



March 13, 2015

Testimony of Elizabeth Anne Hiller Valentin,
Executive Director, PROJECT VISION HAWAII

Honorable Chair Senator Josh Green
Honorable Vice-Chair Senator Glenn Wakai
Senate Health Committee

Aloha,

PROJECT VISION HAWAII supports the intent of HB 1377, but offers amendments which we believe will ensure statewide developmental screenings in the schools.

PROJECT VISION HAWAII is a non-profit 501(c)3 public charity. Our mission is to enhance the quality of life by improving vision, preventing blindness, and advancing medical knowledge through community-based research. We focus on the under-served population of Hawai'i and the general public, providing free vision retinal eye screenings in our state-of-the-art Project Vision bus. Since beginning in 2007, Project Vision has provided free screenings to nearly 20,000 participants, detecting pathology in one or both eyes for over 40% screened inside of our mobile clinic. We have 4 programs that address populations with access to care issues that include the homeless, the uninsured, immigrants and children, For the purpose of this testimony our experience lies in the Project Vision Hawai'i's "Better Vision for the Keiki" project, is a program. We target children specifically with vision and school readiness screenings. We have screened over 9000 children statewide working collaboratively with Lions, the Learning Disabilities Association of Hawaii, and Partners in Development, Multiple Community Health Centers, the DOE, and the DOH. Currently we are working with the Department of Health and other clinical and community stakeholders on a scientific advisory committee the aims to look at new technologies, and best practices for screening children for vision, hearing and other developmental disabilities as well as methods to keep data. HB1377 is a bill that supports a position at the Department of Health to bring continue to be these stakeholders together to look at best practices, ensure maximum return on investment without duplication of work and develop a record keeping system that with provide optimal follow up and improve understanding of a child and Hawai'i's children's development.

We support HB1377 and respectfully suggest the additional language and ammendment. With a Statewide program mandated by law, and as one of eight States without such program as it was defunded in 1996, we believe that it is critical for the Hawaii State Legislature to support seed appropriations to reinstate what was effectively started. Further details are listed in the amendment.



We humbly thank you for this opportunity to present our support and recommendations for amendment.

Mahalo nui loa,

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

A handwritten signature in black ink, appearing to read "Annie", is written over the printed name.

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Requested changes underlined in bill.

HOUSE OF REPRESENTATIVES
TWENTY-EIGHTH LEGISLATURE,
2015
STATE OF HAWAII

H.B. NO. 1377
H.D. 1

A BILL FOR AN ACT

RELATING TO CHILD HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

PART I

SECTION 1. The legislature finds that Hawaii has served as a pioneer and leader in population-based child health promotion, identification, and intervention programs. These initiatives, designed and field-tested in Hawaii, serve as the foundation for health care delivery



section 321-352, Hawaii Revised Statutes, relating to early intervention services for infants and toddlers with special needs. Early access to services combined with parent training have proven to reduce and or eliminate delay and better prepare families of children with complex needs who may require lifelong care and support.

The department of health provides early intervention services through nineteen state and purchase-of-service programs, with services provided to approximately three thousand five hundred children each year. This large system of services requires an updated web-based system to improve efficiency and quality of services. Thirty-four other states have web-based early intervention data systems. However, the State's early intervention section data system is antiquated and does not have the web-based capability for real-time access to data, access from multiple locations, service documentation, report generation, quality assurance, and billing services.

The purpose of this part is to appropriate funds for a web-based early intervention section data system.

SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2015-2016



and the same sum or so much thereof as may be necessary for fiscal year 2016-2017 to provide addition funds for purchase-of-services programs to expand and enhance early intervention services, and to develop the specifications and pricing, as well as an implementation plan, for a web-based data system in the early intervention section of the department of health.

The sums appropriated shall be expended by the department of health for the purposes of this part.

PART III

SECTION 4. Research on early childhood has shown the importance of early life to social-emotional development, or how children learn to express their feelings, form relationships, and interact with others. The early years of life lay the foundation for a child's future development. Intervention for social-emotional and behavioral concerns in the early years can reduce the need for more intensive behavioral and mental health services in later life.

Of concern, data from the National Survey of Children's Health, 2011-2012, shows that thirty-one per cent of Hawaii children age four months to five years are



at moderate or high risk for developmental, behavioral, or social delays.

Resources to address social-emotional and behavioral concerns in Hawaii decreased when funding for the department of health's keiki care project ended in 2009.

This statewide project provided training, consultation, and technical assistance to early childhood programs with children age three to five with social-emotional or behavioral concerns. In fiscal year 2008, the keiki care project provided services for one hundred children with referral concerns that included physically aggressive, non-compliant behaviors, sensory integration concerns, high activity level, and anger management and impulse control.

