

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

**Testimony in SUPPORT of HB2357 HD1
RELATING TO AGE OF CONSENT FOR
ADOLESCENT MENTAL HEALTH SERVICES**

REPRESENTATIVE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: February 16, 2016, 2:00 p.m.

Room Number: 325

1 **Fiscal Implications:** None to State of Hawaii, though private providers may experience a
2 negligible impact.

3 **Department Testimony:** The Department of Health (DOH) strongly supports this bill, which is
4 part of Governor Ige's Administrative Package.

5 HB2357 HD1 authorizes a minor who is fourteen years of age or older to consent to mental
6 health treatment services if a licensed mental health professional deems the minor is mature
7 enough to participate intelligently in the treatment or services. Thus far 20 States and the
8 District of Columbia allow for minor consent to mental health treatment, and no state explicitly
9 requires parental consent or notification. The State of Hawaii has already recognized that
10 requiring parental consent for minors to receive substance abuse treatment and family planning
11 services poses a barrier to health care. Hawaii has therefore allowed for the consenting minor to
12 access these services. Similarly, minors often find desired mental health services inaccessible
13 due to the discomfort and, in rare circumstances the opposition, of the current required parental
14 consent. It is reasonable to believe that more accessible mental health services would improve
15 emotional wellbeing, increase earlier intervention and decrease serious negative outcomes such
16 as addiction and suicide.

17 A Guttmacher Institute Report on Public Policy (2003) states, "Research from as far back as the
18 late 1970s has highlighted the importance of confidentiality to teens' willingness to seek care." A

1 study appearing in 1999 in the Journal of the American Medical Association (JAMA) found that
2 “a significant percentage of teenagers had decided not to seek health care that they thought they
3 needed due to confidentiality concerns.” Recent research confirms these original findings.

4 This bill allows for the access of mental health services to consenting minors. It does not out-
5 right exclude parental involvement. If, in the treating provider’s clinical opinion, parental
6 involvement would not be detrimental to care, the clinician must work with the youth to
7 appropriately include the parent in treatment. Additionally, this bill does not allow the youth to
8 abrogate from treatment that their parent has consented to and vice versa. This bill does not
9 compel any private or public provider to afford such a service, but simply allows for the
10 provision of the service should both parties agree, thereby no mandated cost is associated with
11 this bill.

12 **Offered Amendments:** None.

13 Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 02/16/2016
Time: 02:00 PM
Location: 325
Committee: House Judiciary

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 2357, HD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES.

Purpose of Bill: Authorizes a minor who is fourteen years of age or older to consent to mental health treatment or counseling services by a licensed mental health professional if the professional deems the minor is mature enough to participate intelligently in the treatment or services. (HB2357 HD1)

Department's Position:

The Department of Education (Department) agrees it is important to reduce barriers for adolescents in accessing mental health care that may otherwise be unobtainable due to family dynamics or other circumstances. Further, it appreciates the intent of HB 2357 HD1, as amended by the prior committee, to allow minors 14 years of age or older to consent to mental health treatment or counseling services by a licensed mental health professional if the professional deems the minor is mature enough to participate intelligently in the treatment or services.

Under the Individuals with Disabilities Education Act (IDEA), mental health services are provided under the student's Individualized Education Program (IEP), thus an issue with such a service in the student's IEP can be taken up by a parent through due process.

However, the Department continues to have concerns as to this proposed measure's applicability to general education, homeless, and foster care students, and any potential implications or liability issues of not obtaining parental consent. Separately, the Department is exploring the effects of this measure as it pertains to unaccompanied youth who are homeless.

The Department is open to collaborating on this subject with the Department of Health. In particular, we would appreciate receiving any information on standard practices regarding minors' access and consent to mental health care in other states, including the coverage of costs by other states' education agencies and the sanctioned practice of licensed mental health professionals of these agencies, areas that may not have been considered prior to the

introduction of this measure.

Thank you for this opportunity to provide testimony and comments on this measure.

HAWAII YOUTH SERVICES NETWORK

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Rick Collins, President

Judith F. Clark, Executive
Director

Big Brothers Big Sisters of
Hawaii

Bobby Benson Center

Central Oahu Youth Services
Association

Child and Family Service

Coalition for a Drug Free Hawaii

Domestic Violence Action Center
EPIC, Inc.

Family Programs Hawaii

Family Support Hawaii

Hale Kipa, Inc.

Hale 'Opio Kauai, Inc.

Hawaii Student Television

Hui Malama Learning Center

Kokua Kalihi Valley

Life Foundation

Marimed Foundation

Maui Youth and Family Services

P.A.R.E.N.T.S., Inc.

