respectfully submits the following testimony in support of HB2659. As a statewide coalition of domestic violence service providers, our mission is to engage communities and organizations to end domestic violence through education, advocacy, and action for social justice. On behalf of our member agencies, we thank you and the 2011 Legislature which released Emergency and Budget Reserve Funds for domestic violence intervention services and shelters.

Over the last year, more than 80 percent of local domestic violence programs reported an increased demand for their services while nearly the same number reported decreased funding. The critical shortage of funds is resulting in less staff and programs to assist victims in need of advocacy, legal representation, emergency shelter, interpretation, counseling, support groups, and case management. On one day in Hawaii, 95 requests for services went unmet, largely due to lack of funding. Specifically, the nine emergency shelters statewide, face a \$1million funding shortfall (despite last year's rainy day funds) and funding for programs to assist survivors in filing Temporary Restraining Orders have been significantly cut.

SB2659 appropriates moneys from the emergency and budget reserve fund to maintain funding levels of programs for public health, safety, welfare, and education. These emergency funds will help many domestic programs and shelters keep their doors open so that they can continue to provide services for survivors; so that victims are safe, supported and self-sufficient.

We respectfully request that the committee passes SB2659. Thank you for your consideration.

LATE



SB2659 Emergency and Budget Reserve Fund: Appropriation: submit appropriate money from reserve fund to fund programs for public health, safety, welfare and education.

- SENATE COMMITTEE ON HUMAN SERVICES; COMMITTEE ON HEALTH: Senator Chun-Oakland and Senator Green, Chairs; Senator Ihara and Senator Nishihara, Vice Chairs
- Tuesday, January 31, 2012, 1:00: PM, Conference Room 016

Good morning Chair Chun-Oakland, Chair Green; Vice Chair Ihara, Vice Chair Nishihara and Distinguished Committee Members. My name is Alan Johnson. I am the Chair of the Hawaii Substance Abuse Coalition, a hui of over 20 treatment and prevention agencies across the State.

Hawaii Substance Abuse Coalition Supports SB2659:

Many individuals and their families are ravaged by addiction, which the American Society of Addiction Medicine (ASAM) has recently declared a brain disease. Prevention works and treatment is effective. For every dollar spent, treatment saves 50% this year and 400% to 700% the next year(s).

Treatment Works, Saves Money, Reduces Crime, Improves Health Care.

1. Treatment is effective for both adolescents and adults. The outcome data is available at <http://hawaii.gov/health/substance-abuse/prevention-treatment/treatment/adtrtwo.htm>
2. Almost 10% of the adult population and 6% of adolescents need treatment in Hawaii.
3. Treatment is 7 times more cost effective than the best supply control program.
4. Treatment is far less expensive than incarceration. One year of treatment costs \$11,500. One year of incarceration costs \$39,600. One year of untreated addiction costs society an estimated \$43,200.
5. \$1 invested in substance abuse treatment saves taxpayers \$7 in future costs; that \$1 invested in treatment could save \$11.54 in combined medical and social costs; for every \$1 spent on substance abuse treatment \$5.60 was returned in reduced welfare, food stamps, Medicaid, crime courts, and imprisonment.
6. 33% of all Justice costs relate to substance abuse.
7. 55% in probation and parole programs need alcohol or drug treatment.

Study reports significant declines in criminal activity.

- Reports of arrests of selling drugs decreased by 78.2%, from 64% to 13.9%.
- Reports of arrests of shoplifting decreased by 81.6%, from 63.7% to 11.7%.
- Reports of "beating someone up" decreased by 77.6%, from 49.3% to 11%.

LATE

- Reports of arrests for any crimes decreased by 64.2%, from 48.2% to 17.2% in the comparison years.
- Drug sales dropped by 68%;
- Breaking and entering dropped by 61%;
- Selling sex dropped by 54%;
- Use of weapons or physical force dropped by 75%.

50% of the costs of alcohol and drug abuse treatment are offset within the same year*

*Treatment works: Alcohol Health & Research World. Subsequent reductions in medical costs include the affected family and not just the primary patient.

References: Please refer to <http://hawaii.gov/health/substance-abuse/prevention-treatment/treatment/adtrtwo.htm>

Addiction is Compulsive Despite Negative Consequences.

According to Dr. Volkow, the Director of the National Institute of Drug Abuse (NIDA) and considered the foremost expert in the world on addiction, the definition of addiction is "a compulsive, obsessive disorder to seek and abuse substances despite negative consequences."¹ Without treatment, costs will continue to spiral upwards.

Lack of Treatment is Expensive to the State

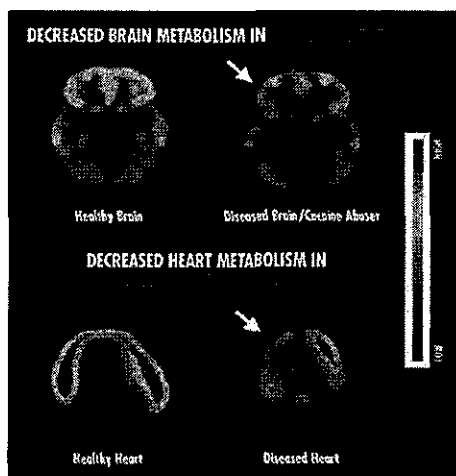
Anyone with addiction who has an obsessive need to abuse would continue to seek other means to support their habit and their families. These other means might very well be illegal activity such as property crime, illegal drug selling and distribution or other criminal activity, which is very costly for law enforcement, court costs, probation/parole, social welfare and/or incarceration. Also, such individuals who lose support for their families often spiral downwards into more chronic conditions of their disease, often incurring other medical issues. They tend to be high end users of medical services such as emergent care, which is immensely expensive to the State and many are uninsured.

