

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on HB 1377
RELATING TO CHILD HEALTH

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 11, 2015 Room Number: 329

1 **Fiscal Implications:** This bill proposes a general fund appropriation to develop the
2 specifications and pricing for, as well as an implementation plan, for a web-based data system in
3 the Early Intervention Section (EIS) of the Department of Health (DOH). The bill also proposes
4 a general fund appropriation for operating expenses and to establish a coordinator position in the
5 DOH Children with Special Health Needs Branch to improve social-emotional and behavioral
6 outcomes for children birth to age 5 years.

7 **Department Testimony:** The Department appreciates the intent of the bill but defers to the
8 Governor's Executive Budget request and DOH appropriations and personnel priorities.

9 Early intervention database: EIS needs a web-based data system to improve efficiency
10 and streamline processes for documentation of services, state and federal reports, program
11 planning, quality improvement, and Medicaid and TRICARE billing. EIS provides early
12 intervention services for children age 0-3 years with developmental delays or at biological risk
13 for developmental delays, as mandated by the federal law Part C of the Individuals with
14 Disabilities Education Act (IDEA). The original data system was developed for New Mexico's
15 early intervention system in 2000; EIS obtained this data system in 2007 and modified it to meet
16 program and federal reporting needs. The current EIS database is out-of-date by national
17 standards. Thirty-four (34) states have web-based data systems, and 31 states have real time
18 access to data. Hawaii does not have a web-based data system and does not have real time
19 access to data.

20 Social-emotional development: The social-emotional and behavioral health of young

1 children from birth to age 5 years are a crucial part of the foundation of children's learning and
2 health needed for success in school and later in life. Social emotional health includes the ability
3 to form satisfying relationships with others, play, communicate, learn, face challenges, and
4 experience emotions. Hawaii data from the National Survey of Children's Health 2011/2012
5 show that 31% of Hawaii children age 4 months to 5 years are at risk for developmental,
6 behavioral, or social delays, and that the Hawaii rate is higher than the nationwide average of
7 26%. Nationally, the estimated prevalence for behavioral/emotional disorders in 2- to 5-year-old
8 children is 11-20%.

9 Progress on improving social-emotional outcomes for children from birth to age 5 years
10 requires promoting young children's social and emotional development and preventing and
11 addressing challenging behavior. A coordinated and collaborative approach, based on evidence-
12 based effective practices, across agencies and programs is needed. However, Hawaii resources
13 to address social-emotional and behavioral concerns for young children have diminished over
14 time. The DOH Keiki Care Project, which ended in 2009, provided training, consultation, and
15 technical assistance to early childhood programs with children age 3 to 5 years with social-
16 emotional or behavioral concerns. The DOH Preschool Developmental Screening Program,
17 which also ended in 2009, provided consultation to community providers on developmental and
18 behavioral concerns and intervention strategies. The Center on the Social and Emotional
19 Foundations for Early Learning (CSEFEL), a national resource center, provided training and
20 coaching to Hawaii early childhood programs to improve social and emotional outcomes, until
21 the three-year project ended in 2010.

22 Thank you for the opportunity to testify

23



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
February 11, 2015

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:

SUBJECT: HB 1377 - Health

The State Council on Developmental Disabilities (DD) **SUPPORTS THE INTENT OF HB 1377**. The bill makes an appropriation to develop the specifications and pricing for, as well as an implementation plan, a web-based data system in the early intervention section of the Department of Health (DOH), and makes an appropriation for operating expenses and to establish one permanent coordinator position in the Children with Special Health Needs Branch of DOH to improve social-emotional and behavioral outcomes for children birth to age five years.

Based on the mandated responsibilities under Part C of the Individuals with Disabilities Education Act and Section 321-352, Hawaii Revised Statutes, relating to early intervention services for infants and toddlers with special needs, and the numerous State and purchase of services programs, it is imperative to have an updated data system that will contribute to the overall efficiency of the early intervention services program under DOH.

