



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 20, 2020

The Honorable Senator Donovan Dela Cruz, Chair
Senate Committee on Ways and Means
Thirtieth Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Dela Cruz and Members of the Committees:

SUBJECT: SB 3122 SD1 – Relating to Health

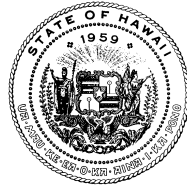
The State Council on Developmental Disabilities **STRONGLY SUPPORTS SB 3122 SD1**, requires the Department of Human Services, upon approval from the Centers for Medicare and Medicaid Services, to establish and implement a program for providing home-and community-based services to at-risk individuals having intellectual or developmental disabilities who meet certain criteria. Requires the department to utilize any vehicle available, including a state plan amendment or waiver to the QUEST integration section 1115 demonstration project to provide home-and community-based services for individuals having intellectual or developmental disabilities.

The Council appreciated the work done between legislative sessions with the Fetal Alcohol Spectrum Disorder and Autism Spectrum Disorder groups. Hilopaa family to family Inc, facilitated meetings with the groups, the Council, and representation of the Department of Human Services and the Department of Health. We worked together to build common ground and language that supports individuals that have been known to fall in between the cracks.

Thank you for the opportunity to submit testimony **strongly supporting SB 3122 SD1**.

Sincerely,

Daintry Bartoldus
Executive Administrator



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

**Testimony COMMENTING on S.B. 3122 SD1
RELATING TO HEALTH**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 20, 2020
10:35 a.m.

Room Number: 211

1 **Department Position:** The Department of Health (DOH/Department) offers the following
2 **COMMENTS.**

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 SB 3122 SD1 would establish a Medicaid Home and Community Based Services
11 (HCBS) program for individuals with an intellectual or developmental disability (I/DD) who do
12 not meet Medicaid's institutional level of care criteria for HCBS, but are at risk of being in that
13 level of care because they may lack independent daily living skills, are unable to manage their
14 own care or unable to access the supports necessary to maintain their independence.

15 Since the last legislative session, DOH has met regularly with the Department of Human
16 Services (DHS) and other stakeholders to look at the current continuum of care and options for

1 better serving this group of individuals who are often at risk for adverse outcomes. There is often
2 an extraordinary burden on the families of these individuals. Accessing services can be
3 confusing, and the right types of services are not always there. Often when young people with
4 these disabilities exit school and/or child-serving systems, services can stop and transitioning to
5 adult systems can be problematic or inaccessible.

6 The precise numbers of people who fall into this population in Hawaii is unknown, but there may
7 be thousands of people who are in an “at-risk group” and need supports and services to lead
8 meaningful lives in the community. The Department remains committed to working with the
9 DHS and all stakeholders to develop and implement viable solutions to link this population to
10 services based on their individual needs. As such, DOH appreciates the intent of SB 3122 SD1
11 and its approach that could allow DHS to further convene stakeholders to better define the
12 population, the projected number of people who need services, and the services they need.

13 Currently the DOH’s Developmental Disabilities Division (DDD), through a memorandum of
14 agreement with the DHS, is the operating agency for the Medicaid 1915(c) waiver for
15 individuals with I/DD who meet the institutional level of care criteria, which is defined by the
16 Centers for Medicare and Medicaid Services (CMS) for 1915(c) waivers as an Intermediate Care
17 Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care.

18 The group of people that would be affected by SB 3122 SD1 are individuals at risk of reaching
19 the institutional level of care, but do not meet an ICF/IID level of need. The bill states that
20 eligibility for the “at-risk program” must be tied to an assessment of need, and that individuals in
21 institutional or group home care could not access HCBS through the “at-risk” program. The
22 measure further states that individuals in the “at-risk” group must have been found through a
23 functional assessment to be at risk of deteriorating to the institutional level of care. The bill
24 would allow DHS to work with stakeholders to define and operationalize the eligibility criteria
25 based on functional assessments to identify individuals who are at risk of deteriorating to an
26 institutional level of care. Unclear eligibility criteria could cause confusion and overlap of
27 eligibility criteria of the population served through the current 1915(c) waiver for individuals

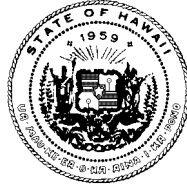
1 with I/DD, which includes individuals with functional limitations in three or more life areas as
2 defined in Section 333F-1 Hawaii Revised Statutes.