What are the medical consequences of drug addiction?

Individuals who suffer from addiction often have one or more accompanying mental disorders as well as medical complications, including lung and cardiovascular disease, stroke, cancer, HIV/AIDS and Hepatitis B and C.⁵

Abuse and addiction to alcohol, and illegal substances cost Americans upwards of half a trillion dollars a year, considering their combined medical, economic, criminal, and social impact.^{2,3,4}

LATE



Source: From the laboratories of Drs. N. Volkow and H. Schelbert

Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, are preventable, treatable, and if left untreated, can last a lifetime.

Can addiction be treated successfully?

Yes. Addiction is a treatable disease. Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.

While addiction's complex nature requires a multifaceted approach to address its causes and consequences, we know that addiction is a disease that affects both brain and behavior. Biological, environmental factors and genetic variations contribute to the development and progression of the disease. Scientists use this knowledge to develop effective prevention and treatment approaches that reduce the toll drug abuse takes on individuals, families, and communities.

Can Treatment Be Mandated?

Yes. According to decades of research by NIDA, scientific research shows that drug abuse treatment can work even when an individual enters it under legal mandate.⁶

Summary

Science has labored under the shadow of powerful myths and misconceptions about the nature of addiction such as considering it a moral failing or lacking in willpower rather than a health problem, which has led to an emphasis on punitive rather than preventative and therapeutic actions. Today, thanks to science, our views and our responses to drug abuse have changed dramatically. Groundbreaking discoveries about the brain have revolutionized our understanding of drug addiction to identify treatment strategies that enable people to stop their drug use and regain control over their lives. And save the state significant money both in the current year and future years.

We appreciate the opportunity to testify and are available for questions.

LATE

Citations

1. Drugs, Brains, and Behavior - The Science of Addiction NIH Pub Number: 10-5605 Published: April 2007 Revised: August 2010 Author: National Institute on Drug Abuse. <http://www.drugabuse.gov/publications/science-addiction>
2. Harwood, H. Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods, and Data Report prepared by the Lewin Group for the National Institute on Alcohol Abuse and Alcoholism, 2000.
3. Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses — United States, 1997–2001. *Morbidity and Mortality Weekly Report* 54(25):625–628, 2005.
4. Office of National Drug Policy. The Economic Costs of Drug Abuse in the United States: 1992-2002. Washington, DC: Executive Office of the President (Publication No. 207303), 2004.
5. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, DC, 2004.
6. Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide NIH Pub Number: 06-5316 Published: September 2006 Revised: January 2012 Author: National Institute on Drug Abuse <http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations>

LATE

TO: COMMITTEE ON HUMAN SERVICES
Sen. Suzanne Chun Oakland, Chair
Sen. Les Ihara, Vice-Chair

COMMITTEE ON HEALTH
Sen. Josh Green, M.D., Chair
Sen. Clarence K. Nishihara, Vice-Chair

FROM: Eldon L. Wegner, Ph.D.
POLICY ADVISORY BOARD FOR ELDER AFFAIRS (PABEA)

HEARING: 1: 00 pm Tuesday, January 31, 2012
Conference Room 016, Hawaii State Capitol

SUBJECT: SB 2659 Relating to Emergency and Budget Reserve Fund

POSITION: The Policy Advisory Board for Elder Affairs **strongly supports** SB 2659, especially the provision for additional funds for the Kupuna Care program.

RATIONALE:

The Policy Board for Elder Affairs has a statutory obligation to advocate on behalf of the senior citizens of Hawaii. While we advise the Executive Office on Aging, we do not speak on behalf of the Executive Office of Aging.

- We understand the current fiscal crisis facing the state of Hawaii. However, our children, disabled citizens and frail elders are in immediate need of health and social services. Their care should be an important priority for public support.
- During the past several years, The "Rainy Day" fund has enabled many essential services to be offered to those in need, which is in line with the intended purpose of the fund. These funds end in June of 2012. Unfortunately, we are still in a slow process of economic recovery and in need of these emergency funds.
- Kupuna Care serves frail elders not eligible for Medicaid services, enabling families to care for their elders at home and keeping persons from having to go on Medicaid. Not to fund basic home and community services would result in many persons having to use higher cost residential/institutional care, usually at public expense.
- Current Kupuna Care funding falls far short of meeting the critical need, and the demand for these services will continue to grow. EOA is requesting an additional \$4.2 million for Kupuna Care, which enable services for between 1254 and 3398 individuals, depending upon level of impairment.
- These critical services have major impacts on the quality of life of frail elders and their caregivers and the cost of the services is relatively low compared to other expenditures of the state. Thus, we strongly recommend support from the "Rainy Day Fund" fund in order to meet our moral obligations to those in greatest need.

