

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

LATE

**Testimony in SUPPORT of SB2886 SD2, HD1
RELATING TO AGE OF CONSENT FOR
ADOLESCENT MENTAL HEALTH SERVICES**

REPRESENTATIVE KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: March 29, 2016, 2:00 p.m.

Room Number: 325

1 **Fiscal Implications:** None to State of Hawaii.

2 **Department Testimony:** The Department of Health (DOH) strongly supports this
3 Administration Bill that provides an option for adolescents and teens to seek professional mental
4 health counseling. This bill is intended to save lives and build resilience in Hawaii's keiki and
5 communities.

6 Statement of Problem

7 *“Suicide was the 2nd leading cause of death among teenagers in*
8 *Hawaii, after motor vehicle crashes, but outnumbering deaths*
9 *from cancer, heart disease and other chronic diseases.” –*
10 Department of Health Injuries in Hawaii Report, 2007 – 2011

11 Although males are three times more likely to commit suicide in the general population, data
12 reveal that rates of depression in adolescents from as early as 13 years of age disproportionately
13 affects girls. In addition, substance abuse and addiction, intimate partner violence, and
14 identify/orientation issues may surface during this critical period of a child emotional
15 development.

16 Systems to detect, prevent, and treat depression and other conditions may be inadequate as
17 minors face barriers to accessing professional counseling services due to inability to pay, stigma

1 and anxiety, or more rarely because of parental opposition. The literature is clear and
2 convincing:

- 3 • The Guttmacher Institute, a grantee of the National Institute of Health, published in 2003
4 that “Research from as far back as the late 1970s has highlighted the importance of
5 confidentiality to teens' willingness to seek care.”
- 6 • The Journal of the American Medical Association in 1999 found that “a significant
7 percentage of teenagers had decided not to seek health care that they thought they needed
8 due to confidentiality concerns.”

9 Checks and Balances

10 SB2886 SD2 only provides for an **option** to engage in treatment does not relieve a provider or
11 consenting minor from any other responsibilities of a legal, professional, ethical, or other nature
12 that are not explicitly permitted by this measure

13 Best practices dictate that parental involvement is optimal, but in rare cases where this may be
14 premature or disruptive, for example because of family violence, sexual abuse, or substance
15 abuse, the adolescent or teen seeking help has few options: some treatment is better than no
16 treatment.

17 SB2886 SD2 strikes a balance between the immediate needs of an adolescent or teen and a
18 parent’s right to know by requiring licensed professionals to consider parental involvement first,
19 and only after carefully assessing an adolescent or teen’s maturity, may invoke the option to
20 provide counseling services.

- 21 • A mental health professional is under no obligation to provide services for any clinical,
22 practical, business, or policy decision. Entities or individuals unwilling to invoke this
23 option may simply ignore it.
- 24 • A minor may not abrogate their parent’s consent to receive services, nor vice-versa.
- 25 • A minor is under no financial obligation to the provider for services rendered.
- 26 • Services are limited to out-patient talk therapy and must not involve any medications.

1 The Child & Adolescent Mental Health Division clarifies the intent that treatment without
2 express parental consent would not include psychopharmacology or residential treatment.

3 Precedence in Hawaii Revised Statutes (HRS) and Other States

4 The State of Hawaii currently grants consenting minors access to substance abuse and
5 reproductive health care, pursuant to section 577-26, HRS, and section 577A-2, HRS,
6 respectively.

7 Twenty states and the District of Columbia currently permit minors the explicit authority to
8 consent to outpatient mental health treatment, and no state explicitly requires parental consent or
9 notification.

10 Thank you for the opportunity to testify in strong support of this measure.

11 **Offered Amendments:** N/A.



The Judiciary, State of Hawaii

Testimony to the House Committee on Judiciary

Representative Karl Rhodes, Chair

Representative Joy A. San Buenaventura, Vice Chair

Tuesday, March 29, 2016, 2:00 p.m.
State Capitol, Conference Room 329

by

R. Mark Browning

Senior Judge, Deputy Chief Judge

Family Court of the First Circuit

WRITTEN TESTIMONY ONLY

Bill No. and Title: Senate Bill No. 2886, S.D.2, H.D.1, Relating to Age of Consent for Adolescent Mental Health Services.