The department of health's preschool developmental screening program, which also ended in 2009, trained community providers in using screening tools, facilitated follow-up, and provided consultation to community providers regarding developmental and behavioral concerns and intervention strategies.

Another Hawaii initiative that was not sustained due to a lack of funding, was training and coaching for early childhood programs to improve social and emotional outcomes. This initiative was operational from 2007 to



2010, with support from a national resource center, the Center on the Social and Emotional Foundations for Early Learning.

To improve social-emotional and behavioral outcomes for children from birth to age five, a statewide coordinator in the department of health is needed to:

- (1) Facilitate development of a statewide system that supports positive social-emotional and behavioral outcomes for young children by coordinating and collaborating with the department of health, department of human services, and department of education, as well as early childhood programs and associations, child health professionals and associations, and other early childhood initiatives;
- (2) Provide training on evidence-based effective practices, technical assistance, and consultation to equip early childhood providers with the appropriate knowledge and skills to meet the social-emotional and behavioral needs of young children;



- (3) Identify areas for improvement or policy changes through needs assessment and monitoring indicators of social-emotional development;
- (4) Promote the early identification of young children with social-emotional and behavioral concerns through developmental screening; and
- (5) Promote the general health of children in child care settings through the use of early childhood health and wellness guidelines.

SECTION 5. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2015-2016 and the same sum or so much thereof as may be necessary for fiscal year 2016-2017 for operating expenses and to establish one permanent coordinator position in the children with special health needs branch of the department of health to improve social-emotional and behavioral outcomes for children from birth to age five years.

The sums appropriated shall be expended by the department of health for the purposes of this part.

PART IV

SECTION 6. This Act shall take effect on July 1, 2050.



Report Title:

Keiki Caucus; Child Health; Early Intervention;
Appropriation

Description:

Makes an appropriation to develop the specifications and pricing, as well as an implementation plan, for a web-based data system in the early intervention section of the Department of Health. Makes an appropriation for operating expenses and to establish one permanent coordinator position in the Children with Special Health Needs Branch of the Department of Health to improve social-emotional and behavioral outcomes for children from birth to age five.

(HB1377 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

Recommendation for amendment:

SECTION _____

As critical as it is to screen children for developmental delays and autism, it is just as paramount to provide multiple points of screening for vision, hearing, and childhood obesity. The Centers for Disease Control and Prevention reports that 12.5 per cent of American children and adolescents ages six to nineteen years old have suffered permanent damage to their hearing from excessive exposure to noise. The Vision Council of America estimates that a quarter of school-age children suffer from vision problems that could have been addressed or eliminated if appropriate early-age screening and follow-up had been in place. Locally, program data from the former department of health school based hearing and vision screening program showed that 5.8 per cent of the children did not pass the hearing screen, of those children seventy-nine percent had confirmed deficits upon follow-up evaluation, and 2.5 per cent of the children did not pass a major component of the examination. This data was the last data set

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from the department of health program prior to its discontinuation in 1996 due to budget reductions. Local research also indicates that almost one-third of the children ages four to six years old entering Hawaii public schools are either overweight or at risk for becoming overweight.

Vision and hearing screening are historically part of the cornerstone to the pediatric well child exam, and screening of children for obesity, physical activity, and nutritional counseling have also been incorporated into the periodicity schedule. However, as children age beyond the toddler years, participation in these exams decrease. Children and families who live in remote areas of the state may not have readily available providers.

In addition, it is not unusual to find that the length of time required to travel to obtain screening and preventive services in and of itself is prohibitive. Contemporary factors such as the use of video gaming, portable audio and electronic devices, as well as the growing obesity epidemic, call for an increase in access to screening services for children.

The Department of Health was mandated by section 321-101, Hawaii Revised Statutes, to conduct a systematic hearing and vision program for school children. This mandate has been unfunded and unimplemented since 1996, perhaps because of fears over the high cost of implementation of such a program. But over the past three years, community nonprofits - including Project Vision Hawaii and the Learning Disability Association - have provided wide-scale screenings to Title I schools and preschools in low-income neighborhoods in Hawaii. The results have consistently demonstrated the importance of these screenings by identifying many children with vision, hearing and health-related deficits early enough to access optimal care. Just as importantly, all of these crucial, effective and comprehensive screenings can be contracted for and provided at one time to each child for less than the cost of one week of subsidized school lunches.

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There is appropriated out of the general revenues of the State of Hawaii the sum of \$ _____ or as much thereof as may be necessary for FY 2015-2016 to provide school-based vision, hearing, and obesity screening services, and follow-up for all of Hawaii's children ages four to six attending Hawaii's public schools.

The sum appropriated shall be expended by the Department of Health for the purposes of contracting for provision of these services beginning in the 2015-2016 school year.