Thank you for allowing me to testify on this bill.

LATE

ChunOakland2 - Tyrell

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2012 8:55 AM
To: HMS Testimony
Cc: robertscottwall@yahoo.com
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: Yes
Submitted by: Scott Wall
Organization: Individual
E-mail: robertscottwall@yahoo.com
Submitted on: 1/31/2012

Comments:

LATE



WAIKIKI
COMMUNITY
CENTER

January 30, 2012

To: The Honorable Senator Suzanne Chun Oakland, Chair
Members of the Senate Committee on Human Services

From: Michael Lee, Interim Executive Director

RE: **Waikiki Community Center Support for SB2659**

Hearing Date: Tuesday, January 31, 2012
Time: 1:00 p.m.
Place: Conference Room 016

Dear Chair Suzanne Chun Oakland and Distinguished Members of the Senate Committee on Human Services:

My name is Michael Lee, Interim Executive Director of Waikiki Community Center (WCC).

Waikiki Community Center (WCC) is a nonprofit 501(c)(3) agency that has provided services to Waikiki's elders since 1978 and currently serves over 500 older persons annually. Our Senior Program provides vital fitness, cognitive stimulation, social connectivity, education and case management support that enables our elderly to maintain wellness and age in place with dignity for as long as it is possible.

SB2659 will provide operational support for programs and services delivered by the Waikiki Community Center for our elderly. While we understand the great financial challenges faced by the State of Hawai'i the Waikiki Community Center remains in jeopardy of discontinuing its services to seniors in the community unless it can secure \$60,000. We have already reduced some services to our seniors, furloughed program staff in order to keep the program operations available to the community, and will likely terminate case management and counseling services for older adults if funds are not available.

Waikiki Community Center is a community-based focal point for seniors to receive needed services and activities that support their independence and avoid pre-mature institutionalization, which we know would save the State of Hawai'i thousands of dollars per person in long-term annual care costs. The Center provides a continuum of over 80 educational, recreational and social services, including health screenings, financial education, physical fitness classes, information and assistance, counseling and case management by a licensed social worker, that helps seniors not only maintain their independence and health, but also assists them as they transition through life changes.

WCC utilizes a preventative health, community-based model for services to older adults, with a focus on 3 major areas that national research documents as imperative to maintaining the ability to age in place: physical activity; new learning and cognitive stimulation and social connections.



WAIKIKI
COMMUNITY
CENTER

LATE

Page 2/2

To: The Honorable Senator Suzanne Chun Oakland, Chair
Members of the Senate Committee on Human Services

From: Michael Lee, Interim Executive Director

RE: Waikiki Community Center Support for SB2659

The importance of this 3-pronged preventative approach is supported by evidence that physical activity, such as the programs and activities offered at the Waikiki Community Center, promotes physical and mental health and stimulates cognitive functioning. Exercise also reduces the risk of dementia by 50%, even among people who begin exercise after age 60.

For the elders of Waikiki, this is especially important. Approximately 25% of Waikiki's 20,000 residents are over the age of 60 years old. Waikiki has one of the highest numbers of senior citizens per area density on Oahu. Waikiki elders live alone among a proliferation of secured, mixed residential condominiums, and are especially at risk to social isolation and physical and cognitive deterioration. The typical elderly resident is female, mid 70's, living alone, with little or no family support systems nearby. When they become frailer, they have little choices of independent living and are often confused by services available to support them. Waikiki Community Center's continuum of services, ranging from health maintenance activities to case management and counseling provide the needed support to these elders.

While we understand the great financial challenges faced by the State of Hawai'i the Waikiki Community Center remains in jeopardy of discontinuing its case management services and preventative programs and services to seniors in the community.

Thank you for this opportunity to testify.

LATE

ChunOakland2 - Tyrell

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2012 10:49 AM
To: HMS Testimony
Cc: nmbe81@yahoo.com
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Leonora Etrata
Organization: Maui Family Support Services
E-mail: nmbe81@yahoo.com
Submitted on: 1/31/2012

Comments:

Please be in support for SB 2659.

We want to stress that Healthy Start, Blueprint for change Program for Neighborhood Place Walk-in Centers, Families for R.E.A.L. receive funding to ensure we are able to provide these services. We are Thankful for the releasing of tobacco funds so that Maui County children and families could be served, what a positive and important difference that it makes. We ask the legislature to ensure this critical service for families to prevent Child Abuse and Neglect and strengthen families by receiving funding. Here on the Island of Lana'i I want to stress the lack of resources that we have. I feel that it is very important for our families here on the Island of Lana'i to get back what we have lost. Healthy Start Program is very important to our community its about prevention of Child abuse and neglect and it starts in the womb when a Mother is pregnant. When you have a child, it starts with the parents and how they will parent and raise their child. If a parent only knows from how they have been raised, the cycle will continue. With Programs like Healthy Start, parents will learn new ways and break the cycle. Our Children are our future.

LATE

Senate Committee on Human Services
Senate Committee on Health

Committee Hearing on SB 2659
Tuesday, January 31, 2012
1:00 pm, Conference Room 016

Chair Chun Oakland and members of the Senate Committee on Human Services;
Chair Green and members of the Senate Committee on Health

Thank you for this opportunity to testify on behalf of **SB 2659, Relating to the Emergency and Budget Reserve Fund**. I am Jill Kitamura, Senior Program Director with the Moiliili Community Center Senior Center Program.

