

Feleai Tau

LATE

From: Bud Bowles [director@unitedselfhelp.org]
Sent: Friday, January 28, 2011 10:57 AM
To: HTHTestimony
Subject: Please return some mental health monies.

Dr. Senator Green and others.

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Bud Bowles, MSW, CPRP, HCPS

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From: mailinglist@capitol.hawaii.gov
Sent: Friday, January 28, 2011 8:42 AM
To: HTHTestimony
Cc: davyweiner@gmail.com
Subject: Testimony for SB731 on 1/28/2011 2:45:00 PM

Testimony for HTH 1/28/2011 2:45:00 PM SB731

Conference room: 229
Testifier position: comments only
Testifier will be present: No
Submitted by: David Weiner
Organization: Individual
Address: 73-4459 Ooma Place Kailua Kona, Hawaii
Phone: 854-4884
E-mail: davyweiner@gmail.com
Submitted on: 1/28/2011

Comments:

About community based psychiatry and case management services.
Funding cuts by Lingle administration were 75% - effectively the same as a sudden natural disaster or war. This was far outside any reasonable business practice or governance.
The surviving mental health services, their employees, and the people they serve remain at the breaking point.
It must be tempting to take advantage of the cuts already in place but please do not do so.

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From: RWSurber [rwsurber@aol.com]
Sent: Friday, January 28, 2011 9:24 AM
To: HTHTestimony
Subject: *****SPAM***** Testimony to Committee on Health on Jan. 28, 2011 at 2:45 pm in Support of SF731

Aloha Honorable Senators,

I am writing in full support of SB731 which, if implemented, will take a significant step in rebuilding mental health services for a highly vulnerable population in Hawaii. Specifically this bill restores eligibility criteria for treatment and services that were cut unnecessarily, with disingenuous justification, in contravention the Community Mental Health Plan the state agreed to maintain, and, in some cases, after public testimony with 100% opposition. SB731 will begin to restore services that can dramatically improve the lives of people with mental illnesses, their families, and our communities.

Mahalo,

Robert Surber

Robert Surber & Associates

Enhancing Performance & Improving Outcomes

For Health & Human Services

15-980 Paradise Ala Kai Dr. A7, Kea'au HI 96749

Tel: 808.982.7530

E-mail: RWSurber@aol.com

Web: www.RobertSurber.com

LATE

January 28, 2011

TO: Senator Josh Green, Chair
Members of the Senate Health Committee

FROM: Sharon Otagaki, LSW; ACSW
National Association of Social Workers

RE: SB 731 - **STRONGLY SUPPORT**

Chairman Green and members of the Senate Health Committee, I am Sharon Otagaki, Chair of the Legislative Committee of the National Association of Social Workers (NASW), Hawaii Chapter. NASW is the largest professional organization for social workers in Hawaii, many of our members are Licensed Clinical Social Workers (LCSWs). We are offering testimony in **STRONG SUPPORT** of SB 731, to include LCSWs, in determining the proper referral of patients and to provide emergency crisis intervention services.

Social workers are the largest providers of mental health services across our country. Licensed Clinical Social Workers are trained in the use of the Diagnostic and Statistical Manual of the American Psychiatric Association and in the provision of psychotherapy. A large number of LCSWs are also certified in the treatment of substance and alcohol abuse. The inclusion of these professionals will provide a greater access to services for those suffering from mental illness.

Again, NASW strongly supports SB 731, and thanks this committee for the opportunity to provide testimony.

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individual himself. Due to stigma by the general population and in individuals such as myself would have preferred to be labeled an alcoholic than diagnosed as someone with mental illness. Thus many did not seek help when they had problems such as auditory and visual hallucinations.

In our economic times, limits should be made for the number of treatment hours. This is expressed even in health insurance programs. But the present hours of 3.5 hours a month of case management is too low to help an individual get into recovery for himself. Any increase would be a great help to the community to lower other issues of hospitalizations, imprisonment, and homelessness. Perhaps a better way of training and monitoring providers of services would have been a better way to solve issues, instead of lowering it to only 3.5 hours. Perhaps President Obama's Health Reform could alleviate many problems, especially with those with mental illnesses in the lower income brackets. I discourage saying DSM IV in the statutes, since a new DSM V will soon be out in a few years.

Hawaii's crisis hotline should include emergency intervention services with certified professionals, but including this in our Hawaii statutes is important. But only clinical social workers are mentioned. It is important to note that many national and local crisis intervention services include the use of certified peer specialists (CPS). In the Department of Health's Hawaii Certified Peer Specialists (HCPS), a program I once coordinated, there are 130 HCPS within our state. With the cut in budgets, the vacant positions at the Community Mental Health Centers were eliminated. These vacant positions were likely due to the stigma faced by those with mental illnesses by other professionals who felt that their jobs would be replaced by these new certified professionals. The HCPS already employed proved to be successful in maintaining their employment with their own challenges of mental illnesses and because of their lived experiences are valuable to mental health teams. Those unemployed, such as myself also prove to be valuable by lending ourselves as support to those with mental illnesses and their families, giving hope and being role models in the community.