Purpose: Lowers the age of consent to receive mental health treatment or counselling services.

Judiciary's Position:

The Judiciary writes in support of this bill.

Unfortunately, trauma and increasingly stressful living conditions are realities facing the youth of today. Lowering the age of consent to mental health services would increase the opportunities for the young people to reach out for help. This bill does not overlook parents. The mental health service provider has an affirmative duty to contact and involve parents unless the provider determines that such contact is inappropriate. We believe that this strikes a balance between the rights and responsibilities of the parents, the growing need for such services to youth, and all parties' constitutional right to privacy.

Thank you for the opportunity to submit testimony on this matter.



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

Date: 03/29/2016
Time: 02:00 PM
Location: 325
Committee: House Judiciary

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: SB 2886, SD2, HD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES.

Purpose of Bill: Reduces barriers in accessing mental health services for minors by lowering the age of consent to receive treatment from 18 years old to 12 years old. (SB2886 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.

However, at age 12, children are generally unable to make informed and appropriate choices and decisions in consenting to mental health care treatments. Respectfully, the Department asks this committee to consider amending the age of consent from age 12 to age 14, 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.

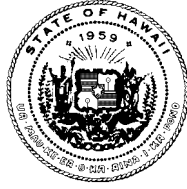
However, the Department continues to have concerns as to this proposed measure's applicability to general education, homeless, and foster care students, and any potential implications or liability issues of not obtaining parental consent. Separately, the Department is exploring the effects of this measure 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 the opportunity to provide testimony and comments on this measure.

DAVID Y. IGE
GOVERNOR



RACHAEL WONG, DrPH
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

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

March 28, 2016

TO: The Honorable Karl Rhoads, Chair
House Committee on Judiciary

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2886 SD2 HD1– RELATING TO AGE OF CONSENT FOR
ADOLESCENT MENTAL HEALTH SERVICES**
Hearing: Tuesday, March 29, 2016, 2:00 p.m.
Conference Room 325, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services supports this administration measure.

PURPOSE: The purpose of this measure is to reduce barriers in accessing mental health care for adolescents by lowering the age of consent to receive treatment from 18 years old to 12 years old.

The Department of Human Services is working with the Department of Health to transform the State’s behavioral health care system and access to services. The Med-QUEST division provides medical insurance coverage for a large proportion of Hawaii’s children – over 40%, and we support efforts to improve access to behavioral health care and efforts to improve children’s overall health outcomes.

The “Behavioral Health Barometer, Hawaii 2013,” by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), provides a snapshot of behavioral health in Hawaii based on a set of substance use and mental health indicators as measured through data collection efforts sponsored by SAMHSA. This report is accessible at <http://www.samhsa.gov/data/sites/default/files/Hawaii-BHBarometer.pdf>. The report indicates that:

Past-Year Major Depressive Episode (MDE) among Persons Aged 12-17 in Hawaii and the United States (2008-2012), Hawaii's rate of MDE among youths was similar to the national rate in 2011-2012, at 9.8%.

In Hawaii, about 8,000 youths (8.8% of all youths) per year in 2008-2012 had at least one MDE within the year prior to being surveyed. The percentage did not change significantly over this period. *Citations omitted.*

Alarming, the report also provided that: "Hawaii's rate of treatment for depression among youths with MDE was similar to the national rate in 2006-2012: 31.2% received treatment for depression, and 68.8% did not receive treatment for depression."

Clearly, eliminating barriers for youth 12-17 to seek and consent to behavioral health treatment will improve access to services and likely lead to improved quality of life for these children, youth, and their families.

Thank you for the opportunity to testify on this bill.