We wish to amend **Section 4 of SB 2469** to read: There is appropriated out of the general revenues of the State of Hawaii the sum of **\$285,000** or so much thereof as may be necessary for fiscal year 2012-2013 to provide funding for grants, pursuant to chapter 42F, Hawaii Revised Statutes, for senior centers and to be distributed as follows:

- (1) **Catholic Charities Hawaii for Lanakila Multi-Purpose Senior Center, \$175,000**
- (2) **Moiliili Community Center for Moiliili Senior Center Program, \$50,000**
- (3) **Waikiki Community Center, \$60,000**

The sum appropriated shall be expended by the Department of Health's Executive (Office on Aging for the purposes of this part.

The opening statements of SB 2469 clearly note the economic impact on so many different programs statewide. The programs noted are important to the well-being of our citizens young and old. I do not envy your task of setting priorities on what programs to fund without depleting the emergency and budget reserve funds.

The senior center programs at the different community centers help the senior to remain independent at home and in their community, a cost saving alternative to being institutionalized. Being socially involved keeps the mind active, exercise classes help with one's physical fitness, learning new things and the awareness of resources in the community -- all contribute to the well being of the senior. These seniors not only gain personally but contribute back to the community in many ways.

Kupuna Care Services are essential to helping seniors stay in their homes as long as possible. They provide important services, such as case management, transportation, bathing, meals, respite for the caregiver. Seniors can and will contribute for services, but many cannot afford the actual cost of these services. These lower income, gap group individuals will fail very quickly, needing institutional care earlier than if intervention services were readily available.

I urge you to seriously consider programs and services for seniors to be one of your priority areas. Thank you for your kind attention.

Jill T. Kitamura
Program Director
Moiliili Senior Center
Moiliili Community Center
2535 South King Street
Honolulu, Hawaii 96826
Ph: (808) 955-1555

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2012 2:34 PM
To: HMS Testimony
Cc: loneugene@gmail.com
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Categories: Red Category

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Lonnie
Organization: Individual
E-mail: loneugene@gmail.com
Submitted on: 1/30/2012

Comments:

As an advocate for the underserved, underprivileged and women, services for all three areas were cut badly and continue to do so. Social services are suffering and there are more people on the streets having no other alternative. Human services needs money. You must allocate enough funds for all agencies to continue to provide the services for our community. Its so wrong not to do so.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2012 4:02 PM
To: HMS Testimony
Cc: annag925@gmail.com
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Anna Gonzales
Organization: Individual
E-mail: annag925@gmail.com
Submitted on: 1/30/2012

Comments:

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 30, 2012 4:50 PM
To: HMS Testimony
Cc: jedill@pidfoundation.org
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Jan E. Hanohano Dill
Organization: Partners In Development Foundation
E-mail: jedill@pidfoundation.org
Submitted on: 1/30/2012

Comments:
We strongly support the intent of this Bill.

LATE

Anna Gonzales MSW, case manager for a non comprehensive human service nonprofit organization with services on every island and touching the lives of 40,000 Hawaii residents from keiki to kupuna each year. I have been working with Oahu's elderly for over 8 years and I have seen a large decrease in options for services for a growing population. I am testifying in strong support of SB 2659.

For our Kupuna there are waiting lists for services that could prevent institutional care for elders and allow them to achieve a better quality of life at lower cost to the state. That is why we continue to advocate for increased funding for Kupuna Care that is included in this bill. This bill provides support for critical services related to child abuse and domestic violence as well as Kupuna Care for our seniors. We must do all we can to prevent child abuse and Rainy Day funds in this bill already helped save the Healthy Start program from total elimination. It is essential so that we reach families before there is ever a report of child abuse rather than after the fact. However, this bill also supports important programs that treat children who have been physically/sexually abused. Women and their children need emergency shelters when they are escaping from domestic violence in their homes, and we need to restore funding so we can provide more than just custodial care, which is all we can provide at the current funding levels. This bill also restores domestic violence intervention services that were cut 30% on Oahu and 40% on the Big Island. Where we can intervene with perpetrators and get them to stop the violence and take responsibility for dealing with their anger in non-abusive ways, we sometimes can preserve a family. When the perpetrators do not change and continue their violence, we need to help victims to leave the abusive relationships and to heal themselves as well as their children. Domestic violence intervention services can help women and children in this way.

I urge your support of SB 2659.

Mahalo for providing the opportunity to submit testimony.

With Aloha,

Anna Gonzales, MSW
Case manager
Child & Family Service



LATE

To: Chair Chun Oakland
Chair Green
Members of the Committees on Human Services and Health

Fr: Nanci Kreidman, M.A.

RE: SB 2659

Good afternoon. Thank you for the opportunity to begin the important dialogue about necessary revenues for crucial community human services programs. The Rainy Day Funds disbursed through legislation two years and released by Governor Abercrombie have enabled the Domestic Violence Action Center to restore services provided by 8 staff.

