

Testified

## LATE TESTIMONY

TO: Representative Mele Carroll, Chair  
Representative Bertrand Kobayashi, Vice Chair  
Committee on Human Services

HEARING: Tuesday, February 12, 2013  
9:30 am  
Conference Room 329

FROM: Jamie and Jeremy McOuat

RE: HB 986 – Increases the monthly board rate distributed by the DHS for foster care services for children.

Thank you for allowing me to submit testimony in favor of House Bill 986, which would increase the foster board payments that support children in foster care in Hawaii.

Foster board reimbursements have not been increased in 22 years. Besides the obvious cost of living increase in over 2 decades in the most expensive state in the nation, I did a quick calculation on diapers and formula alone for a 3-month-old baby X, currently in my care. He is a typical drug-affected infant, commonly placed throughout the system at 2 days old. A conservative count of 10 diapers per 24-hour cycle, 36 for \$10.99 on sale, is \$91.58. A 12.4 oz can of Similac powder formula covers 3 days and comes to \$152.63 a month. This totals \$244.21 before added costs of laundry detergent, water and electricity for 2 loads a day, utilities or batteries to run a baby swing, the only option for consoling this baby who suffers from acid reflex syndrome; housing costs in a neighborhood that understands and tolerates the piercing screams of withdrawal throughout the day and night, transportation and expenses from clothing to special equipment needed. Like most resource care givers, we did not consider the monthly payment when deciding to give back to the community and help change the lives of our most vulnerable children, aged 0-5. However, I did not assume I would use my own money to assure that their basic needs were met.

A 1993 report, Improving Treatment for Drug-Exposed Infants Treatment Improvement Protocol (TIP) Series 5, reported that the per-day cost of caring for a drug-exposed infant in a neonatal intensive care unit ranged from \$750 for a mild case to \$1,768 for a severely affected infant in California. 20 years later, I can only imagine the cost saving to the state of Hawaii. Foster families are now expected to also provide many of the services previously provided by social workers: transport and monitoring of 'ohana visits - i.e. supervision of drug addicted, alcoholic and often mentally unstable and undiagnosed birth parents; coordination and transport to occupational, physical therapy, speech classes, and psychiatry/psychology visits.

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Anecdotal evidence from local support groups suggests that Hawaii is losing many of its long term foster families and inadequate foster board payments is a contributing factor. This issue must be address if Hawaii is to continue to retain loving foster families to care for our children.

Thank you for your consideration.

Sincerely,

Jamie and Jeremy McOuat