Parents and Children Together
(PACT)

Planned Parenthood of the
Great Northwest and
Hawaiian Islands

Salvation Army Family
Intervention Services

Sex Abuse Treatment Center

Susannah Wesley Community
Center

The Catalyst Group

Uhane Pohaku Na Moku
O Hawai'i

Waikiki Health

February 12, 2016

To: Representative Karl Rhoads, Chair,
And members of the Committee on Judiciary

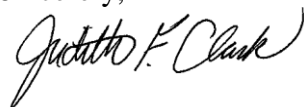
TESTIMONY IN SUPPORT OF HB 2357 HD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES

Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports HB2357 HD1 Relating to Age of Consent for Adolescent Mental Health Services.

Whenever feasible, parents and other family members should be involved in mental health services for their children. Yet there are times when adolescents need to be able to talk to a mental health professional without parental involvement. For example, this could include child abuse situations where the youth may find it difficult to address issues with the abuser present; when the family is not willing to discuss issues around sexual identity and the youth identifies as gay, lesbian, bisexual, or transgender; or when the parent him or herself has an unresolved mental health or substance abuse problem. The youth who participated in the 2015 Children and Youth Summit identified age of consent for mental health services as one of their top priorities for legislative action.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

**TESTIMONY FOR HOUSE BILL 2357, HOUSE DRAFT 1, RELATING TO AGE OF
CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES**

**House Committee on Judiciary
Hon. Karl Rhoads, Chair
Hon. Joy A. San Buenaventura, Vice Chair**

**Tuesday, February 16, 2016, 2:00 PM
State Capitol, Conference Room 325**

Honorable Chair Rhoads and committee members:

I am Kris Coffield, representing the IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 350 local members. On behalf of our members, we offer this testimony in support of HB 2357, HD1, relating to age of consent for adolescent mental health services.

IMUAlliance is Hawai'i's leading provider of direct intervention services to sex trafficking victims. On average, sex trafficking victims are induced into commercial sexual exploitation between the ages of 12-14, years of heightened developmental vulnerability. Sexually exploited youth require trauma-informed care, often *before* exploitation begins. Such victims are typically predisposed to exploitation by a complex and overlapping traumatic history that may include child abuse or neglect, assault, sexual abuse, sexual assault, rape, and bullying. Psychological concerns experienced by sex trafficking victims includes, but is not limited to, depression, anxiety, post-traumatic stress disorder, dissociative disorder, explosive outbursts, self-injurious and suicidal behavior, and hyper-sexualization. Allowing adolescents to obtain psychological care at the onset of hopelessness, anxiety and despair, often for feelings they have difficulty communicating to parents or guardians, can be essential in fending off exploitation before it begins.

Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance
IMUAlliance

Committee on Judiciary
Representative Kharl Rhoads, Chair
Representative Joy A. San Buenventura, Vice Chair

Sandy Sproat
64-646 Puu Pohu Place
Kamuela, HI 96743
Email: sproatks@gmail.com

Tuesday, 16 February 2016, 2:00 pm

Support for HB 2357 Relating to Age of Consent for Adolescent Mental Health Services

I work as an Educational Assistant in a public middle school on the Big Island and I am studying to become a social worker. I have raised seven children in this community and feel strongly that lowering the age of consent for the acquisition of mental health services can facilitate some healing for our children at an earlier age.

Many children at school struggle through personal problems which, negatively impacts their social functioning and academic success, and they could benefit from counseling services. Ideally a parent or guardian could seek out services for their child, however, a child who desires mental health services should be able to secure them on their own.

I feel this measure would be a step in the right direction to minimize the barriers that prevent our youth from getting the services they need to be healthier in the community. Thank-you for this opportunity to testify.

From: Kamaile Keaunui

Submitted on: February 13, 2016

Testimony in support of HB 2357, Relating to age of consent for adolescent mental health services.

Submitted to: The Committee on Judiciary

Dear Chair Karl Rhoads and Members of the Committee,

I support HB 2357. Adolescents struggle and face many issues including bullying, self-esteem, peer pressure, sex, and drugs, to just name a few. A lot of the times adolescents feel they do not have someone to talk to because they do not want their parents and/or guardians to find out. Giving adolescents, 14 years and older, the right to seek professional help will only benefit them.

I grew up feeling at times having no one to really tell my deep dark secrets and issues to because I did not want my parents to find out. It was a struggle for me. Had there been a law allowing me to seek professional help, I would have taken that help and learned how to deal with a lot of my struggles.

Adolescence is a crucial time when they start to deal with a lot of emotions and need to have someone they feel comfortable and safe sharing their struggles. Therefore, I urge the committees to support HB 2357.

Mahalo for taking the time to read this.

Sincerely,

Kamaile Keaunui