

**HB-2047**

Submitted on: 1/31/2020 6:14:16 PM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Louis Erteschik	Hawaii Disability Rights Center	Support	Yes

Comments:

This is an excellent idea. We have been advocating for several years that there needs to be a program for children born with fetal alcohol syndrome. They truly fall into a gap group, and have often failed to qualify either for DD services or mental health services. The current approach in the state is focused mostly on educating women about the dangers of consuming alcohol while pregnant. While laudable, this is highly insufficient and ineffective. These people need services. There has been much discussion in the past few sessions about the provision of services but these discussions have been somewhat ad hoc. A Task Force would formalize this and lead to a Report with concrete proposals and that is exactly what we need.

**HB-2047**

Submitted on: 2/1/2020 9:37:38 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa	WCCHC	Support	No

Comments:

February 1, 2020

To: Representative John M. Mizuno, Chair

And Members of the House Committee on Health

Date & Time of Hearing: February 4, 2020, 8:30 am, Room 329

**Testimony in Support of HB2047: Establishes a task Force for Home and Community-Based Care**

**to Benefit Persons with FASD**

Fetal Alcohol Spectrum Disorder (FASD) is a public health concern with significant social, personal and economic impacts that are preventable. However, individuals with FASD are ignored by public policy and do not get necessary services. FASDs are permanent brain-based disorders that affect many individuals who were exposed to alcohol during pregnancy. Brain impairment of FASD varies from individual to individual and often goes undiagnosed and misdiagnosed. When families are faced with few, if any, services for their adult children. We know that individuals with FASD function best with supervision and structure and can lead productive and meaningful lives. But they and their families need help.

A task force is necessary to provide the foundation of officially defining the concerns, needs, and services that are necessary. Please help individuals with FASD gain the right to a higher quality of life.

Mahalo for your consideration.

Sincerely,

Lisa Garcia, PSYD CCTP

January 31, 2020

To: Representative John M. Mizuno, Chair  
And Members of the House Committee on Health  
Date & Time of Hearing: February 4, 2020, 8:30 am, Room 329

**Testimony in Support of HB2047: Establishes a task Force for Home and Community-Based Care to Benefit Persons with FASD**

I am writing on behalf of myself and individuals, parents and families that I serve who seek services for their adult children with a Fetal Alcohol Spectrum Disorder (FASD). FASDs are permanent brain-based disorders that affect many individuals who were exposed to alcohol during pregnancy. Brain impairment of FASD varies from individual to individual and often goes undiagnosed and misdiagnosed. When families are faced with few, if any, services for their adult children. We know that individuals with FASD function best with supervision and structure and can lead productive and meaningful lives. But they and their families need help.

A task force to define the needs, gaps in service, and ways of addressing these gaps would begin the process of creating services. A comprehensive study in the U.S. (Streissguth, A., et al., 2004) noted that most (~75%) of adults with FAS/FAE had IQs within the normal range. It found that in spite of this finding, ~60% of adults with FAS encountered the criminal justice system; ~60% had disrupted school experiences, and ~50% had Alcohol/Drug problems. With help, we can make a difference to those affected by FASD, families, and community.

Thank you for your consideration.  
Sincerely,  
Ann S. Yabusaki, Ph.D., MFT

**HB-2047**

Submitted on: 1/31/2020 10:21:18 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cleota Brown	Individual	Support	No

Comments:

I am writing on behalf of myself and the nonprofit agencies I support as a volunteer or on their Board of Directors: Lanakila Pacific and Family Programs Hawaii with a mission to provide meaningful lives to people with disabilities through workforce development and family strengthening services.

I strongly support HB 2047: Establishes a task force for home and community-based care to benefit persons with Fetal Alcohol Spectrum Disorder (FASD). For far to long, people who suffer with FASD including our youth, families, schools and community have been overlooked and marginalized or misdiagnosed. It is my hope that HB2047 will pass Hawaii's Legislature to form this task force to define the needs, lack of service and methods to support the FASD population to live meaningful lives.

Your consideration is appreciated.