Although the present Community Based Case Management (CBCM) teams have been successful with the flexibility of adjusting to an individual's needs, Assertive Community Treatment (ACT) teams have been established nationally as a proven evidence-based practice. ACT showed a great success in Hawaii to those in rural areas and the neighbor islands, who really needed these services. With AMHD eliminating these specialized teams for those in crisis or recently hospitalized, proved to be a sorrowful mistake seen locally as well as nationally. But as mentioned previously certified peer specialists are important in this teamwork. CPS gives the other professionals on the team a better understanding of the situation and can be a voice for the consumer in need. If the ACT teams were re-established for providers of services they would go out to the individual's location, and a community care crisis center would not be necessary.

Please support SB731 changing the present Hawaii revised Statutes and the services provided.

Sincerely,



Ellen Awai, BBA, CPRP, CPS
Mental Health Advocate

Awai 76@aol.com

January 28, 2011

from Ellen K. Awai cell (808) 551-7676
USPRA - Hawaii
3329 Kanaia Ave. #304
Honolulu, HI 96815
Awai76@aol.com

LATE

Senator Josh Green, M.D., Chair for the House of Representatives' Committee on Health
Senator Clarence K. Nishihara, Vice Chair and Committee members

Subject: SB731 Relating to Mental Health on Friday, January 28, 2011
2:45 p.m. Conference Room #229

LATE TESTIMONY

Dear Chair Josh Green and Health Committee members:

Please support Senate Bill 731 along with the House Bill 615. Although cuts to the Adult Mental Health Division system should be restored, I understand that the budget prior to 2008 would not be available at the moment and the many changes requested are not fiscally possible with the present economy. But the ultimate costs of an inadequate adult mental health system are far greater than providing the services necessary, by increasing costs in other areas of the community such as hospitals, jails, prisons, and homelessness. Presently I am a student in the master's program for Criminal Justice Administration at Chaminade University of Honolulu and a volunteer at the First Circuit Court's Adult Probation's Mental Health Courts. I have a clearer understanding of how these cuts to our mental health system has affected the criminal justice system, our community, and society as a whole.

As a long-time mental health advocate for organizations such as NAMI (National Alliance on Mental Illness) and the USPRA (U.S. Psychiatric Rehabilitation Association) both locally and nationally, and a former employee of AMHD, I do support changes in the system and changes to the Hawaii Revised Statutes. I am also a member of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services subcommittee on consumer/survivor issues. Recently taskforces and committees have been developed with the federal government on Trauma, Youth Suicides, and Wellness 10 X10, where people with mental illnesses die on an average 25 years younger than the rest of the population. Wellness 10 X 10 aims to increase the lifespan of a person with mental illness by 10 years within the next 10 years, with an integration of mental and medical or physical health goals.

Mental illnesses in Hawaii were once called SPMI or "severe and persistent mental illnesses" and this term is still used in many states in the nation. Hawaii may have changed the word to "serious" when issues of parity and advanced directives were being developed. "Severe" should replace "serious" in the definition because when speaking to other states it is confusing. In adding diagnoses to the definition, it would be unnecessary to add major depressive disorder and anxieties. Major depression is already stated and anxieties are felt by most of the population in stressful situations. Perhaps severe illnesses such as Post Traumatic Stress Disorder (PTSD) and Borderline Personality Disorders should be considered. PTSD has been an important issue nationally and locally with military veterans and victims of domestic violence. People I have met with borderline personality disorders usually experience both a substance abuse addiction and mental illness, which seem to be deep-rooted in childhood. With the national integration of mental health and substance abuse, it is important to look at both issues. It is not easy to determine which was the origins of a severe mental illness. A mental illness can be treated with professional assistance, but a substance abuse could have been self-medication performed by the

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Cc: sotagaki@gmail.com
Subject: Testimony for SB731 on 1/28/2011 2:45:00 PM
Attachments: testimony on SB 731.docx

Testimony for HTH 1/28/2011 2:45:00 PM SB731

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Sharon Otagaki
Organization: Individual
Address: 677 Ala Moana Suite 702 Hon., HI
Phone: 521-1787
E-mail: sotagaki@gmail.com
Submitted on: 1/28/2011

Comments:

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Testifier will be present: No
Submitted by: David Weiner
Organization: Individual
Address: 73-4459 Ooma Place Kailua Kona, Hawaii
Phone: 854-4884
E-mail: davyweiner@gmail.com
Submitted on: 1/28/2011

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