Equally important for an efficient service delivery system is the provision of quality services that is supported by ongoing training and consultation through a designated permanent full-time statewide coordinator position. The Council agrees with the justification for the need of a statewide coordinator as indicated on pages 5-6 to improve social-emotional and behavioral outcomes for children from birth to age five years.

Thank you for the opportunity to provide testimony **supporting the intent of HB 1377**.

Sincerely,

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

Rosie Rowe
Chair



February 9th, 2015

Testimony of Elizabeth Anne Hiller Valentin,
Executive Director, PROJECT VISION HAWAI'I

House of Representative Health Committee
Honorable Chair Representative Della Bellati and Vice Chair Richard P. Creagan
Representatives Mark Hashem, Jo Jordan, Marcus Orshiro, Beth Fukumoto Chang,
Betrand Kobayashi, Andria P.L. Tupola, and Dee Morikawa.

Aloha,

PROJECT VISION HAWAI'I supports HB 1377, but offers amendments, which we believe will better, ensure statewide developmental screenings in the schools.


PROJECT VISION HAWAI'I 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. Presently 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 is drawn from in the Project Vision Hawai'i's "Better Vision for the Keiki" program. Our main focus is providing opportunities for better vision for children by specifically providing 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 stakeholders together to devise a statewide vision and hearing screening program. This position would continue to look at best practices in keiki screening to ensure maximum return on investment without duplication of work and develop a record keeping system for better follow up and community understanding.

We respectfully request that the committee consider the attached amendment. We're sure that the committee is aware that a statewide vision and hearing program was mandated by law in 1989 and Hawaii is currently one of eight states without such programs, as it was defunded in 1996. Many families in Hawaii are unable to pay for annual screenings so there still remains a critical demand for vision, hearing and physical



screenings. It is of the utmost importance that the legislature reinstate funding by appropriating money to the Department of Health to maintain these critical services for our Keiki.

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

Mahalo nui loa, 

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
PROJECT VISION HAWAII
PO Box 23212
Honolulu, HI 96823
(808)-282-2265
www.projectvisionhawaii.org

Proposed 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 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.

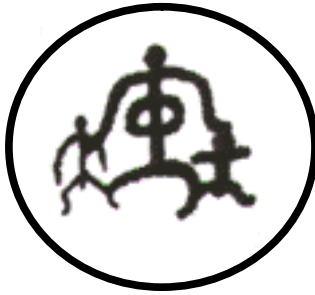
Section _____

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.



HAWAI‘I EARLY INTERVENTION COORDINATING COUNCIL

1350 South King St. Suite 200 ☎ Honolulu Hawai‘i 96814

Date: February 10, 2015

To: COMMITTEE ON HEALTH
Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair

Fr: Michael C. Fahey, Chair, Hawaii Early Intervention Coordinating Council

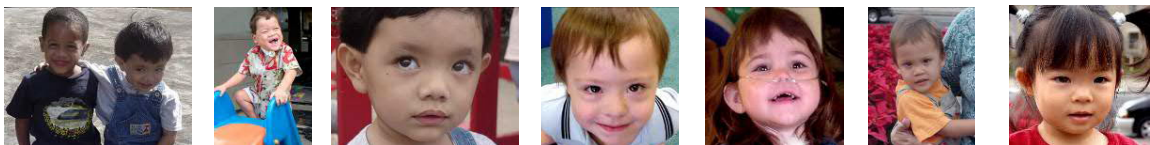
Re: **SUPPORT** – HB-1377 – Relating to Child Health

On behalf of the Hawaii Early Intervention Coordinating Council (HEICC), I submit this testimony in **support** of HB 1377 which is an appropriation to develop the specifications and pricing for, as well as an implementation plan, for a web-based data system in the Early Intervention Section of the Department of Health. HB 1377 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 birth to age five years.

