

HAWAII YOUTH SERVICES NETWORK

LATE TESTIMONY

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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 23, 2016

To: Senator Gilbert Keith-Agaran, Chair,
And members of the Committee on Judiciary

TESTIMONY IN SUPPORT OF SB 2886 SD1 RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES

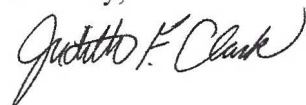
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SB 2886 SD1 Relating to Age of Consent for Adolescent Mental Health Services.

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



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

**TESTIMONY FOR SENATE BILL 2886, SENATE DRAFT 1, RELATING TO AGE OF
CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES**

**Senate Committee on Judiciary and Labor
Hon. Gilbert S.C. Keith-Agaran, Chair
Hon. Maile S.L. Shimabukuro, Vice Chair**

**Friday, February 26, 2016, 10:00 AM
State Capitol, Conference Room 016**

Honorable Chair Keith-Agaran 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, SD1, 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

ALAN R. SPECTOR, LCSW

www.AlanRSpector.com

TO: Senate JDL Committee

DATE: February 25, 2016

RE: SB2886, Public Hearing, 2/26/16 @ 10:00 am, room 116

I submit testimony in support of SB2886 which would lower the age of consent from 18 to 12 for adolescent mental health services.

I am a Licensed Clinical Social Worker with a private psychotherapy practice where I provide mental health treatment to adolescents and adults. This legislation is needed since all too often, adolescents seeking mental health services are not able to seek parental consent for a variety of reasons. Sometimes the parent(s) are the cause of the problem and it isn't feasible to obtain the needed consent. As a result, the child goes without help.

Last year, I had a school counselor refer a teenager to me for treatment services that could not be provided at school. In this situation, I was unable to provide the necessary care since the parent was uninvolved and did not consent. In an ideal situation, I would be able to meet with adolescent based on his or her consent, assess, provide therapy to the adolescent, and make the clinical determination if the parent needs to be brought into therapy. Current law creates an obstacle for receiving needed mental health treatment services.

LATE TESTIMONY

Keith Agaran3 - Ashlee

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 26, 2016 9:52 AM
To: JDLTestimony
Cc:
Subject: *Submitted testimony for SB2886 on Feb 26, 2016 10:00AM*

SB2886

Submitted on: 2/26/2016
Testimony for JDL on Feb 26, 2016 10:00AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments:

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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