



The Judiciary, State of Hawaii

Testimony to the Senate Committee on Health

Representative Della Au Belatti, Chair

Representative Richard P. Creagan, Vice Chair

Wednesday, March 16, 2016, 8:30 a.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, 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 HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

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

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 16, 2016, 8:30 a .m.

Room Number: 329

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 Precedence in Hawaii Revised Statutes (HRS) and Other States

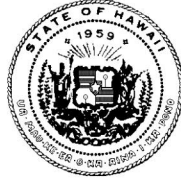
2 The State of Hawaii currently grants consenting minors access to substance abuse and
3 reproductive health care, pursuant to section 577-26, HRS, and section 577A-2, HRS,
4 respectively.

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

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

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

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 16, 2016

TO: The Honorable Della Au Belatti, Chair
House Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2886 SD2 – RELATING TO AGE OF CONSENT FOR ADOLESCENT
MENTAL HEALTH SERVICES**
Hearing: Wednesday, March 16, 2016, 8:30 a.m.
Conference Room 329, 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.



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

March 15, 2016

TO: The Honorable Della Au Belatti, Chair
House Committee on Health

FROM: Merton Chinen, Executive Director

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

Hearing: Wednesday, March 16, 2016, 8:30 a.m.
State Capitol, Conference Room 329

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.



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

Date: 03/16/2016
Time: 08:30 AM
Location: 329
Committee: House Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

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

Purpose of Bill: Reduces 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. Takes effect on 1/7/2059. (SD2)

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.

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamilyservice.org



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March 14, 2016

**Re: Testimony on SB2886SD2
Relating to Age of Consent for Adolescent Mental Health Services**

House Committee on Health
Wednesday, March 16, 2016, 8:30 a.m.
Conference Room 329
State Capitol

Aloha,

My name is Karen Tan, Vice President of Programs for Child & Family Service, Hawaii's oldest and most comprehensive human service nonprofit organization with services on every island and touching the lives of 40,000 Hawaii residents from keiki to kupuna each year.

I support Senate Bill 2886SD2, which provides an option for adolescents and teens to seek professional mental health counseling. Suicide is the second leading cause of death for minors in Hawaii 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. Suicide is the second leading cause of death in teenagers in Hawaii. Passage of this bill is important because catching and treating depression in youth early may help prevent suicide. 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.

If I can provide any further information, please feel free to contact me at 808-681-1460 or via email at ktan@cfs-hawaii.org. Thank you for this opportunity to provide testimony.

Sincerely,

Karen Tan, LCSW
Vice President of Programs

ACCREDITATIONS

Council on Accreditation
Better Business Bureau

AFFILIATIONS

Alliance for Strong Families and
Communities
Kauai United Way
Maui United Way
Hawaii Island United Way



“We’re all about FAMILY”

Mission: Strengthening Families and Fostering the Healthy Development of Children



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Email: hpaexec@gmail.com
Phone: (808) 521-8995

Testimony in SUPPORT of SB2886
RELATING TO AGE OF CONSENT FOR ADOLESCENT MENTAL HEALTH SERVICES
COMMITTEE ON HEALTH

Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

Hearing Date: Wed. 3/16/16 8:30 am Room Number: 329

The Hawaii Psychological Association (HPA) is in strong support of SB2886 which allows minors to access mental health services without necessarily requiring parental consent. It does not exclude parental involvement in the youth's treatment or take away the prerogative of parents to arrange such services for the youth if they wish to do so. If, in the treating provider's clinical opinion, parental involvement would not be detrimental to care, according to this bill, the clinician must work with the youth to appropriately include the parent in treatment.

Because of concerns about possible difficulty accessing a youth's health insurance under these circumstances, this bill does NOT compel any private or public provider to offer such a service, but simply allows for the provision of the service should both parties agree. For psychologists and other licensed mental health providers working with youth in public settings such as school-based therapy, health clinics, correctional programs, and non-profit agencies, this bill will greatly improve the ability to offer services to those youth who request them.

The Hawaii Psychological Association supports this bill because we believe more accessible mental health services would improve emotional wellbeing, increase earlier intervention and decrease serious negative outcomes such as addiction and suicide among our youth. A number

of other states have lowered the age of consent for mental health care in order to increase access to these vital services. It is time to modernize our statutes in order to respond to increased concerns about mental health issues among our youth.

Respectfully submitted,

Lesley A. Slavin, Ph.D.

Lesley A. Slavin, Ph.D.