The HEICC is the federally mandated advisory council in Hawaii for the services and programs defined in Part C of the Individuals with Disabilities Education Act. As such, it is the Council’s responsibility to advise support for this measure for the following reasons:

1. Due to the state’s economic constraints, it is appropriate to explore a more effective and efficient system of data collection that could ultimately save the state money and streamline the record keeping and reporting process for early intervention providers.
2. The state has a responsibility to identify young children with disabilities from birth, and currently there is no coordinator to ensure that the successful characteristics of a thriving system are in place and operational to improve social-emotional and behavioral outcomes for our children birth to age five years.

For these reasons, the HEICC supports this measure. Thank you for your time and consideration.




WAIKIKI HEALTH

MEDICAL & DENTAL • PREVENTIVE CARE • SOCIAL SERVICES

277 Ohua Avenue • Honolulu, Hawaii 96815

TO: House Health Committee
Representative Della Bellati, Chair
Representative Richard P. Creagan, Vice Chair

FROM: Sheila Beckham 
CEO, Waikiki Health

DATE: February 10, 2015

RE: HB 1377

On behalf of Waikiki Health, we encourage you to support HB 1377 which supports vision, hearing, and school readiness screening among children and youth attending DOE schools.

Project Vision, in collaboration with the Learning Disabilities Association of Hawaii, Partners in Development, Lions Club, multiple Community Health Centers, the DOE, and DOH has screened over 9000 children statewide.

Early detection, intervention, and support are critical for ensuring a healthy, productive life. Thank you for allowing this testimony.



1319 PUNAHOU ST. STE 739 HONOLULU, HI
96813

HILOPA'A

Family to Family Health Information Center

February 10, 2015

To: COMMITTEE ON HEALTH
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

Fr: Leolinda Parlin

Re: Support – HB 1377 - RELATING TO CHILD HEALTH

On behalf of Family Voices of Hawai'i, I support HB 1377. Family Voices/Hilopa 'a Family to Family Health Information Center continues to support the work of Hawaii's Early Intervention system of care through an appropriation to develop a specification for a new data system as well as establishing a position to improve social-emotional and behavioral outcomes for our children.

Data System

The implementation of a new data system is a necessity for the organization. The Department's approach in creating a specification and road map is a prudent approach. This assessment and specification development will assist the state identifying the cost of development to drive using external sources to secure funding. A structured requirements document which would serve as the core of the specification, would thwart "requirements creep" ending up in unwieldy cost overruns.

The new data system would also allow the Department to have a much more robust reporting system to monitor for fraud and abuse.

Restoration of Position for Social-Emotional Support

For many decades, the Hawai'i Early Intervention System of Care was heralded across the country for access to care. As tough economic times have prevailed, this system was dismantled and reduced to core mandated functions. One of victims of the economy has been the removal of a statewide position to serve as a coordinator and hands on consultant promoting best practices on interventions to address social-emotional needs of children birth to age 5. This position has been missed and has not been replaced within the greater community.

Thank you for your time and consideration of this bill.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 10, 2015 12:54 PM
To: HLTtestimony
Cc: radjitolentino@yahoo.com
Subject: *Submitted testimony for HB1377 on Feb 11, 2015 08:35AM*

HB1377

Submitted on: 2/10/2015

Testimony for HLT on Feb 11, 2015 08:35AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Radji Tolentino	Individual	Support	No

Comments:

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 11, 2015 9:38 AM
To: HLTtestimony
Cc: carl.campagna@kamakagreen.com
Subject: *Submitted testimony for HB1377 on Feb 11, 2015 08:35AM*

HB1377

Submitted on: 2/11/2015

Testimony for HLT on Feb 11, 2015 08:35AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Campagna	Individual	Support	No

Comments:

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 10, 2015 9:41 PM
To: HLTtestimony
Cc: yamaguchd009@hawaii.rr.com
Subject: Submitted testimony for HB1377 on Feb 11, 2015 08:35AM

HB1377

Submitted on: 2/10/2015

Testimony for HLT on Feb 11, 2015 08:35AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dennis Yamaguchi	Individual	Oppose	No

Comments: Spearfishing should be permitted

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov