

**From:** [Billy Kekua](#)  
**To:** [WAM Testimony](#)  
**Subject:** HCR238  
**Date:** Thursday, April 17, 2014 9:42:49 AM

---

April 17, 2014

HCR238

REQUESTING THE SUPERINTENDENT OF EDUCATION AND THE DIRECTOR OF HEALTH TO FORM A WORKING GROUP TO ASSESS WHETHER CHILDREN IN HAWAII WHO ARE DEAF OR SEVERELY HARD OF HEARING AND WHO CHOOSE THE AURAL/ORAL ROUTE OF COMMUNICATION RECEIVE PROPER TRAINING AND SUPPORT TO LEARN SPOKEN LANGUAGE SKILLS.

The committee(s) on WM will hold a public decision making on [04-17-14 10:55 AM](#) in conference room 211 at State of Hawaii Capitol.

Senate Ways and Means Chairperson David Y. Ige  
Senate Ways and Means Vice-Chairperson Michelle N. Kidani

Senate Ways and Means Members:

Senator Suzanne Chun Oakland,  
Senator Donovan M. Dela Cruz  
Senator J. Kalani English  
Senator Will Espero  
Senator Gilbert Kahele  
Senator Gilbert S.C. Keith-Agaran  
Senator Ronald D. Kouchi  
Senator Russell E. Ruderman  
Senator Laura H. Thielen  
Senator Jill N. Tokuda  
Senator Sam Slom

Dear Ways and Means Committee:

Hawaii School for the Deaf and the Blind Alumni Club would like to request that the HSDBAC organization is to be part of the working group to assess the services for Deaf and the Hard of Hearing children of Hawaii. As last testimony letter submitted, we still stand on the statement that we do not SUPPORT the measure. Rest assured, we will be willing to invest and ensure that all Deaf and Hard of Hearing children receive the excellent services.

As we respectfully request that you would honor the opportunity for us to be part of this plan.

Sincerely,

Billy Kekua,  
HSDBAC Representative

April 16, 2014

Subject: HCR 238

Position: Support, with changes

I am writing in support of HCR 2388, requesting the Superintendent of Education and the Director of Health to form a working group to assess whether children in Hawai'i who are deaf or hard of hearing receive proper training and support to learn listening and spoken language skills. I would suggest one major change to this resolution, that of broadening the intent to include services to all deaf and hard of hearing children.

The Joint Commission on Infant Hearing (JCIH) has published a position statement to help lead the field toward best practice in services for deaf and hard of hearing infants, toddlers, and children. In 2013, the group published a Supplement to the Position Statement with more specific recommendations regarding services. The recommendations of the JCIH include having care coordinators who have specialized knowledge and skills related to working with individuals who are deaf and hard of hearing as well as service providers who have expertise in working with deaf and hard of hearing children. Specific to the issue discussed in this proposed resolution, the JCIH recommends that "Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge" (e1330). As these skills are not typically included in general speech therapy or deaf educator training courses, it is likely that many speech therapists and educators working with the Departments of Health and Education do not yet meet the standards recommended by the JCIH. Additionally, the JCIH recommends that intervention services for families who have chosen to use American Sign Language (ASL) be provided by professionals who are fluent or native users (e1329). In general, the JCIH recommends highly qualified individuals to provide these services. It appears that many providers, both in Early Intervention and the Department

of Education, are qualified in their fields in general, but do not have the specific training required to provide high quality services to deaf and hard of hearing children and their families.

I respectfully suggest a change to this resolution to include an assessment of services for ALL deaf and hard of hearing children. I suspect the working group would find that there is room for improvement in all areas, not just services that focus on listening and speaking. As many deaf and hard of hearing children also use the visual modality, this cannot be ignored. Some children exclusively communicate via the visual/gestural language of ASL, some use the manual coding system of Cued Speech, and research demonstrates that children who are learning to speak benefit from a firm foundation in a visual language before and after they access hearing via aids or cochlear implants.

A working group that would assess the education and work experiences of those providing services to deaf and hard of hearing infants, toddlers, and children, as well as the quality of services currently being provided, would be highly beneficial. Once the state has assessed the level of expertise of providers and the quality of current programs, it can then formulate a plan for improvement. When all providers and programs meet the standards recommended by the JCIH, we can be assured that children are receiving the proper education and support to foster strong language and cognitive development.

Respectfully,

Kim Fenton, M.Ed.

*Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. (2007). DOI: 10.1542/peds.2007-2333*

*Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a Child Is Deaf or Hard of Hearing. (2013). DOI: 10.1542/peds.2013-0008*

**From:** [L. Elento](#)  
**To:** [WAM Testimony](#)  
**Subject:** HCR238 SD1  
**Date:** Wednesday, April 16, 2014 9:31:24 PM

---

COMMITTEE ON WAYS AND MEANS

Senator David Ige, Chair

Senator Michelle Kidani, Vice Chair

DECISION-MAKING: Thursday, April 17, 2014 at 10:55 AM

IN SUPPORT OF HCR238 SD1 including the supplemental budget to support a workgroup.

The state has effective communication obligations under Title II of the American with Disabilities Act of 1990, as amended, to children who may be eligible under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and/or Section 504 of the Rehabilitation Act of 1973.

I have learned that the effective communication regulation is not limited to just deaf or hard of hearing, or deaf/blind individuals but to all children with speech or language difficulties, including my son who has Down syndrome.

Many children with disabilities must deal with communication barriers appropriate American Sign Language (ASL), total communication (signed and spoken language) or other services to facilitate effective communication with instruction and learning in school and at home.

Supporting case law: Summary of the K.M. v. Tustin Unified Sch. Dist. (US Court of Appeals, Ninth Circuit) opinion filed August 6, 2013, and made final in March 2014, Supreme Court denied school's petition/appeal includes--

“The panel held that a school district’s compliance with its obligations to a deaf or hard-of-hearing child under the Individuals with Disabilities Education Act does not also necessarily establish compliance with its effective communication obligations to that child under Title II of the American with Disabilities Act.”

...

“According deference to the Department of Justice’s interpretation of the ADA effective communication regulation, ... the panel concluded that the ADA requirements regarding students who are deaf or hard-of-hearing are different that those imposed by the IDEA.”

The Department of Education, which is supposed to oversee and provide special education and related services to public charter schools, is currently not able to provide instruction in the effective communication modes for all children in Hawaii. When my son needed sign language and speech, the special education preschool I found did not focus on sign language, but speech, because children in the class had cochlear implants. The DOE limits access to services based on location of a student's residence.

In my research and experience, the Department of Health has yielded to the DOE when a child is transferring from services from the DOH upon the child’s 3rd birthday. Even though the IDEA allows for states to continue Part C early intervention services for children who turn three years old, in lieu of Part B preschool special education, our state has still chosen to cut off these children from the DOH. A Memorandum of Agreement between the DOE and the DOH would benefit our children, their families, and the departmental personnel who are not able to find, train or fund the contracted services or staff to provide for their communication and language needs for all children.

Thank you for the opportunity to provide written testimony.

Linda Elento