Sincerely

Cleota G. Brown

January 31, 2020

To: Representative John M. Mizuno, Chair  
And Members of the House Committee on Health  
Date & Time of Hearing: February 4, 2020, 8:30 am, Room 329

**Testimony in Support of HB2047: Establishes a task Force for Home and Community-Based Care  
to Benefit Persons with FASD**

I am a retired biochemist and have researched some of the biochemistry relating to fetal alcohol spectrum disorders (FASD), a permanent, life-long, and 100% preventable condition caused by prenatal exposure to the metabolites of alcohol consumption. The use of Intelligent Quota (IQ) is one of the biggest injustices the U.S. uses as an index to qualify for human services. There is no correlation between a person's IQ and adaptive functioning by the standards set forth in our society. Many individuals afflicted with FASD do not qualify for developmental disability (DD, Medicaid) services because of IQ scores and/or their condition was not diagnosed until after well into adulthood. Those with life-long DD conditions (at no fault of their own) being denied services which include therapies (interventions) in both the home and in the community is a "Civil Right". It is the "Right" of those born with FASD in a society where alcohol consumption is a living issue to have access to the above services. Thus, to achieve this goal, it should be the State of Hawaii's Department of Health's responsibility to establish a Task force to implement a program(s) to obtain the need (FASD numbers), and seriously consider waivers via policy/rule changes that currently disqualify access to therapies and both home and community based services for those afflicted by FASD. It "...takes a village.." to support individuals with FASD and I strongly support HB 2047. Thank you for your consideration.

Respectfully,

Kenichi K. Yabusaki, Ph.D.

**HB-2047**

Submitted on: 1/31/2020 10:20:22 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Rachel	Individual	Support	No

Comments:

January 31, 2020

To: Representative John M. Mizuno, Chair

And Members of the House Committee on Health

Date & Time of Hearing: February 4, 2020, 8:30 am, Room 329

**Testimony in Support of HB2047: Establishes a task Force for Home and Community-Based Care**

**to Benefit Persons with FASD**

I am writing on behalf of myself and individuals, parents and families that I serve who seek services for their adult children with a Fetal Alcohol Spectrum Disorder (FASD). FASDs are permanent brain-based disorders that affect many individuals who were exposed to alcohol during pregnancy. Brain impairment of FASD varies from individual to individual and often goes undiagnosed and misdiagnosed. When families are faced with few, if any, services for their adult children. We know that individuals with FASD function best with supervision and structure and can lead productive and meaningful lives. But they and their families need help.

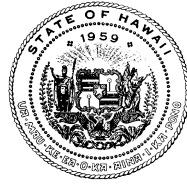
A task force to define the needs, gaps in service, and ways of addressing these gaps would begin the process of creating services. A comprehensive study in the U.S. (Streissguth, A., et al., 2004) noted that most (~75%) of adults with FAS/FAE had IQs within the normal range. It found that in spite of this finding, ~60% of adults with FAS encountered the criminal justice system; ~60% had disrupted school experiences, and ~50% had Alcohol/Drug problems. With help, we can make a difference to those affected by FASD, families, and community.

Thank you for your consideration.

Sincerely,

Rachel Savereux, MSW





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

**Testimony COMMENTING on H.B. 2047**  
**RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 4, 2020

Room Number: 329

1 **Department Position:** The Department of Health offers the following **COMMENTS AND**  
2 **SUGGESTED AMENDMENTS** to HB 2047

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the  
4 Department's Behavioral Health Administration (BHA) whose statutory mandate is to assure a  
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,  
6 private and community resources. Through the BHA, the Department is committed to carrying  
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and  
8 person centered.

9 The BHA provides the following testimony on behalf of the Department.

10 HB 2047 asks for the creation of a Fetal Alcohol Spectrum Disorders (FASD) Task Force in the  
11 BHA to address specific tasks:

12 (a) Review best care practices including therapies and treatments for adults with FASD.

13 (b) Conduct a study/submit a report to include:

- 14 1) Identification of all populations and sub-populations of people who have  
15 FASD in Hawaii that currently and in future have difficulty navigating and  
16 accessing care services;
- 17 2) Identification of therapies and home and community based services (HCBS),  
18 including for adults and to consider an array of HCBS;
- 19 3) Recommendations for changes to state policy and regulations that may  
20 increase access to services; and

1                   4) Recommendaitons for any necessary legislation  
2

3                   DOH appreciates the intent of a FASD Task Force. The issues faced by individuals,  
4 families and systems impacted by FASD are complex and often poorly understood. Finding  
5 solutions in communities requires a range of solutions and participation of many stakeholders.  
6 The approach to finding sustainable solutions is just as important as the solutions themselves.

7 The range of problems faced by people with FASD include many associated psychiatric  
8 comorbidities in addition to intellectual disabilities across the lifespan including ADHD, affect  
9 regulation, conduct disorders, PTSD, and attachment disorders. These comorbidities require  
10 diagnostic and treatment services, and in most states mental health interventions are the primary  
11 intervention modality. As well, people with FASD encounter difficulties in multiple systems  
12 including human service, primary care, health care, educational and courts/corrections.

13 A foundational step in ensuring access to services is stakeholder agreed upon diagnostic  
14 categories and public health strategy for identifying the population and subpopulation to be  
15 served. Most successful national programs emphasize prevention of drinking during pregnancy  
16 as the foremost strategy for preventing incidence of FASD. A trauma-informed approach across  
17 systems is particularly important given that the symptoms of FASD may predispose clients to  
18 higher rates of victimization and trauma than the general population.

19 What may strengthen the charge of a task force is a charge to build a comprehensive solution  
20 though a community-wide initiative and strategic planning. Ideally, a FASD strategic plan for  
21 Hawaii would encompass needs assessment, prevention, health promotion, and interventions  
22 sensitive to the lifespan and specific transition periods. Implementation of prevention, early  
23 detection and intervention will require a community-wide, coordinated effort. HB 2047 as  
24 written emphasizes that the proposed task force look at an array of Medicaid home and  
25 community based services that may or may not be needed by the population of people with  
26 FASD. Those with more severe functional limitations that meet eligibility for the Developmental  
27 Disabilities Division are already served under this program.

1 Because of the many families who encounter problems in the Department of Education, Child  
2 Welfare, the Judiciary, and Department of Public Safety, as well as in primary and specialty  
3 health care the recommendation is to include representative from these systems as allowed in the  
4 bill once the task force commences.

5 The recommendation is to amend HB 2047 to also include representatives of BHA's Adult  
6 Mental Health Division and the Child and Adolescent Mental Health Division.

7 Suggested Amendment:

8 The Department of Health respectfully requests the following amendment to HB 2047:

9

10 INSERT in Section 2 (a) on page 2, starting on line 17, a new (3) and (4) to read:

11

12 (3) A representative of the adult mental health division of the department of  
13 health;

14 (4) A representative of the child and adolescent mental health division of the  
15 department of health;

16

17 Thank you very much for the opportunity to testify.

18 **Fiscal Implications:** Dependent on scope of Task Force recommendations. There could be  
19 considerable cost for a state funding match if the Task Force recommendations include the array  
20 of treatment and Medicaid HCBS services listed in the bill. A full cost analysis is necessary. If  
21 the Task Force includes recommendations for health promotion and prevention activities, these  
22 would need to be considered in a cost analysis.

23

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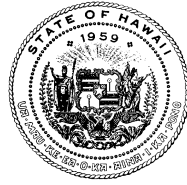
**HB-2047**

Submitted on: 2/3/2020 8:17:40 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julie Yurie Takishima-Lacasa	Hawai'i Psychological Association	Support	No

Comments:



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

**Testimony COMMENTING on H.B. 2047**  
**RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 4, 2020

Room Number: 329

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21 the Task Force includes recommendations for health promotion and prevention activities, these  
22 would need to be considered in a cost analysis.

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**HB-2047**

Submitted on: 2/3/2020 2:47:20 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:



TO THE HOUSE OF REPRESENTATIVES  
THE THIRTIETH LEGISLATURE  
REGULAR SESSION OF 2020

COMMITTEE ON HEALTH  
Rep. John M. Mizuno, Chair  
Rep. Bertrand Kobayashi, Vice Chair

DATE: Tuesday, February 4, 2020

TIME: 8:30 a.m.

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

**HEARING HB2047**

POSITION: **STRONG SUPPORT HB2047**

The language in this bill creates the framework for addressing the needs of the (Fetal Alcohol Syndrome) community through the implementation of a task force. Furthermore, it will not only look at the what is needed and already there but where there could be gaps in services. All areas are important for a robust program toward addressing FAS issues.

A peer-reviewed 2004 study According to Streissguth, A., et al., that data suggest that 60% of persons with FAS had disrupted school experiences, and 50% had substance use problem and 60% of adults with FAS encountered the criminal justice system. These number are staggering, and also with important to note that the data of the study also suggest that, the 75% percent of the adults with FAS have IQ's that are within the median range of the typical population.

With regard to the criminal justice system, this it is important to identify the areas which create a possible pipeline toward encounters with the criminal justice system and incarceration and develop policies that prevent that those unnecessary occurrences.

I support of amends with that will enhance the performance of the intent of this bill. Passage of this bill provides a special opportunity to remind and educate providers of care, systems of care, families, and communities in Hawaii about Fetal Alcohol Spectrum Disorders and the special needs of those affected and their families and the impact on communities. This measure will help to dispel FASDs as invisible disorders. Thank you for reading this testimony.

Mahalo,

Ken Farm



**HB-2047**

Submitted on: 2/2/2020 9:41:59 PM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elsie Javier	Individual	Support	No

Comments:

HOUSE OF REPRESENTATIVES  
THE THIRTIETH LEGISLATURE  
REGULAR SESSION OF 2020

COMMITTEE ON HEALTH  
Rep. John M. Mizuno, Chair  
Rep. Bertrand Kobayashi, Vice Chair

DATE: Friday, February 4, 2020  
TIME: 8:30 a.m.  
PLACE: Conference Room 329  
State Capitol  
415 South Beretania Street

**HEARING HB2047**

POSITION: **STRONG SUPPORT HB2047**

In behalf of myself, the Hawaii FASD Action Group, a group of volunteers appealing to you, being the voices of children who have none, and individuals who have FASD whom for many years have been marginalized, unrecognized and without appropriate services. I am writing in support of HB2047

FASD is associated with secrecy and shame, quite possibly due to its preventable nature and the stigma attached to it. Alcohol is legally accessible, available in the community stores, often left in unlocked cabinets in many homes, therefore, it is not surprising that the research stated that 1 in 20 first graders do have FASD. According to a research study questions, "Is this shame the reason for its marginalization of the children and families with FASD in general? While Autism Spectrum Disorders has increased public awareness, availability of therapeutic services and much recognition. (Barker, Kulyk, Knorr, & Brenna, 2011).

FASD diagnosis is processing disorder, learning disability, and attention-deficit/hyperactivity disorder almost the same with Autism Spectrum Disorders (Astley, 2010; Kodituwakku & Kodituwakku, 2014). Somewhere between 1% and 4% of all children worldwide are reported to have an FASD. The neurodevelopmental impairments associated with FASD came with significant social costs across the lifespan in the form of increased medical, educational, and vocational support and lost productivity (Lupton, Burd, & Harwood, 2004; Popova, Lange, Burd, & Rehm, 2015). I have worked with Children with Autism as a Registered Behavioral Therapist under ABA Guidelines, and in my observations, FASD is a Developmental Disability equally as severe as Autism. I find very few FASD services for many families and clients affected by FASD, which is why I support and believe that creating a task force is critical in establishing our own data in Hawaii to provide appropriate and necessary pieces of information for services in our own current demographics impacted by FASD. Through a task force, my colleagues and

community may begin to recognize and diagnose FASD and create FASD-specific services.

Thank you for your kind consideration.

Respectfully yours,



Darlyn Chen Scovell

### Reference

- Astley, S. J. (2010). Profile of the first 1,400 patients receiving diagnostic evaluations for fetal alcohol spectrum disorder at the Washington State Fetal Alcohol Syndrome Diagnostic & Prevention Network. *Canadian Journal of Clinical Pharmacology*, 17(1), e132–e164.
- Barker, C., Kulyk, J., Knorr, L., & Brenna, B. (2011). Open Inclusion or Shameful Secret: A Comparison of Characters with Fetal Alcohol Spectrum Disorders (FASD) and Characters with Autism Spectrum Disorders (ASD) in a North American Sample of Books for Children and Young Adults. *International Journal of Special Education*, 26(3), 171–180. Retrieved from <http://search.ebscohost.com.libproxy.edmc.edu/login.aspx?direct=true&db=eric&AN=EJ959010&site=eds-live>
- Kodituwakku, P., & Kodituwakku, E. (2014). Cognitive and behavioral profiles of children with fetal alcohol spectrum disorders. *Current Developmental Disorders Reports*, 1(3), 149–160. <https://doi.org/10.1007/s40474-014-0022-6>

**HB-2047**

Submitted on: 2/3/2020 8:48:07 AM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard Le Burkien	Individual	Support	Yes

Comments:

My name is Richard D. Le Burkien. I possess a Masters of Public Health in Community Engagement from the University of Minnesota School of Public Health. I have over 30 years of task force experience and was honored by the Office of the President of the United States for bringing small and large groups of people with diverse backgrounds to positive and collaboratively agreed upon solutions.

The State of Hawaii DOH has multiple issues on their table ranging from vaping associated with lung disease, aging, mental health, health care in general, to serving people in recovery from alcohol and drug abuse disorders.

Each current and potential outcome or plan in our state is and/or has been initiated to meet best practices standards due to the establishment of task forces. Task forces made up of stakeholders that as a temporary team break down perceived barriers, works in a teamwork environment, encourages cross-working, planning, and thinking, and creates potential partnerships. Task forces certainly will achieve greater buy-in faster and more effectively, improves overall morale, and facilitates faster agreed upon solutions.

Task forces even takes the pressure off of government agency and legislative leadership to come up with the best answers. Establishing a task force is called leveraged decision-making. You optimize the talents and expertise of the stakeholder community. With task forces you tap into the best of the best. The DOH may not have the resources necessary to address the multitude of issues at every level necessary to make informed decisions. Yes, they have talented, educated, committed, dedicated people. However, there are more issues that need addressing than resources. Task forces makes their jobs easier.

My experience with business, nonprofits, and the government is that the public and the market usually have the best solutions and can best guide you to a positive and collaboratively agreed upon solution, plan, or direction. The goal here is to produce quality in the most efficient and effective way. That's what a task force does. This task force will provide decision-makers with a broader perspective, you'll be able to leverage knowledge, even resources. I've discovered that some areas of the task can't be achieved without addressing another area. This task force will fill that potential void. The task force made up of stakeholder's results in measurable higher credibility. In addition,

from the taskforces I've led, I was able to gain far more data towards supporting and/or dropping an initiative. Data is what moves the needle. Talk is great, testimony is credible, support from talented professionals and victims is highly supportive, but numbers are tangible, numbers 100 percent of the time add a critical piece of the credibility formula. It helps the decision-makers determine the appropriate return on investment strategically, emotionally and financially. The task force will not only help provide data but will be able to share research. Plus, the task force takes accountability, takes ownership of the recommendations. That alone brings a high degree of credibility and value. A task force bridges the knowledge, the expertise, resources, provides better questions, better answers, and sometimes even better outcomes than expected. Most importantly this task force will help decision-makers and legislators make far more informed decisions than any one of them could achieve alone.

Establishing a task force within the Department of Health is critical for decision-makers and legislators to make the most informed decisions possible. The passage of this Bill to establish a task force will model the Hawaii Department of Health best practices by continuing their reputation for setting an example of excellence. Establishing a task force will facilitate doing the right thing vs. the thing right, it brings out the best of the best, it allows for an environment to listen, to increase empathy, awareness, facilitates Hawaii's spirit of Aloha and healing, and provides foresight for our leaders.





STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 3, 2020

TO: The Honorable Representative John M. Mizuno, Chair  
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 2047 – RELATING TO HEALTH**

Hearing: February 4, 2020, 8:30 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of the bill and offers comments.

**PURPOSE:** The purpose of this bill is to establish a task force to identify therapies and Home- and Community-Based Services (HCBS) that may benefit persons having Fetal Alcohol Spectrum Disorders (FASD), including therapies and treatments that may benefit them as adults.

DHS appreciates the intent of this legislation. Individuals with FASD and their families face significant and complex challenges that they often must shoulder alone. DHS believes a task force is an appropriate way to study and make recommendations on ways to improve the system and continuum of care for individuals with FASD and their families. DHS looks forward to participating in the task force.

DHS supports the suggestion of the Department of Health (DOH) to broaden the task force's charge to include a FASD Strategic Plan. DHS agrees with DOH that the FASD community would be best served by a broader evaluation of their needs rather than a narrow focus on HCBS which may already be covered by many individuals in need under the Medicaid 1915(c) waiver. Individuals with FASD and their families may also benefit from other services and

initiatives, such as needs assessment, prevention, health promotion, and other interventions, that could be studied and evaluated by the task force.