3 The process for applying for an HCBS waiver includes defining eligibility criteria, services
4 needed and estimate of numbers in the population in order to calculate annual costs. In waiver
5 applications, CMS requires costs to be estimated for each proposed service through an approved
6 rate study. A definition of the population might reflect the description in the SB 3122 SD1
7 preamble: individuals at risk of being in the ICF/IID level of care because they lack independent
8 daily living skills, are unable to manage their own care or are unable to access the supports
9 necessary to maintain their independence. DOH suggests a rate study be conducted to estimate
10 costs associated with the proposed program.

11 **Fiscal Implications:** A full cost study based on definition of the eligible population, prevalence
12 in Hawaii, and specific services to be funded is needed to estimate cost.

13 Thank you very much for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 18, 2020

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 3122 SD1 – RELATING TO HEALTH**

Hearing: February 20, 2020, 10:35 p.m.
Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill, offers comments, and requests clarification. DHS appreciates the amendments made by the Senate Committees on Human Services and Commerce, Consumer Protection, and Health.

PURPOSE: This bill requires DHS, upon approval from the Centers for Medicare and Medicaid Services, to establish and implement a program for providing home- and community-based services to at-risk individuals having intellectual or developmental disabilities who meet certain criteria. The bill requires DHS to utilize any vehicle available, including a state plan amendment or waiver to the QUEST integration section 1115 demonstration project to provide home- and community-based services for individuals having intellectual or developmental disabilities. Appropriates funds. (SD1)

Since last legislative session, DHS has regularly met with stakeholders to discuss ways that the present system and continuum of care can be improved for individuals who are transitioning out of services provided by other state agencies like the Department of Education (DOE) and the Department of Health (DOH) Child & Adolescent Mental Health Division (CAMHD). These individuals are often at-risk of institutionalization. Expanding access to services would help these individuals engage in their communities and would provide support

AN EQUAL OPPORTUNITY AGENCY

for their families, who must often struggle on their own to support their child. As a general principle, DHS supports expanding access to some HCBS to this population provided that it does not replace or adversely impact the budget priorities identified in the executive budget.

DHS believes the prudent and fiscally sound way forward is to conduct a rate study before passing this legislation. A rate study would have to be completed before DHS could submit a request to the Centers for Medicare and Medicaid Services (CMS) to cover HCBS for an at-risk population. A completed rate study would give DHS, stakeholders, and the legislature the best idea of what the appropriation would be for this program. A rate study would not be an unnecessary next step, and could support program sustainability with federal matching funds once approved by CMS.

DHS would collaborate with DOH and stakeholders on the rate study. The rate study process could be used to further refine a potential at-risk program in regard to the services offered and the individuals covered. The rate study would give the Legislature the best idea of what the cost of this program would be.

DHS understands that the Legislature may want to pass a bill this year to begin covering this population. If the Legislature moves forward with this bill without a rate study, then DHS will estimate the potential expenditures for the program to the best of its ability. DHS counsels that a large general fund appropriation may be necessary because of unknowns surrounding the potential population and their use of services.

DHS notes it is unclear when beneficiaries residing in a shelter would be eligible for services as the provider or entity that makes the determination on whether services are appropriate has been left blank in this version of the bill on page 3, line 11. DHS requests clarification on which providers or entities are intended to make the determination on whether services are appropriate for a beneficiary's living environment.

Thank you for the opportunity to testify on this bill.

SB-3122-SD-1

Submitted on: 2/14/2020 7:27:32 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:

SB-3122-SD-1

Submitted on: 2/16/2020 11:49:03 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Yurie Takishima-Lacasa	Testifying for Hawai'i Psychological Association	Support	No

Comments:

SB-3122-SD-1

Submitted on: 2/19/2020 10:29:07 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodee Haole	Testifying for K.E.L.I.I. FOUNDATION	Support	Yes

Comments:

Hello My name is Melodee Haole I am the founder and President of the K.E.L.I.I. foundation. I am a mother of a severe Autistic young adult, my son already have DDD services so this Bill will not help him but this Bill should help about 5,000 of our "at RISK" children and young adults.

