

# MASTER TESTIMONY

SCR 76

03-24-14



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 Education**

**S.C.R. 76, 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**

**Testimony of Linda Rosen, M.D., M.P.H.  
Director of Health**

**March 24, 2014**

1 **Department's Position:** The Department of Health (DOH) supports the intent of this resolution to  
2 assure that children who are deaf or hard of hearing have access to appropriate services. The DOH is  
3 willing to work with the Department of Education (DOE) to convene a work group to address the items  
4 in the resolution. One amendment is requested.

5 **Fiscal Implications:** Work group participation involves DOH staff and time resources.

6 **Purpose and Justification:** This resolution requests the Department of Education (DOE) and DOH to  
7 convene a work group to assess whether children in Hawai'i who are deaf or hard of hearing and who  
8 choose the aural/oral route of communication receive proper training and support to learn spoken  
9 language skills. The DOH is willing to work with the DOE to address the issues in the resolution, since  
10 it may help the DOH Early Intervention Section (EIS) to better serve children age 0-3 years who are  
11 deaf or hard of hearing and support their transition to DOE services.

12 For the work group representative, the DOH requests that the Developmental Disabilities  
13 Division be changed to the Family Health Services Division (FHSD). Within FHSD, EIS provides early

1 intervention (EI) services for children age 0-3 years with or at biological risk for developmental delays,  
2 as mandated by Part C of the Individuals with Disabilities Education Act (IDEA). EI services for  
3 children who are deaf or hard of hearing include consultation by a Deaf Educator and services of Speech  
4 Language Pathologists who address the development of communication skills.

5 Thank you for the opportunity to testify.



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
P.O. BOX 2360  
HONOLULU, HAWAII 96804

**Date:** 03/24/2014

**Committee:** Senate Health/Senate Education

**Department:** Education

**Person Testifying:** Kathryn S. Matayoshi, Superintendent of Education

**Title of Resolution:** SCR 076 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.

**Purpose of Resolution:** Requests 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.

**Department's Position:**

The Department of Education (Department) appreciates the intent of SCR 76.

However, as the DOE and DOH possess a collective commitment to actively address the issues embedded in this resolution, the Department does not believe there is a need to legislate this assessment. Notwithstanding this resolution, both agencies have committed and will continue to explore additional means of providing services using current technologies and to ensure a smooth transition of children from the Department of Health (DOH), Early Intervention Services (EIS) to the Department as appropriate.

However, if the Committee is inclined to pass this resolution, the Department would like to ask that consideration be given to removing the reporting requirement so that both agencies may instead dedicate its time and resources to directly addressing the issues.

Thank you for considering our testimony and the opportunity to provide testimony on this measure.



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
919 ALA MOANA BOULEVARD, ROOM 113  
HONOLULU, HAWAII 96814  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
March 24, 2014

The Honorable Josh Green, Chair  
Senate Committee on Health  
and  
The Honorable Jill N. Tokuda, Chair  
Senate Committee on Education  
Twenty-Seventh Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Senators Green and Tokuda, and Members of the Committees:

**SUBJECT: SCR 76 - 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 State Council on Developmental Disabilities (**DD**) **SUPPORTS THE INTENT OF SCR 76.** The purpose of the resolution is that the Superintendent of Education and the Director of Health are requested to convene 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 working group is requested to assess whether a gap in education and health care exists for children who are deaf or severely hard of hearing such that they do not adequately receive the guidance of therapists who are trained in the field of oral speech therapy and that these children are given the accommodations required for their schooling according to the Rehabilitation Act of 1973, Individuals with Disabilities Education Act, and Patient Protection and Affordable Care Act.

Two activities the working group is specifically requested to do is to review the possibility of hiring an experienced oral speech therapy teacher to fill the gap in training while the hiring is underway for permanent oral therapy teachers and the possibility of covering the insurance cost of families who choose to use telehealth services to receive oral speech therapy sessions.

The Honorable Josh Green  
The Honorable Jill N. Tokuda  
Page 2  
March 24, 2014

The DD Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes an Objective, "Address all medical gaps in services, as indicated within the Individualized Service Plan by September 30, 2016." An activity to address the objective is to pursue statewide telemedicine opportunities. The resolutions address telehealth as an option for families to receive oral speech therapy session. We view this as a viable alternative to face-to-face therapy sessions.

The Council welcomes the opportunity to collaborate with the entities listed on Page 5, lines 3-5, and participate in ensuring that children in Hawaii who are deaf or severely hard of hearing receive the proper training and access to the correct tools to succeed in achieving the goals laid out in their individual education programs

Thank you for the opportunity to provide testimony **supporting the intent of SCR 76.**

Sincerely,



Waynette K.Y. Cabral, M.S.W.  
Executive Administrator



J. Curtis Tyler, III  
Chair

Members of Committee on Education and Health  
Senator Jill Tokuda, Chair of Education  
Senator Josh Green, Chair of Health  
Monday, March 24, 2014  
1:25 p.m.  
Room 414

Opposition of SCR76

Aloha Chair Tokuda, Chair Green and Members of the Committee

My name is Darlene Ewan. I am currently Vice President of Aloha State Association of the Deaf.

I have taught deaf and hard of hearing students since 2002. I also have taught students with cochlear implants. I recognize the rapid growth of cochlear implants with deaf and hard of hearing students however your resolution only requests that parents of deaf and hard of hearing who choose the aural/oral route of communication receive proper training and support to learn spoken language.

I strongly believe all students who have hearing loss that uses cochlear implant also should receive proper training and support to learn spoken language skills through American Sign Language.

As a vice president of Aloha State Association of the Deaf, I urge that the superintendent of Education and the director of Health to include parents of children with hearing loss that uses American Sign Language have the same access to spoken English through the proper training and support. There is plenty of research that show ASL promote life long learners to enhance their spoken English skills when given proper training and support.

Thank you.

Darlene Ewan  
Vice President  
Aloha State Association of the Deaf  
PO BOX 88591  
Honolulu, Hawaii 96830

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
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**Subject:** Submitted testimony for SCR76 on Mar 24, 2014 13:25PM  
**Date:** Saturday, March 22, 2014 6:22:04 AM  
**Attachments:** [SCR 76 Death Children.gif](#)

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## **SCR76**

Submitted on: 3/22/2014

Testimony for HTH/EDU on Mar 24, 2014 13:25PM in Conference Room 414

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Arvid Tadao Youngquist	1,978 "Conventinoal People"	Support	Yes

Comments: Chairs, HLT/EDU Committees Vice Chairs, HLT/EDU Committees Right Honorable Members of the Joint Committees We support the request and the study requested by Dr. Josh Green of the Big Island, an Emergency Room Physician. It is coincidental, also that the other Physician in the Legislature also comes from his Senate District, but on the House-side. Also, by co-incidence, on Thursday, we spent sometime during the Access Room Presentation to Deaf Adults interested in the way bills become laws, and how a citizen may submit testimony and advocate for their particular interests. The name of Sen. Josh Green came up numerous times from these citizens from Oahu, another "Neighbor Island". As we drew to a close, I asked the interpreter to mention to the class that Dr. Green is a first time author of a book called, "The Idea Man". I personally bought a copy at the Hawaii State Federal Credit Union (several copies were donated for the cause), and obtained an autograph. It awaits my reading of it as soon as I finish reading the current book of the Essays of Robert Louis Stevenson. The Deaf class lingered and seemed reluctant to leave after the class was concluded. My kudos to the Access room staff Virginia for taking the time and showing them so much patience and keeping their interest up. They were definitely motivated and engaged. Most of the class asked questions...the kind of questions that we would want to ask as well. This Senate Concurrent Resolution No. 76 is a worthy substitution for an earlier effort on the part of others to advocate for this segment of the "disabled student population". As my heroine are the real life people portrayed by Patty Duke Astin, and a later Oscar winning leading actress (wife of Mel Brookes), who portrayed a governess and teacher who also was losing her sight, the daunting task of teaching a deaf-mute-blind student not just to enjoy reading, to speak, and even to experience flying in a single engine propeller plane, is an amazing feat in itself. Later in life, I obtained a copy of the summaries of all the important books that Patty Duke Astin's character went on to read and share with all of us...it was a book about the thickness of a Websters Dictionary but about the size of a big King James Bible. This early in the morning, on a Saturday, and without access to google.com search engine, w/o risking losing the text of this testimo, I will refrain from giving you the actual names of the characters that these two Oscar winners portrayed...both of them are my heroes, in actuality of the historical figures



they portrayed, but the acting and their body of work as actresses and leaders in the labor movement, performance, and being so out-spoken when it needed to be so. Mahalo nui loa to the introducer and this public joint committee hearing. Please support this SCR 76. It is good. Arvid Tadao Youngquist Founder, Administrator, & Spokesman

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**From:** [L. Elento](#)  
**To:** [HTHTestimony](#)  
**Subject:** SCR76 Hearing 3/24 1:25PM  
**Date:** Monday, March 24, 2014 10:18:46 AM

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## COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Rosalyn Baker, Vice Chair

## COMMITTEE ON EDUCATION

Senator Jill Tokuda, Chair

Senator Rosalyn Baker, Vice Chair

HEARING: Monday, March 24, 2014 at 1:25PM

## IN SUPPORT OF SCR76

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 people.

**Please consider on Page 4 (lines 7, 12) and Page 5 (line 7) to include any child with a disability that must deal with communication barriers. That could include where appropriate ASL, total communication (signed and spoken language) or other services to facilitate effective communication**

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 than those imposed by the IDEA.”

The Department of Education 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 present testimony.

Linda Elento

Subject:

SCR76

My testimony is in support of SCR76

Thank you so much for the opportunity to testify in support of SCR76, a resolution that will bring much needed services to the children of Hawaii.

I know that if this bill is passed many children who have hearing loss, but who can communicate through spoken language with proper professional services and early intervention, will benefit.

Evidence-based research shows that Deaf and Hard of Hearing Children who receive an early diagnosis, proper amplification and professional intervention services from trained experts can be mainstreamed into our school system early. They can be great scholars and grow up to be doctors, lawyers or any other kind of professional that they choose to be. Hawaii must follow the example of other states and provide the proper information to parents and the proper services to children with hearing loss. Our children deserve the best.

We are from Kona and my son Julian is now 3 years old. At age two, he was diagnosed with a hearing loss. I will never forget that day. I asked the doctor, "Well, will he speak?" She said, "Don't worry, he can learn American Sign Language (ASL). Many children I see are happy with that." She didn't mention that over 90% of children with hearing loss have hearing parents and that speech could be his mode of communication.

Time went on and many months after his diagnosis, he was amplified with hearing aids. After eleven repairs and a lot of waiting around for care, we decided to go to Los Angeles for a second opinion. There, we found out he had been fit with an adult hearing aid and that it was programmed incorrectly. We also learned that his hearing had dropped and he was now a cochlear implant candidate.

In Hawaii, all I was told by his audiologist at diagnosis was that he would need sign to communicate. At that time we didn't know one person who signed fluently. Being a parent, I felt compelled to research the alternatives. I found out that children today with a hearing loss can have beautiful speech. As parents who communicate using spoken language, this was wonderful news. However, I had no idea what battles that I would have to go through to get Julian what he needed.

**What has been lacking for Julian within the Department of Education:**

**Inclusion Class:** At Julian's first Individualized Education Program (IEP), I had to request and fight for an appropriate classroom setting for Julian. He was ultimately bumped up on the waiting list to get into an inclusion classroom, which is what he is in right now. The true Least Restrictive Environment for Julian would be a classroom with an auditory/oral trained Deaf and Hard of Hearing teacher who knows exactly how to work with his disability, with other children with hearing loss. These teachers are also

trained and can troubleshoot the equipment that Julian has (cochlear implants, FM system). Right now he has a special education teacher with no training or understanding of how to work with a child with hearing loss.

**Acoustic Classroom:** It is critical that Julian has a classroom where he can best learn auditorily. I fought for a sound field system, carpeting and sound absorbing ceiling tiles. So far, the only thing in the classroom is the sound field system, but his teacher does not really know how to use it to best benefit Julian. Currently the classroom only uses this system at circle time. Ceiling tiles have been promised, but not delivered by the DOE. My request for sound absorbing carpet was flatly denied.