LATE



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

**TESTIMONY FOR SENATE BILL 2886, SENATE DRAFT 2, 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, March 29, 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 SB 2886, SD2, 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 as young as 12-years-old to obtain psychological care at the onset of hopelessness, anxiety and despair, often for feelings they have difficulty communicating to parents or guardians, could 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

HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 904 Honolulu, Hawaii 96813

Phone: (808) 489-9549

Web site: <http://www.hysn.org> E-mail: info@hysn.org

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

March 25, 2016

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

TESTIMONY IN SUPPORT OF SB 2886 SD2 HD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES

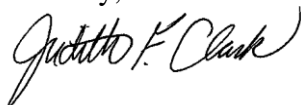
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SB 2886 SD2 HD1 Relating to Age of Consent for Adolescent Mental Health Services.

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.

HYSN would note, however, that setting the age of consent at twelve is not consistent with the age of consent established in other Hawaii laws. Consent for primary and preventive health care and entry into an emergency youth shelter are both set at fourteen. We recommend amending the bill to make the age of consent consistent with other statutes.

Thank you for this opportunity to testify.

Sincerely,



Judith F. Clark, MPH
Executive Director

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 24, 2016 10:52 PM
To: JUDtestimony
Cc: louis@hawaiidisabilityrights.org
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/24/2016

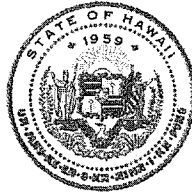
Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Comments Only	No

Comments: We are in support of the bill in concept. We would like clarification as to whether the mental health treatment could include medication administration. We understand that is not the intent of the bill. However, as drafted it is ambiguous. We would have some concerns if it did include the ability to administer medication.

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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH SERVICES
707 Richards Street, Suite 525
Honolulu, Hawaii 96813

March 28, 2016

TO: The Honorable Karl Rhoads, Chair
House Committee on Judiciary

FROM: Merton Chinen, Executive Director

SUBJECT: SB 2886 SD2, HD1 – RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES

Hearing: Tuesday, March 29, 2016, 2:00 p.m.
State Capitol, Conference Room 325

OFFICE'S POSITION: The Office of Youth Services (OYS) supports the measure. Youth who have experienced trauma and other types of adverse childhood experiences need access to mental health services to help in their healing process. Estimates of youth involved in the juvenile justice system who have been exposed to serious trauma range from 5% to a high of 70%. Providing access to mental health services will increase youth's resiliency and promote better coping skills that may prevent subsequent problems such as substance abuse, violence and other maladaptive behaviors with increased costs to the community in relation to criminal activity and limited resources.

PURPOSE: The purpose of the measure is to reduce barriers in accessing mental health care for adolescents by lowering the age of consent to receive treatment from eighteen years old to twelve years old. Thank you for the opportunity to provide this testimony.



hale 'ōpio kaua'i
INC.

Nurturing Our Youth
SINCE 1975

Board of Directors

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Gregory Meyers, Esq.
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—

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Robert Ladendecker

Orianna Skomoroch

Geri Young, MD

—

LaVerne Bishop
Executive Director

Logan Roche
Business Manager

March 27, 2016

TO: Representative Karl Rhoades, Chair
Representative Joy A. Buenaventura, Vice Chair
Judiciary

HEARING: Tuesday, March 29, 2016
2:00PM
Conference Room 325

FROM: LaVerne Bishop, Executive Director

RE: SB2886SD2- RELATING TO AGE OF CONSENT FOR
ADOLESCENT MENTAL HEALTH SERVICES

Hale 'Ōpio Kaua'i, Inc. strongly supports youth access to mental health counseling without the consent of their parent. While professionals work towards engaging parents in family treatment, youth should be able to access the counseling they seek or require to assure their safety and well-being.

The state and federal government allow for youth admitting themselves to shelter services and accessing medical care, including family planning services. While mental health professionals work towards a family-focused intervention, barriers to acting on the request of young people for mental health services should be removed. With the high suicide rate in Hawaii, let's allow youth access to mental health counseling.

Mahalo for your support of youth access to mental health services.