President, Hawaii Psychological Association (HPA)

On behalf of the Legislative Committee of HPA



hale 'ōpio kAUAI
INC.

Nurturing Our Youth
SINCE 1975

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Curtis E. Law
President

March 14, 2016

Gregory Meyers, Esq.
Vice President

TO: Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair
Committee on Health

Mark S. Hubbard
Secretary

Thomas Lodico
Treasurer

HEARING: Wednesday, March 16, 2016
8:30 AM
Conference Room 329

—

FROM: LaVerne Bishop, Executive Director

Patricia Duh

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

Judge William J.
Fernandez, Ret.

Carol Furtado

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.

Phyllis Kunimura

Robert Ladendecker

Orianna Skomoroch

The state and federal government allow for youth admitting themselves to shelter services and accessing medical care, including family planning services. With the high suicide rate in Hawaii, let's allow youth access to mental health counseling as well.

Geri Young, MD

—

Mahalo.

LaVerne Bishop
Executive Director

Logan Roche
Business Manager

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



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



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 14, 2016

To: Representative Della Au Belatti, Chair,
And members of the Committee on Health

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

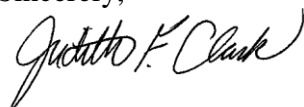
Hawaii Youth Services Network, a statewide coalition of youth-serving organizations, supports SB 2886 SD2 Relating to Age of Consent for Adolescent Mental Health Services.

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

Big Island Teen Counseling Center
224 Kamehameha Ave Ste 206
Hilo, HI 96720
808-494-5350

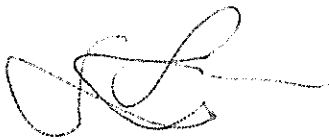
March 15, 2016

To Whom It May Concern:

My name is Sarah Warren, Clinical Director of the Big Island Teen Counseling Center, and I am writing in support of Senate Bill 2886SD2. This bill provides a much-needed option for adolescents and teens to seek professional mental health counseling without parental consent. Suicide is a leading cause of death among 13 through 18 year-olds in Hawaii, so this bill is important to provide early intervention and treatment to youth experiencing mental and emotional distress.

Often 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,

A handwritten signature in black ink, appearing to be 'Sarah Warren', written in a cursive style.

Sarah Warren, LCSW

Clinical Director

Big Island Teen Counseling Center

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

ONLINE TESTIMONY SUBMITTAL
House Committee on Health
Hearing on March 16, 2016 @ 8:30 A.M.
Conference Room #329

DATE: March 14, 2016

TO: House Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair

FROM: James R. "Duke" Aiona, Jr. President & CEO, Hawaii Family Advocates

RE: Comments to SB 2886, SD 2 Relating to age of consent for adolescent mental health services.

My name is James R. "Duke" Aiona, Jr., and I have been an attorney, state family and circuit court judge and lieutenant governor of the State of Hawaii. I am currently, the President and CEO of Hawaii Family Advocates, a 501(c) (4) non-profit organization. Along with our community associate Hawaii Family Forum; we provide the following comments to this bill.

First, like many others, we believe that the age of 12 is inconsistent with other minor consent statutes which mandate the age of 14. In addition, a standard of whether the minor is *mature enough to participate intelligently in treatment or counseling services*, provides little, if no, objective standard and thus leaves the decision to the sole subjective discretion of the licensed mental health professional. We believe that there needs to be a more objective standard.

Second, what is the mechanism/process for a child to receive mental health treatment or counseling? Since a minor must consent to services, is it proper, ethical, moral, or legal for teachers, school counselors', coaches, or anyone other than a child's parent to refer, encourage, persuade or direct a child to a licensed mental health professional for a determination that the child is in need of mental health treatment or counseling? What is the proper mechanism/process that would be allow a 12 year old minor to truly consent to this voluntary mental health service? How is the licensed mental health professional that is going to make the determination of whether a 12 year old minor is mature enough to participate intelligently in treatment or counseling services *selected*?