**Oral Professional.** With Julian and many other newly implanted children, there is a need for their auditory abilities to catch up with their cognitive development. Using audition first is one of the primary techniques for an Oral Speech Therapist or an Auditory Verbal Therapist. Currently Julian does not see an Oral Speech Therapist. We have spent our personal money to hire an Auditory Verbal Therapist who works with Julian via teleconferencing at home. To our knowledge, there is not a single Auditory Verbal Therapist in Hawaii. I have also requested an Oral DHH teacher for Julian and, after filing a formal complaint, I have been told a position will be established. I was encouraged to drop that complaint, but as of today there still isn't an official position listed with the DOE. An Oral Deaf and Hard of Hearing Teacher would be qualified to work with children with hearing loss who have Cochlear implants or hearing aids to access sound and communicate with spoken language so they can catch up to their hearing peers.

Let me give you an example of what is happening in Julian's class. The very first day Julian got back from his activation, after only hearing for two weeks, his Special Education teacher wanted him to be able to respond to his own name. This would be like expecting newborn baby to respond to their name. It was not an appropriate goal to have for Julian at that time. An Oral Deaf and Hard of Hearing Teacher is trained to know what a 2-week-old listener who is 3 years old should be expected to do and can set appropriate goals. I showed his current IEP to several orally trained deaf education professionals on the mainland for review and their response was that Julian's goals weren't appropriate and that he needed proper intervention immediately.

**The Urgency of this matter:** My first IEP was May 9<sup>th</sup> 2013. Julian still doesn't have a trained Oral Speech Language Therapist, an Oral Deaf and Hard of Hearing Teacher or a Least Restrictive classroom. No other family in Hawaii should have to go through what my family is going through. No other child should have to go through what Julian is going through. Many experts have told us that time is of the essence for Julian to catch up. The auditory function of the brain can only play catch up for so long. After awhile the brain will never absorb information in the same way and Julian will have gaps in his language and cognitive understanding of language. With Julian's late diagnosis, late PROPER amplification, and the lack of appropriate intervention services, he will be impaired even more if Hawaii doesn't make some needed changes now. Sadly, Julian is one of many children in Hawaii that will be impacted if change does not occur. I reiterate. The time for change is now.

**Bottom-line:** My dream is that one day soon when a parent in Hawaii gets the news that their child is deaf, they will be given all the current information about hearing loss and their options so that they can make an educated communication choice. Once they make that choice, whether it be using American Sign Language or Oral Communication or Both, Hawaii should have all the resources and professionals to support their choice.

SCR76 will bring Hawaii the necessary professionals to these children. Let the results of the pilot program be the example and like many other States. Hawaii can then say they have a successful Oral DHH program that enriches many.

I am in support of SCR76. I am incredibly familiar with the Deaf and Hard of Hearing community in Hawaii and have found that multiple Deaf and Hard of Hearing/Cochlear Implant children have been deprived of receiving Auditory Verbal Therapy for oral communication. I have been in contact with an Auditory Verbal Therapist consistently over the last six months and know the importance of this type of therapy for deaf children who choose oral communication. Does Hawaii have this type of therapy available for their keiki? Hawaii runs the risk of losing wonderful special needs families because of this dilemma. Is it fair that families must move to the mainland or pay tremendous amounts of money so that their child can receive the care they need? Should families have to leave the place they love and their community in order to find proper oral professionals? The only professionals available in Hawaii are the ones who know American Sign Language. While there is nothing wrong with the American Sign Language route, why should those who choose an alternative path be left empty handed? I give Hawaii the benefit of the doubt that if there are oral professionals, why is it not openly offered? Whether this resolution is perfect or not at this stage, it is a great step for Hawaii. I am absolutely in support of this resolution.

Aloha. I strongly support SCR76. As a resident of Kona and grandparent of a 3 year old who is currently enrolled in a public preschool program and has recently received cochlear implants, I am well aware of the lack of professional support available to him, either from the Department of Health or Department of Education. The only available Deaf and Hard of Hearing professionals here are geared toward sign language which does not meet the needs of a child who must be trained to interpret the new sounds he is hearing and translate them into speech. So far the only professional help available to my grandchild has been through out of state telecommunication sessions which we have paid for ourselves. Hopefully the formation of this interagency working group will give the DHH children of Hawaii the type of services they need and deserve. Mahalo.

Gordon B. Joyce