2959 Umi Street, Lihu'e, Kaua'i, Hawai'i 96766
(808) 245-2873 • Fax (808) 245-6957
www.haleopio.org • info.haleopio.org



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LATE

**1124 Fort Street Mall, Suite 205 • Honolulu, Hawai'i 96813 Ph: 808.521.1846 Fx: 808.533.6995
Email: info@mentalhealth-hi.org • Web: www.mentalhealthhawaii.org**

March 28, 2016

TO: Representative Karl Rhoads, Chair, Representative Joy San Buenaventura, Vice Chair, and the members of the House Committee on Judiciary

FROM: Trisha Kajimura, Executive Director

RE: Testimony in support of SB 2886 SD2 HD1 Relating to Age of Consent for Adolescent Mental Health Services

HEARING: Tuesday, March 29 at 2:00 pm, Conference Room 325

Thank you for hearing SB 2886 SD2 HD 1, which reduces barriers in accessing mental health services for minors by lowering the age of consent to receive treatment from 18 years old to 12 years old. **Mental Health America of Hawaii supports this measure** because it will help youth suffering from mental health problems to access proper treatment and care.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawaii over 70 years ago that serves the community by promoting mental health through advocacy, education and service.

Suicide was the leading cause of death among 13 through 18 year-olds in Hawaii, outnumbering deaths from motor vehicle crashes, cancer, heart disease, and other chronic diseases, so this bill is important to catch, treat, and prevent depression before a keiki is in crisis.

Sometimes youth need to talk to a mental health professional but may not feel safe or comfortable asking their parent for consent for a variety of reasons, which may include family violence, sexual abuse, or substance abuse. Senate Bill 2886 SD2 HD1 is crafted so that mental health professionals will have the option to counsel youth in need, while working toward involving parents. Please vote in support of this measure.

Thank you for the opportunity to submit this testimony.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 4:00 PM
To: JUDtestimony
Cc: mgolojuch@hotmail.com
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/28/2016
Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Golojuch Jr	LGBT Caucus of the Democratic Party of Hawaii	Support	Yes

Comments: The LGBT Caucus of the Democratic Party of Hawai'i supports Senate Bill 2886 SD2, which provides an option for adolescents and teens to seek professional mental health counseling. Suicide was the leading cause of death among 13 through 18 year-olds in Hawaii, outnumbering deaths from motor vehicle crashes, cancer, heart disease, and other chronic diseases, so this bill is important to catch, treat, and prevent depression before a keiki is in crisis. Sometimes youth need to talk to a mental health professional but may not feel safe or comfortable asking their parent for consent for a variety of reasons, which may include family violence, sexual abuse, or substance abuse. Senate Bill 2886SD2 is crafted so that mental health professionals will have the option to counsel youth in need, while working toward involving parents. Please vote in support of SB2886SD2.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 6:44 AM
To: JUDtestimony
Cc: dylanarm@hawaii.edu
Subject: *Submitted testimony for SB2886 on Mar 29, 2016 14:00PM*

SB2886

Submitted on: 3/28/2016

Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Armstrong	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 12:03 PM
To: JUDtestimony
Cc: 5fransan2@gmail.com
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/28/2016

Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Frances Santoki	Individual	Oppose	No

Comments: I am against SB2886 because it is interfering with parent and child relationship. I strongly oppose SB2886.

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My name is Helen Duley. I support Senate Bill 2886SD2, which provides an option for adolescents and teens to seek professional mental health counseling. Suicide was the leading cause of death among 13 through 18 year-olds in Hawaii, outnumbering deaths from motor vehicle crashes, cancer, heart disease, and other chronic diseases, so this bill is important to catch, treat, and prevent depression before a keiki is in crisis.

Sometimes youth need to talk to a mental health professional but may not feel safe or comfortable asking their parent for consent for a variety of reasons, which may include family violence, sexual abuse, or substance abuse. Senate Bill 2886SD2 is crafted so that mental health professionals will have the option to counsel youth in need, while working toward involving parents. Please vote in support of SB2886SD2.

Sincerely,

Helen Duley

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 11:48 AM
To: JUDtestimony
Cc: kkanaka75@hotmail.com
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/28/2016

Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Kahealani Kagawa	Individual	Oppose	No

Comments: How is a 12 year old able to determine their mental health when they are still living at home, have no job and depend on the support of a parent or guardian?

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 11:35 AM
To: JUDtestimony
Cc: kekumupono@gmail.com
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/28/2016

Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Allyson Okamoto	Individual	Oppose	No

Comments: This will seriously undermine parental care and authority. Please block this bill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Dear Representatives;

I adamantly oppose SB 2886 SD 2 HD1. The bill undermines parental care and authority of their children, and the health of the family.

The bill states: a minor who is twelve years of age or older may consent to mental health treatment or counseling services provided by a licensed mental health professional if, in the opinion of the licensed mental health professional, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.

I am amazed that the legislators believe that 12 year olds, no matter how mature they appear, have the capacity to “participate intelligently in mental health treatment or counseling”. They have so little life experience to determine their mental health needs. They are barely out of childhood, in the midst of confusing, adolescent changes, and need their parents’ wisdom, love and support now more than ever. Who would care for and know them better than their parents? To allow and encourage adolescents and teens younger than 18 to pursue counseling and treatment without their parent’s knowledge and permission is dangerous to their health and damaging to the family structure.

The bill goes on to say: (b) The mental health treatment or counseling services of a minor authorized by this section shall include involvement of the minor's parent or legal guardian, unless the licensed mental health professional, after consulting with the minor, determines that the involvement would be inappropriate. The licensed mental health professional shall state in the client record whether and when the treating clinician attempted to contact the minor's parent or legal guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the treating licensed mental health professional's opinion, it would be inappropriate to contact the minor's parent or guardian.

No definitive reasons are given, other than the counselor’s “opinion”, as to why it would be “inappropriate to contact the minor’s parent or guardian.” If you are going to take away a parent’s right to know how their child is being counseled and possibly treated, it must be clearly spelled out. If abuse or safety issues are the concerns, there are already laws and procedures that can be enacted to protect minors.

The bill is dangerous. It circumvents parental love, care and authority, and undermines the role of the family in a minor’s life .

I oppose SB 2886 SD2 HD1 and ask you to vote “no”.

Mahalo for your time,

Lisa Poulos

Aloha,

My name is Christopher Hill and **I support Senate Bill 2886SD2**, which provides an option for adolescents and teens to seek professional mental health counseling. Suicide was the leading cause of death among 13 through 18 year-olds in Hawaii, outnumbering deaths from motor vehicle crashes, cancer, heart disease, and other chronic diseases, so this bill is important to catch, treat, and prevent depression before a keiki is in crisis.

Sometimes youth need to talk to a mental health professional but may not feel safe or comfortable asking their parent for consent for a variety of reasons, which may include family violence, sexual abuse, or substance abuse. Senate Bill 2886SD2 is crafted so that mental health professionals will have the option to counsel youth in need, while working toward involving parents. Please vote in support of SB2886SD2.

Mahalo,

Christopher Hill, MS, CHES

Small business owner in HI, health educator, and volunteer

LATE TESTIMONY

Katherine T. Kupukaa
Mililani Town, HI 96789

COMMITTEE ON JUDICIARY
Rep. Kari Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair

DATE: Tuesday, March 23, 2016
TIME: 2:00 p.m.
PLACE: Conference Room 325
State Capitol
415 South Beretania Street

RE: OPPOSE S.B. 2886, SD2, HD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES

I oppose this bill and concerns me that in the opinion of the licensed mental health professional, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. This bill also states the licensed mental health professional, after consultation with the minor and determines that the involvement of the minor's parent or legal guardian would be inappropriate, the mental health professional makes the decision of authority. This is so wrong. The age of consent should not be lowered. Parents know their children best and what is appropriate mental health counseling services for their children.

Thank you for giving me the opportunity to voice my concern.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 7:08 PM
To: JUDtestimony
Cc: dishiyama@myfastmail.com
Subject: Submitted testimony for SB2886 on Mar 29, 2016 14:00PM

SB2886

Submitted on: 3/28/2016

Testimony for JUD on Mar 29, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Ishiyama	Individual	Oppose	No

Comments: I oppose any bill that takes away parental rights of consent in the medical care of minor children. No institution should have that right unless signs of abuse or neglect by the parent can be substantiated.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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