Last year our group walked the capital talking to Senators and Representatives with parents trying to figure out how we can help these "at Risk" groups. There is two groups that is "at risk" who don't have IDD waiver services (the Dual Diagnoses and Developmental Disability "At RISK"). The past 3 months Ive been meeting with Mary Brogan from (DDD), Judy Peterson from (DHS) and DD Council Daintry to figure out how we can get this Bill pass. We found out last years BILL was talking about two separate groups and this was confusing people. So we took out the "Dual Diagnoses" that fall within the IDD waiver eligibility criteria but because they have the comorbid condition with some kind of mental illness "they get denied' this group usually are sent to the mainland and institutionalized. It was advised to us to do a Resolution for this group because IDD medicaid waiver will be working more with these families. The second group is "At Risk" don't fall within the IDD waiver and without any support or community base services, life skills training they maybe at risk, vulnerable to be taking advantage of, homeless, or even institutionalized. Example: I just helped an autistic young lady (23) years old she did not met the IDD criteria, had a child with autism, husband has developmental disability but he didnt have any services, she was working 25 hrs a week , sad to say she didn't have a supportive family they manipulated her took all her money, then kicked her and her family out and they where homeless and vulnerable now on the streets. One of her co workers found me through facebook and I helped her to get into a homeless shelter. I work with many families that get denied on a daily bases from medicaid waiver and its sad to see that some families leave the island because of the lack of services to help these children and young adults to be successful in their future and to be a productive citizen. I already met a few Autistic young adults that is homeless due to their parents past away or people taking advantage of them. Please HELP this "AT RISK" populations, this will save the STATE so much money in the future. I also want to thank Mary Brogran, Judy Peterson, Daintry, and Leolinda for all their support to help our community.

SB-3122-SD-1

Submitted on: 2/18/2020 11:34:50 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Bartlett	Testifying for Hawaii Autism Foundation	Support	Yes

Comments:

This bill is for the adults with intellectual and developmental disabilities who have been diagnosed and are on Medicaid but they do not get any support services and are at risk for homelessness and mental health issues. See story below about a young woman trying to function when her job changed.

Using national numbers from combined other states it is 1 in 200, Currently Hawaii's ranking of serving this population is #44 with the lowest served being 50. Using the math, it is about 5,000 more adults with intellectual disabilities that Hawaii would offer some level of support service to bring us up to the national level average. This is a neglected population group and many of these can hold jobs and live in some kind of independent housing if they had support.

We are not talking about huge numbers and we are not talking about full support. Perhaps they get someone who they can call and does a home visit once or twice a week like the seniors can get from their medquest. The DHS Director can choose the services based on her state budget. We need to give these at-risk adults some support services like we do for our seniors.

If they try to get jobs or live on their own and something happens, they fail. We have a 26-year-old currently living in an apartment with her aunt living close by but she has no support services. A friend had gotten her a job at a local restaurant grill washing dishes and she loved going there and working everyday. But the grill changed locations about 10 blocks away and they wanted to continue having her work. She had no support to help her deal with the anxiety of learning a new place and following directions to a new location and crossing new streets. She made it to the front door and never went inside the restaurant, she had a panic attack. This population can become homeless easily and slide backwards into troubling mental health which causes the state more money. This bill is a practical of support to keep them safe. We did this for our seniors already. The qualifications would be renewed each year. Some may not need their support renewed and others might depending on their level of successful functioning.

LATE

Testimony in Support of SB 3122, SD1 – Relating to Health
Hearing on February 20, 2020, 10:00 AM
Conference Room 211 of the State Capitol

TO: Committee on Ways and Means
Senator Donovan Dela Cruz, Chair
Senator Gilbert Keith-Agaran, Vice Chair

FR: Alan Shinn
2869 Park Street
Honolulu, HI 96817
(808) 261-9612

Please accept my testimony in support of SB 3122, SD1- Relating to Health, that requires the State DHS to establish and implement a program for providing additional home and community-based services to at-risk individuals with intellectual disabilities or developmental disabilities. Individuals must meet certain criteria and DHS to seek a section 1115 waiver to amend the state Medicaid plan for specific disabilities. This bill includes an appropriation of funds.

I am a volunteer member of the Fetal Alcohol Spectrum Disorder (FASD) Action Group with a mission to raise awareness on the impact of FASD on individuals, their families, and the community through education, advocacy, and research in Hawaii.

Intellectual and developmental disabilities are life-long disabilities and require on-going supportive services in the home and community for these individuals to live as normalized a lifestyle possible in the community. Currently they are not afforded continuum-of-care support. This puts a tremendous emotional and financial burden on the families with disabled members who lack resources.

Thank you for the opportunity to submit testimony in support of SB 3122, SD1.