Thank you for the opportunity to testify on this bill.



## **HB2047 FASD Task Force**

COMMITTEE ON HEALTH:

- Rep. John Mizuno, Chair; Rep. Bertrand Kobayashi, Vice Chair
- Tuesday, Feb. 4th, 2020: 8:30 am
- Conference Room 329

## **Hawaii Substance Abuse Coalition Recommends and Supports HB2047:**

*GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.*

### **HSAC recommends that the Hawaii Substance Abuse Coalition be a task force member since substance use disorder treatment centers are involved in the treatment of FASD:**

SECTION 2. (a) There is established within the behavioral health services administration of the department of health a task force to review best care practices for persons having fetal alcohol spectrum disorders, including therapies and treatments commonly needed as adults. The task force shall consist of: ~~13~~ 14

**(14) A representative from the Hawaii Substance Abuse Coalition as recommended by the Department of Health.**

### **FASD is a preventable and treatable disability.**

There are significant and increasingly improved interventions that are available for mental health issues such as Fetal Alcohol Spectrum Disorder and other disorders.

**With home-based and community-based healthcare supported by a Task Force to improve access to essential services, we can make a difference.**

FASD is a problem in Hawaii and efforts can be made to prevent this devastating condition as well as to treat children and adults that would increase their functioning:

- FASD is a range of neurodevelopmental (brain-based) disabilities that can affect any person exposed to alcohol before birth.
- FASD effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications that often co-occur with substance abuse and mental health issues.
- Proactive health care programs and interventions can help people develop new learning and coping skills to help them improve functioning. Modifications to existing treatment models can be very effective.

- FASD is very expensive to healthcare with estimates that the lifetime costs for each person is estimated to be over \$2M.
- Individuals with FASD are involved with the criminal justice system at an alarming rate. Youth and young adults with FASD have a form of brain damage that may make it difficult for them to stay out of trouble with the law. Without the aid of proper treatment, they do not know how to deal with police, attorneys, judges, social workers, psychiatrists, corrections and probation officers, and others they may encounter.

**We can make a difference:**

- Understand the disorder and reshape some of our interventions to change a child's behavior and improve functionality.
- Reduce the prevalence of FASD.
- Empower care givers to help FASD people reach their full potential.
- Address stigma by educating our communities to understand the complexities of this disability while promoting a more inclusive culture.
- Greatly improve upon outcomes through measurement brought about by Medicaid funding.
- Reduce childhood trauma by increasing supports for high-risk families, building resilience, and improving access to treatment.

**Working together, we can join the growing number of states that claim to be a “FASD-Informed State.”**

We appreciate the opportunity to provide testimony and are available for questions.

**LATE**

**HB-2047**

Submitted on: 2/3/2020 3:13:45 PM  
Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
JoAnn Farnsworth	Individual	Support	No

Comments:

**LATE**

**HB-2047**

Submitted on: 2/3/2020 9:55:26 PM

Testimony for HLT on 2/4/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eri Rodrigues	Individual	Support	No

Comments:

February 3, 2020

To: Representative John M. Mizuno, Chair and the Members of the House Committee on Health

Date and Time of Hearing: February 4, 2020 at 8:30 a.m.

**Testimony in Support of HB2047 Establishing a Task Force for Home and Community-Based Care to Benefit Persons with Fetal Alcohol Spectrum Disorder**

I would like to take this opportunity to express my support for the existing needs of individuals impacted by Fetal Alcohol Spectrum Disorder to be further assessed through this measure. Statistics in the United States indicate higher prevalence of Fetal Alcohol Spectrum Disorder compared to individuals with other diagnoses such as Autism Spectrum Disorder. Studies and services from other states as well as overseas present that individuals with Fetal Alcohol Spectrum Disorder benefit from structure and supports that cater to their unique needs, however these individuals as well as families are currently under identified and served in our state of Hawaii. This measure will create an opportunity for the gaps in services to be identified for those impacted by Fetal Alcohol Spectrum Disorder, for conversation to begin on how to fill those gaps.

Thank you for your consideration and allowing me to express my support toward this measure.

Sincerely,

Eri N. Rodrigues, LSW