It is an understatement to express the appreciation for your collective efforts over the past two years to keep some of our essential programs alive. The people served by these program services have received support, encouragement, referrals, guidance, refuge, food, life saving intervention, and information unavailable to them from any other place. With the evaporation of these funds at the end of FY 2012, drastic steps will have to be taken at the Domestic Violence Action Center, and at all of our allied organizations who received Rainy Day Funds-initially eliminated through budget adjustments in 2008.

It is our understanding that there will be an effort this year to replenish these funds. We would like to strongly encourage consideration in using those funds to again shore up essential community health and human services programs.

The safety net cannot afford to be further shred by additional cutbacks, setting us at 2008 budget levels. The resurrection of programs lost is a costly and daunting challenge. The work done over the last 30 years to put innovative programs in place must not be reversed. With the wisdom and hard work by all of us, we shall meet the community's desperate needs.

As you know, the leadership you have courageously and collaboratively provided has made an enormous difference to thousands of our island people. We shall look forward to continued work together.

Thank you.

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamily-service.org

LATE



**Child & Family
SERVICE**

Testimony on SB 2659, EMERGENCY AND BUDGET RESERVE FUND

Senate Committees on Health and Human Services

Chairs: Sen. Josh Green and Sen. Suzanne Chun Oakland, nonprofit since 1899

Vice-Chairs: Sen. Clarence K. Nishihara and Sen. Les Ihara, Jr.

Tuesday, January 31, 2012, 1:00 p.m.

Conference Room 016

Testimony submitted by: Laurie Nakamoto,
Community Relations Coordinator, Child & Family Service

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Child Welfare

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United Way

Maui United Way

Kauai United Way



Aloha United Way

Aloha, Chairs Green and Chun Oakland and Vice Chairs Nishihara and Ihara and Committee members. My name is Laurie Nakamoto, Community Relations Coordinator of Child & Family Service. I am testifying in strong support of SB 2659.

The November 2011 news about \$5.8 million in cuts to child welfare human services programs makes it clear that the "Rainy Day" continues in Hawaii. We appreciate the Legislature passing the Rainy Day Fund bill two sessions ago and passing SB 1288 last session to extend the expenditure of the funds through 6/30/12. The Governor deserves our gratitude for his announcement of the release of the funds. However, these funds were one-time only appropriations that end by June 30, 2012. The end will mean another cut to human services programs, organizations, and most important the reduction of services to people in need of child abuse prevention and treatment services, domestic violence services, Kupuna care, mental health services, sexual assault services.

In particular this bill provides support for critical services related to child abuse and domestic violence as well as Kupuna Care for our seniors. This bill also supports important programs that treat children who have been physically/sexually abused. Women and their children need emergency shelters when they are escaping from domestic violence in their homes. For our Kupuna there are waiting lists for services that could prevent institutional care for elders and allow them to achieve a better quality of life at lower cost to the state. That is why we continue to advocate for increased funding for Kupuna Care that is included in this bill.

I urge your support of SB 2659.

Mahalo,

Laurie Nakamoto
Community Relations Coordinator
Child & Family Service

Our Mission: Strengthening Families and Fostering the Healthy Development of Children

LATE



To: Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Committee on Health
Senator Josh Green, M.D., Chair

Date: January 31, 2012, Conference Room 016, 1:00 p.m.

Re: **SB2659 – RELATING TO THE EMERGENCY AND BUDGET RESERVE FUND**

Chair Chun Oakland and Committee Members:

My name is Barbara Kim Stanton, State Director of AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 150,000 members in Hawaii. We are committed to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, and serving as a reliable information source on issues critical to Americans age 50+.

AARP offers comments on SB2659 that appropriates moneys from the Emergency and Budget Reserve Fund to maintain funding levels of programs for public health, safety, welfare, and education. While this bill appropriates moneys for key programs such as Kupuna Care, and the Aging and Disability Resource Center (ADRC), **AARP prefers SB2320** that appropriates moneys for these programs out of general revenues, so that there will be an ongoing, sustainable source of revenue that can be counted upon each year by senior and their caregivers. If funds are not available from general revenues, then the Emergency and Budget Reserve Fund should be used as specified in SB2659, for the maintenance and growth of Kupuna Care, the ADRC, and the expansion of vitally needed long-term care services.

Kupuna Care

This bill appropriates additional funds out of the Emergency and Budget Reserve Fund of the State of Hawaii for fiscal year 2012-2013 for the Kupuna Care program. The appropriation amount is not specified in this bill, however, an additional appropriation of \$4.2 million for fiscal year 2012-2013 is needed for the continued maintenance and growth of the Kupuna Care program. This additional appropriation is needed as the current \$4.85 million base budget appropriation has remained unchanged since 2002, even though demand for services has increased as a result of our rapidly aging population.

In 2011, the Kupuna Care program served 4,836 persons statewide, at a cost of \$103 per month, per person. The additional \$4.2 million appropriation is projected to serve up to an additional 3,398 persons depending on the level of impairment, and would provide seniors and caregivers with assurances that they will continue receiving occasional, yet critical respite services that enables them to live in their homes as long as possible.

Aging and Disability Resource Center

This bill appropriates funds for fiscal year 2012-2013 for the ADRC. The funds will be used to implement fully functional ADRCs on Maui and Kauai during the fiscal year, with Oahu becoming fully functional in 2015. This appropriation is necessary as Hawaii's ADRC program needs improvement. AARP's recently published State Long-Term Services and Support Scorecard ranks Hawaii 41st in ability to access LTC through an ADRC or other single entry point. The ADRC program provides the state with an opportunity to effectively integrate the full range of LTC into a single, coordinated system.

The appropriation of funds for the Kupuna Care program and the ADRC is vital to support the increasing demand for service from our rapidly aging population:

- Approximately one out of every five (20%) Hawaii residents are over 60 years old.
- Hawaii's population over age 65 is increasing rapidly and projected to increase by 71% between 2010 and 2030.
- Approximately 247,000 family caregivers are the backbone of Hawaii's long-term care system and currently provide nearly \$2 billion a year of unpaid caregiving services.
- The number of family caregivers is declining. The primary family caregiver group is 50-64 years old. This group will decline by 10% by 2030, and cause further strain on seniors and remaining caregivers.

Thank you for the opportunity to provide our testimony.

LATE

TESTIMONY ON: SB 2659, EMERGENCY AND BUDGET RESERVE FUND

Senate Committees on Health and Human Services:
Chairs: Sen. Josh Green and Sen. Suzanne Chun Oakland
Vice-Chairs: Sen. Clarence K. Nishihara and Sen. Les Ihara, Jr.

Tuesday, January 31, 2012, 1:00 p.m.
Conference Room 016

Testimony submitted by:
Charla Jones
Program Supervisor
Kapa Ola CPR, Julia House TGH
Child & Family Service
808-348-1041

Aloha, Chairs Green and Chun Oakland and Vice Chairs Nishihara and Ihara and Committee members. I am Charla Jones, Program Supervisor with Kapa Ola Community Based Residential & Julia House Therapeutic Group Home for teenage girls ages 12-18. I am testifying in strong support of SB 2659.

This bill provides support for critical services related to child abuse, domestic violence, Kupuna Care as well as supporting other vital human service programs here in Hawaii..

It is essential so that we reach families for child abuse prevention, domestic violence prevention, intervention and treatment .For our Kupuna, there are wait lists for services that could prevent institutional care for elders and allow them to achieve a better quality of life at lower cost to the state.

I ask you to please take a moment to think about just these three areas I mentioned above and how it affects every person living here in Hawaii. Also, please consider that when our economy improves, we can then build back the Rainy Day Fund to help again with any future economic recession we may encounter.

I urge your support of SB 2659.

Mahalo for providing the opportunity to submit testimony.

Charla Jones
Program Supervisor
Kapa Ola CBR / Julia House Therapeutic Group Home
Child & Family Service
808-348-1041



LATE

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

January 31, 2012

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

The Honorable Josh Green, M.D., Chair
Senate Committee on Health

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 2659 – RELATING TO THE EMERGENCY AND BUDGET
RESERVE FUND**

Hearing: Tuesday, January 31 2012; 1:00 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to appropriate money from the emergency and budget reserve fund to maintain levels of programs for education, human services, and health.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill. With the fragile state of the State's economy, DHS supports Administrative bill S.B. 2784 that recapitalizes the emergency and budget reserve fund.

Thank you for the opportunity to provide comments on this measure.

WRITTEN ONLY

TESTIMONY BY KALBERT K. YOUNG
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEES ON HUMAN SERVICES AND HEALTH
ON
SENATE BILL NO. 2659

January 31, 2012

RELATING TO THE EMERGENCY AND BUDGET RESERVE FUND

Senate Bill No. 2659 appropriates unspecified amounts from the Emergency and Budget Reserve Fund to maintain funding levels of various public health, safety, welfare and education programs.

It should be noted that the adjusted balance (adjusted to accommodate all of the transfers authorized by Acts 25 and 62, SLH 2011) in the Emergency and Budget Reserve Fund at the end of FY 11 was \$5.5 million. Normally, 15 percent of the tobacco settlement moneys would be allocated to the Emergency and Budget Reserve Fund, as provided by Section 328L-2, HRS; however, Act 124, SLH 2011, amended this section so that the percentage going to the Emergency and Budget Reserve Fund would, instead, be deposited into the general fund for FYs 12 and 13.

Although Senate Bill No. 2784 proposes to recapitalize the Emergency and Budget Reserve Fund by appropriating \$20 million from the general fund in FY 12 and \$43.7 million in FY 13, with the uncertainty in the economy and revenue collections, it may be necessary to delay or reduce the recapitalization over that period.

The Department of Budget and Finance recognizes the importance of maintaining funding levels of public health, safety, welfare and education programs; however, with possibly no or little revenues going into the Emergency and Budget Reserve Fund for FYs 12 and 13, it would be fiscally prudent to limit any appropriations from the Emergency and Budget Reserve Fund at this time.

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LATE

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

SENATE COMMITTEES ON HUMAN SERVICES AND HEALTH

S.B. No. 2659, RELATING TO THE EMERGENCY AND BUDGET RESERVE
FUND

January 31, 2012

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

1 **Department's Position:** The Department of Health appreciates the intent of the measure, but defers to
2 the Department of Budget and Finance.

3 **Fiscal Implications:** Yes, but unquantified at this time.

4 **Purpose and Justification:** The purpose of this bill is to appropriate moneys from the Emergency and
5 Budget Reserve Fund to maintain the levels of certain programs determined to be essential to education,
6 public health and public welfare.

7 As stated in the measure, pursuant to Act 304, Session Laws of Hawaii 1999, the legislature
8 established the emergency and budget reserve fund as a temporary supplemental source of funding in
9 times of emergency, economic downturn or unforeseen reduction in revenues. It is noted that some of
10 the targeted programs for additional funding have already been addressed in the Governor's Executive
11 Supplemental Budget request for FY 13. Further, the Administration supports the replenishing of the
12 Emergency and Budget Reserve Fund as the State revenue picture slowly improves. As such, the
13 department is cautious of any proposed additional expenditure from the rainy day fund in light of its
14 original intent.

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



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-SIXTH LEGISLATURE, 2012**

ON THE FOLLOWING MEASURE:

S.B. NO. 2659, RELATING TO THE EMERGENCY AND BUDGET RESERVE FUND.

BEFORE THE:

SENATE COMMITTEES ON HUMAN SERVICES AND ON HEALTH

DATE: Tuesday, January 31, 2012 **TIME:** 1:00 p.m.

LOCATION: State Capitol, Room 016

TESTIFIER(S): David M. Louie, Attorney General, or
Blair Goto, Deputy Attorney General

Chairs Chun Oakland and Green and Members of the Committees:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to make fifty-four appropriations for unspecified amounts for fiscal year 2012-2013 out of the emergency and budget reserve special fund. These appropriations are to support various programs that have been determined to be essential to education, public health, and public welfare, during this time of economic downturn and unforeseen reduction in revenues. The expending agencies are the Department of Health, the Department of Human Services, the Judiciary, the Department of Labor and Industrial Relations, the Department of the Attorney General, and the Department of Education.

In section 14 of the bill, on page 7, there is an appropriation to fund the housing first pilot program, "through a collaboration between the Hawaii public housing authority and the department of human services." It is our understanding that the homeless programs branch of the Hawaii Public Housing Authority was transferred to the Benefit, Employment, and Support Services Division of the Department of Human Services by Act 89, Session Laws of Hawaii 2010. See also, Haw. Rev. Stat. § 346-378 (2011). As the Department of Human Services would therefore be working only with itself, we recommend that the above-quoted language be deleted. For consistency, we also recommend that lines 12-17 be amended to read as follows:

"The [~~Hawaii public housing authority, in collaboration with the~~] department of human services shall prepare a report to the legislature on the progress of the housing first pilot program[~~—The Hawaii public housing authority~~] and shall

submit the report to the legislature no later than twenty days prior to the convening of the regular session of 2013.”

In section 17 of the bill, on page 8, there is an appropriation to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to “The Path Clinic for services to pregnant women struggling with addiction.” It is our understanding that The Path Clinic filed articles of dissolution with the Department of Commerce and Consumer Affairs on June 30, 2011. As a result, The Path Clinic does not meet the standards for the award of grants and subsidies as set forth in section 42F-103, Hawaii Revised Statutes, and is not eligible to be awarded a chapter 42F grant. Either another eligible organization that provides services to pregnant women struggling with addiction should be substituted for The Path Clinic or the wording “to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to The Path Clinic” should be deleted. This alternative would result in the Department of Health competitively procuring services to pregnant women struggling with addiction pursuant to chapter 103F, Hawaii Revised Statutes.

In section 30 of the bill, on page 14, there is an appropriation to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to the Hawaii Primary Care Association “for outstationed eligibility worker services provided at federally qualified health centers.” It is our understanding that the Department of Human Services currently has agreements with the federally qualified health centers (FQHCs) for some FQHC employees to provide outstationed eligibility worker services as allowed by 42 C.F.R. § 435.904. As a result, it is unnecessary for this appropriation to be made as a chapter 42F, Hawaii Revised Statutes, grant for the appropriated moneys to fund outstationed eligibility worker services. If it is made as a direct appropriation to the Department of Human Services for these services, the appropriated amount could be added to the existing contracts by way of supplemental contracts. To convert this 42F grant appropriation to a direct appropriation, the following language after fiscal “year 2012-2013” on lines 8-10 “to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to the Hawaii Primary Care Association” should be deleted.

In section 40 of the bill, on page 18, there is an appropriation for the preschool open doors program. It is our understanding that the preschool open doors program is administered by PATCH (People Attentive to Children), a domestic nonprofit corporation. If that is correct and if

Testimony of the Department of the Attorney General
Twenty-Sixth Legislature, 2012
Page 3 of 3

the organization submitted a chapter 42F grant application, then the appropriation should be made as a chapter 42F, Hawaii Revised Statutes, grant. To make the appropriation into a grant, the following language should be added after fiscal “year 2012-2013” on line 8:

“to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to PATCH (People Attentive to Children) for the preschool open doors program.”

In section 41 of the bill, on page 18, there is an appropriation to provide funding for grants pursuant to chapter 42F, Hawaii Revised Statutes, to “Oahu About Face Family of Programs.” This may refer to the About Face! “Family of Programs” that is administered by Family Programs Hawaii, a domestic nonprofit corporation. If it is the Legislature’s intent to fund this program, then the grant should be made in the legal name of the organization: Family Programs Hawaii.

We respectfully ask that if the Committees pass this bill, that the recommended amendments be made.



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
OFFICE OF COMMUNITY SERVICES

830 PUNCHBOWL STREET, ROOM 420
HONOLULU, HAWAII 96813
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Phone: (808) 586-8675 / Fax: (808) 586-8685
Email: dlir.ocs@hawaii.gov

January 30, 2012

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

The Honorable Josh Green, M.D., Chair
Senate Committee on Health

Date: Tuesday, January 31, 2012
Time: 1:00 p.m.
Place: Conference Room 016, State Capitol

From: Mila Kaahanui, MSW
Executive Director
Office of Community Services (OCS)

Testimony for Senate Bill 2659-Relating to the Emergency and Budget Reserve Fund

POSITION: Support w/Comments

I. OVERVIEW OF PROPOSED LEGISLATION

The current proposal, SB 2659, would appropriate funds from the Emergency and Budget Reserve Fund to pay for various programs and providers in danger of being cut by the State.

II. CURRENT LAW

Currently, OCS administers a Weed and Seed program under a 42F grant from the previous year, as well as Employment Core Services for Low-Income persons, Immigrants, and Refugees.

III. SENATE BILL

OCS has greatly benefited from the passage of such Legislation in the past. The ability for our office to defray program costs funded from the General Fund has allowed us to keep more providers on contract and serve more areas. In this respect, we fully support such Legislation.

OCS also supports our providers. We believe that our duty as State employees and contract administrators is to serve as resources for the continual improvement of those who partner with the State in providing services.

Like many other State agencies, OCS has had to reduce our family of contracted agencies in a manner proportional to the loss of our General Funds. Some of our agencies filled a specialized niche within the community and worked with a very specific, hard to reach clientele. Some agencies relied solely on OCS funding, and have shut their doors because of our loss.

OCS fully realizes that it the responsibility of Legislators to provide us the funding priorities of the State, and if this measure is approved, we will continue to be responsible stewards of our citizen's funds.

Thank you for the opportunity to testify.

LATE 1/31
1pm
HMS-HTH

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, January 31, 2012 12:13 PM
To: HMS Testimony
Cc: glenna@mfss.org
Subject: Testimony for SB2659 on 1/31/2012 1:00:00 PM

Categories: Red Category

Testimony for HMS/HTH 1/31/2012 1:00:00 PM SB2659

Conference room: 016
Testifier position: Support
Testifier will be present: No
Submitted by: Glenna Okamura, MSW
Organization: Individual
E-mail: glenna@mfss.org
Submitted on: 1/31/2012

Comments:

Re: Early Childhood Related Legislative Bills- Support for SB2659.

LATE

1/31
1pm.

Aloha Honorable Legislators

I urge you to support SB2659, ensuring the continued funding levels of programs for public health, safety, welfare, and education. As a social worker and advocate for families, I understand the need for adequate funding for programs such as Healthy Start, Families for REAL, and Blue Print for Change Program for Neighborhood Places. I am very grateful that Governor Abercrombie released Tobacco funds to help continue funding such important and crucial programs that have an impact on the future social and economic well being of our state and am asking the legislature to continue this commitment in the prevention of child abuse and neglect for all Hawaii families Statewide, including Maui County.

Children and families need to come first during these hard economic times; they are our most important priority today to ensure a successful and safe future for our state.

Sincerely,

Edeluisa Baguio-Larena
Early Head Start Director
Maui Family Support Services, Inc.

LATE 1/31
1 Pm

Re: Early Childhood Related Legislative Bills- Support for SB2659.

Aloha Honorable Legislators

As a first hand service provider to families with young children, I urge you to support SB2659, ensuring the continued funding levels of programs for public health, safety, welfare, and education. Please help support all measures that provide adequate funding for programs such as Healthy Start, Families for REAL, and Blue Print for Change Program for Neighborhood Places.

During these hard economic times, Governor Abercrombie released Tobacco funds to help continue funding such important and crucial programs that have an impact on the future social and economic well being of our state and I am asking the legislature to continue this commitment in the prevention of child abuse and neglect for all Hawaii families Statewide, including Maui County.

Sincerely,
Raenelle Coloma

1844 Wili Pa Loop
Wailuku, HI 96793

(808) 242-0900

Re: Early Childhood Related Legislative Bills- Support for SB2659

Page 1 of 1

LATE 1/31
1 Pm

Re: Early Childhood Related Legislative Bills- Support for SB2659.

Aloha Honorable Legislators

As a first hand service provider to families with young children, I urge you to support SB2659, ensuring the continued funding levels of programs for public health, safety, welfare, and education. Please help support all measures that provide adequate funding for programs such as Healthy Start, Families for REAL, and Blue Print for Change Program for Neighborhood Places.

During these hard economic times, Governor Abercrombie released Tobacco funds to help continue funding such important and crucial programs that have an impact on the future social and economic well being of our state and I am asking the legislature to continue this commitment in the prevention of child abuse and neglect for all Hawaii families Statewide, including Maui County.

Sincerely,

Ave Diaz
P.O. Box 791813
Paia, HI 96779
808-264-5633