LATE

SB-3122-SD-1

Submitted on: 2/19/2020 2:32:59 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
chanel	Testifying for KELII Foundation	Support	No

Comments:

Aloha Representatives,

Being a single, working mother of a child with severe autism and another young, neurotypical child in Hawai'i has been a challenge. As a registered nurse I would never allow my son with Autism to be institutionalized at a place like the State Hospital, where, apparently, funds are going towards housing the patients/clients there costing the state/tax payers about \$250,000 per patient, while the state refuses to invest \$45k per year on our loved ones. How am I supposed to help my son become a productive member of society and keep him from being institutionalized, costing the state more money in the long run to house them in hospitals? Why do we as parents have to struggle so hard to get and maintain Medicaid services for our loved ones without going into poverty due to the ridiculous income limits set by Medicaid?

Thus, I depend on my son's Pab and respite workers who are funded by the DDD on a daily basis to for the precious reasons mentioned but also so that—

1-my son and my family can remain safe at home and in the community when my son has his behaviors,

2-my son can be escorted to all his medical appointments while I'm at work,

3-so that my son can have help getting ready for school and get on the school bus safely while I'm at work, and

4-so that I can keep my job and be able to support all my keiki.

Without these workers who are funded by the DDD, I would not be able to stay in Hawaii where my keiki, I, and generations of my Hawaiian lineage have been rooted. I've considered moving to the various states in mainland that could offer my son better health/in-home community services, but I can't take them away from their home, their schools, their Ohana, and their lives here in Hawai'i. Why does it have to be that way?

Just 1 week ago, I got an official letter from the DDD stating that my son's services would be denied. This means that we would no longer have workers to help me with my son or it means that I would have find affordable childcare so that I can keep my job as a nurse and have to cut my hours. I have to pay for a mortgage and child care for my younger son. I absolutely cannot afford to lose our current workers. With the advocacy of our legislators we finally got services for my son from the DDD after having waited 1 year, and, now, we need our legislators help again to keep his services by supporting SB3122.

As a working, middle-class mother I don't receive social security income, Food stamps, EBT, WIC, housing assistance, or child support. There is no way I can afford to pay out of pocket for all the services that my son, or any person with Autism, desperately needs simply because DDD decided to cut our services and because these services are not covered by insurance. Please help my son and all our loved ones with Autism by supporting Keli's Bill SB3122.

SB-3122-SD-1

Submitted on: 2/16/2020 6:55:35 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Ocampo	Individual	Support	No

Comments:

February 16, 2020

To: Senator Donovan Dela Cruz, Chair
And Members of the Senate Committee on Ways and Means

Date & Time of Hearing: February 20, 2020, 10:30 AM, Room 211

Testimony in Support of SB3122: Directs DHS to Establish & Implement Home and Community-Based Care for At-Risk Individuals having Intellectual or Developmental Disabilities

I am writing on behalf of myself and individuals, parents and families that I serve who seek services for children and adults with a Fetal Alcohol Spectrum Disorder (FASD) and other developmental disabilities. FASDs are permanent brain-based disorders due to exposure to alcohol during pregnancy and impairment varies from individual to individual. Many are often undiagnosed and misdiagnosed; many are ineligible for services because they are “too high functioning.” Yet, we know that most individuals with FASD function best with supervision and structure. Many are successful because of family support. Now, as their children wish to be more independent, they and their families need our help. Mentoring, places to live with supervision, respite care, transportation, someone to remind them of appointments and help them with planning and organizations skills, are only a few ways that help individuals with FASD lead productive and meaningful lives.

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. In spite of this finding, ~60% of adults with FAS/FAE encountered the criminal justice system; ~60% had disrupted school experiences; and ~50% had Alcohol/Drug problems. With lifelong services, we can make a difference to those affected by FASD and other developmental disabilities, their families, and community.

Thank you for your consideration.

Sincerely,

Ann S. Yabusaki, Ph.D., MFT

February 16, 2020

To: Senator Donovan Dela Cruz, Chair
And Members of the Senate Committee on Ways and Means

Date & Time of Hearing: February 20, 2020, 10:30 AM, Room 211

Testimony in Support of SB3122: Directs DHS to Establish & Implement Home and Community-Based Care for At-Risk Individuals having Intellectual or Developmental Disabilities

I am a retired biochemist and writing on behalf of myself and individuals, parents and who seek services for children and adults with a Fetal Alcohol Spectrum Disorder (FASD) and other developmental disabilities. As a biochemist, I have researched the current research being done on understanding FASD, permanent brain-based disorders due to exposure to alcohol during pregnancy. Although impairment varies from individual to individual, many are often undiagnosed and misdiagnosed; many are ineligible for services because they are “too high functioning.” Yet, we know that most individuals with FASD function best with supervision and structure. Many are successful because of family support. Now, as their children wish to be more independent, they and their families need our help. Mentoring, places to live with supervision, respite care, transportation, someone to remind them of appointments and help them with planning and organizations skills, are only a few ways that help individuals with FASD lead productive and meaningful lives.

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. In spite of this finding, ~60% of adults with FAS/FAE encountered the criminal justice system; ~60% had disrupted school experiences; and ~50% had Alcohol/Drug problems. With lifelong services, we can make a difference to those affected by FASD and other developmental disabilities, their families, and community.

Thank you for your consideration.

Sincerely,

Kenichi K. Yabusaki, Ph.D.

SB-3122-SD-1

Submitted on: 2/17/2020 10:37:05 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carmie Spellman	Individual	Support	No

Comments:

Dear Honorable Legislators:

Aloha, my name is Carmie Spellman and I live on Maui. I am in support of SB3122 SD1 and believe it is absolutely imparative. Certain areas are not being covered. I have Traumatic Brain Injury (TBI) I have asked for help from 3 different Insurance Companies (secondary insurance) to assist me. They have not, subsequently it has put me at greater risk for LongTerm care that should and could be avoided. It is heart breaking. Please vote for SB3122 SD1 there are a lot of folks out there and they have no hope and no help!

Respectfully,

Carmie Spellman

SB-3122-SD-1

Submitted on: 2/17/2020 1:15:37 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
adriane nishimura	Individual	Support	No

Comments:

SB-3122-SD-1

Submitted on: 2/17/2020 2:33:23 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
martina dodson	Individual	Support	No

Comments:

I strongly support SB3122 SD1 as I think it could really help families in need. My friend has 4 children wic of 2 are disabled and she could qualify for this. It would help the people in need who really deserves it.

Mahalo,

Martina Maui.

SB-3122-SD-1

Submitted on: 2/18/2020 10:09:22 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Le Burkien	Individual	Support	No

Comments:

I am writing on behalf of myself and the communities, organizations, and individuals I serve both professionally and as a volunteer within the health care community. The focus of this testimony is on children and adults with Fetal Alcohol Spectrum Disorder (FASD). The Catch-22 of serving this community is that they are ineligible for services because they are "too high functioning." As the research and literature is clear about, this group functions best with structured supervision. As this group become adults and wish to be more independent, they need alternate places to live and experience supervision helping them plan and organize their skills and lead meaningful, productive lives.

We can make a significant difference by establishing and implementing Home and Community-Based Care for At-Risk individuals having intellectual and developmental disabilities.

With gratitude, thank you for your consideration,

Richard D. Le Burkien, MPH

SB-3122-SD-1

Submitted on: 2/18/2020 8:49:41 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eri Rodrigues	Individual	Support	No

Comments:

February 18, 2020

To: Senator Donovan M. Dela Cruz, Chair and the Members of the Committee on Ways and Means

Date and Time of Hearing: February 20, 2020 at 10:35 a.m.

Testimony in Support of SB3122 SD1 Department of Human Services to Establish and Implement Home- and Community-based Services for At-Risk Individuals with Intellectual or Developmental Disabilities

I am writing to express my support for this measure for home- and community-based services to be created for at-risk individuals with intellectual or developmental disabilities, which includes individuals with Fetal Alcohol Spectrum Disorder (FASD) under Department of Human Services. As a social worker, I have had opportunities to work with individuals and families impacted by FASD in our community. Studies and services from other states as well as countries overseas present that individuals with FASD benefit from structure and supports that cater to their unique needs. Currently however in this state, individuals and families are under-identified and served due to limitations in accessibility and provision of services. And this measure, I believe will create services and supports to start to fill those gaps.

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

Sincerely,

Eri N. Rodrigues, LSW

SB-3122-SD-1

Submitted on: 2/18/2020 10:04:15 PM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura Kahiapo	Individual	Support	No

Comments:

I, Laurie Kahiapo, support the KELII LAW Bill SB3122, SD1. This is one of the most important bills as I see it, because people in this situation are forced to live lives of isolation because unable to leave the home without help.

SB-3122-SD-1

Submitted on: 2/19/2020 12:00:30 AM

Testimony for WAM on 2/20/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeanette White	Individual	Support	No

Comments:

Aloha Chair Dela Cruz, Vice Chair Keith-Agaran and Committee members,

I am writing to show my support for SB3122 SD1. Families are badly in need of a program to be started as soon as possible so our children will have the chance at a happy and healthy future in Hawaii. Our family needs your help to make this happen.

Thank you for your consideration,

Jeanette White