Third, the committee report states that parental consent to counseling or treatment by adolescents is a *barrier* to substance abuse treatment and family planning services. Parental consent poses a barrier to an adolescents' health care and thus will prevent improved emotional well-being that needs to be served in a timely manner. If this is true, then why does the proposed bill mandate involvement of a minor's parent or legal guardian when a minor seeks mental health treatment or counseling? Is it because parents are mandated by statute to provide for the health, safety, and welfare of their children? If a parent is not

P.O. Box 2757 • Honolulu, HI 96803 • Phone: 808-429-4872

E-mail: info@hffaction.org | Website: www.hffaction.org

HAWAII FAMILY ADVOCATES

A 501(C) (4) organization associated with Hawaii Family Forum

doing this, doesn't the law provide a process/mechanism for the court to intervene or terminate a parent's right to parent their children? Doesn't this bill by allowing a licensed mental health professional's ultimate discretion to determine whether it is appropriate to allow parents to participate in their child's mental health treatment or counseling usurp the authority of the child's parents and allow that mental health professional to serve as that child's surrogate parent? Lastly, how does this strengthen family trust and cohesiveness? Doesn't it divide and cause greater friction between the child and parent? How do you achieve unification of the family unit if parents' are shut out from the decision making and treatment services of their child?

Fourth, who and how is payment of these mental health treatment and services going to be made? How much money is going to be appropriated for these services? Are there any statistics, studies, and actual numbers as to how many of Hawaii's children are in need of this specific law to receive mental health treatment or counseling? Does this mean that there are no current laws, mandates, policy, or process to address this issue (assuming that this is an issue that needs to be addressed by the passage of this law)?

These are just some of the comments and questions which we believe at a minimum, should be answered and discussed by all interested parties before this bill is passed out by this committee.

Mahalo for the opportunity to submit our comments and questions.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2016 7:16 PM
To: HLTtestimony
Cc: pumpkim7@yahoo.com
Subject: Submitted testimony for SB2886 on Mar 16, 2016 08:30AM

SB2886

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Allen	Individual	Support	No

Comments: 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 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 14, 2016 2:40 PM
To: HLTtestimony
Cc: 5fransan2@gmail.com
Subject: Submitted testimony for SB2886 on Mar 16, 2016 08:30AM

SB2886

Submitted on: 3/14/2016

Testimony for HLT on Mar 16, 2016 08:30AM in Conference Room 329

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

Comments: I strongly oppose SB2886.

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. 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 had better 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 and ask you to vote “no”.

Mahalo for your time,

Lisa Poulos

SANDRA G.Y. YOUNG

Attorney at Law
P.O. Box 2897
Aiea, Hawaii 96701
Telephone (808) 487-8464

Date: March 15, 2016

To: The Members of the House Committee on Health
Representatives Della Au Belatti, Chair, Richard P. Creagan, Vice Chair,
Mark J. Hashem, Jo Jordan, Bertrand Kobayashi, Dee Morikawa, Marcus R. Oshiro,
Beth Fukumoto Chang, Andria P.L. Tupola

Re: Strong Opposition to SB 2886 SD2 (Lowering age of consent from 18 to 12 yrs. for
counseling)

I testify in strong opposition to SB 2886 SD2 for the following reasons.

1. SB 2886 SD2 interferes with fundamental parental rights to make decisions relating to the health and care of their child, and are not matters that should be decided by a mental health professional who is minimally acquainted with the child.
2. The language of the bill gives a mental health professional sole discretion to determine that a parent doesn't have to be notified about the counseling if said mental health professional determines it would be "inappropriate." The bill fails to define the word inappropriate. The fear of a child, rational or irrational? An abusive parent? What is abuse? Has the child violated parental rules (staying out late, not doing homework) and is in fear of the consequences? A simple disagreement between a child and parent should not be grounds for a counselor to determine that obtaining consent would be inappropriate. The word itself, without any definition, is vague and overbroad, and gives too much discretion to a non-parent who is barely acquainted with the child to make critical decisions without the parent's knowledge and consent vs. a parent who has spent thousands of hours with the child and is well acquainted with the child's problems, strengths, weaknesses, health and history.

The bill doesn't require extensive investigation about the child's claims by the counselor or anyone in the counselor's organization. Some children are not truthful or may be unable to articulate the issues. Moreover, the bill appears to create a presumption that child's claims are truthful and accurate without any oversight by a court of law in cases where a counselor determines it is inappropriate to contact a parent. It can be detrimental to the child.

3. Furthermore, if a child is being abused or neglected by a parent, Family Court has jurisdiction to ensure that the rights of the child and parent are protected and order the removal of the child from the home and that the parent and child participate in counseling.
4. What if a child's parents are atheists, Hebrew, Mormon or some other religion? Perhaps the parents would prefer that the child have a counselor who holds a similar world view. Also, there are significant matters that parents can bring to the attention of the counselor that the child may fail to do so.
5. There appears to be a typographical error indicating the bill is effective in 2059.

Thank you for your time in considering my concerns.

Respectfully Submitted,

Sandra Young