



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

**Testimony in OPPOSITION to HB1008**  
**RELATING TO MENTAL HEALTH**

REPRESENTATIVE DEE MORIKAWA, CHAIR  
REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEES ON HUMAN SERVICES AND HEALTH  
Hearing Date: 02-08-17, 9:00 a.m. Room Number: 329

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) opposes SECTION 1 of HB1008  
3 and has concerns about the unintended consequences in SECTION 2 that would impact the  
4 provision of mental health care.

5 Occupational Therapy within the Mental Health Team. Occupational Therapists (OT) are valued  
6 members of the mental health team within residential programs and provide services directed  
7 toward restoring functional status in self care, obtaining and maintaining employment, going to  
8 school and living independently.

9 Mental Health Standard of Care. Qualified Mental Health Professionals (QMHP) serve as  
10 clinical leads in mental health programs and are responsible for clinic operations, clinical  
11 decisions and clinical supervision of the mental health treatment team. As the standard of care,  
12 QMHPs supervise areas within their scope of practice. To our knowledge, psychotherapy and  
13 psycho-diagnostics, which are the major services provided in mental health programs, are  
14 beyond the scope of practice of Occupational Therapists.

15 Credentialing. The QMHP designation is established by the federal government and the  
16 Department of Human Services Med-QUEST Division. At this time the following licensed  
17 mental health practitioners may be credentialed as QMHPs: Licensed Psychiatrist, Medical or  
18 Osteopathic Doctor (M.D. or O.D.) who are board certified by the American Board of Psychiatry

1 and Neurology (ABPN) or board eligible in Child/Adolescent Psychiatry, Licensed Clinical  
2 Social Worker, Licensed Marriage and Family Therapist, Licensed Mental Health Counselor,  
3 Licensed Psychologist (Ph.D. or Psy.D.) and Advanced Practice Registered Nurse. These  
4 licensed professionals must minimally have a master's degree to be recognized as QMHPs. At  
5 this time the Med-QUEST Division does not have approval from the federal government to cover  
6 OTs as QMHPs.

7 Services provided by QMHPs are reimbursable by Medicaid based on the required expertise  
8 designated by the credentials of QMHPs. Currently, Occupational Therapists do not require a  
9 master's degree for licensure; thus, they are credentialed as paraprofessionals. Reimbursement  
10 for services provided by OTs are billed at the paraprofessional rate.

11 Clinical Supervision. Medicaid requires a supervisory structure that follows the standard of care.  
12 This assures that all clinical services are appropriately supervised. We believe the Occupational  
13 Therapists' scope of practice does not contain the required expertise to supervise mental health  
14 treatment, but they do provide a valued and complementary service as part of the mental health  
15 team.

16 Conflicting Rule-Making Authority. The Department of Commerce and Consumer Affairs  
17 already has rule-making authority pursuant to H.R.S. §457G-1.3 for Occupational Therapists and  
18 H.R.S. §453D-3 for Mental Health Counselors. Rules promulgated by the Department of Health  
19 governing the practice of Occupational Therapists pursuant to HB1008 would create a third legal  
20 standard and additional conflict or complexity.

21 The department respectfully requests HB1008 be held in committee, or, at the minimum,  
22 deleting bill SECTION 1 to minimize impact on DOH behavioral health programs.

23 We thank you for the opportunity to testify.

24

25



An Independent Licensee of the Blue Cross and Blue Shield Association

February 8, 2017

The Honorable Dee Morikawa, Chair  
House Committee on Human Services  
The Honorable Della Au Belatti, Chair  
House Committee on Health

Re: HB 1008 – Relating to Mental Health

Dear Chair Morikawa, Chair Au Belatti, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1008, which wiykd occupational therapists as qualified health care professionals. HMSA has concerns with this Bill and offers comments.

While we appreciate occupational therapists wish to expand their scope of practice to include mental health services, those services so do not comport with the scope referenced in the National Board for Certification in Occupational Therapy's definition of occupational therapy:

Occupational therapy is a healthcare profession that focuses on helping people participate in the meaningful activities they need and want to do. The typical occupational therapy client is one who has experienced a change in their ability to fully participate in these chosen activities, most often due to a change in health status. Occupational therapy is unique in that it uses a holistic approach to look not only at the reasons a client's participation in activities has been impacted, but also at the client's roles and environment and includes wellness promotion, rehabilitation, and habilitation. The occupational therapy professional assists the client to regain function or adapt to changes by assessing and addressing the physical, cognitive, psychosocial, sensory, and environmental aspects of recovery.

That definition does not align with our understanding of a "mental health professional".

That being said, original Medicare does allow for some coverage occupational therapy services rendered through a partial hospitalization program, if those occupational therapy services are part of the member's "mental health treatment and/or individual patient training and education" related to the mental health condition.

Given that, we believe it may be more appropriate to allow for coverage of occupational therapy services when they are medically appropriate for treating a mental health condition (e.g., cognitive, psychosocial needs), instead of making the leap to classifying occupational therapists as mental health professionals?

Thank you for the opportunity to testify on this Bill. Your consideration of our concerns is appreciated.

Sincerely,

Mark K. Oto  
Director, Government Relations

**todd2 - Chloe**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 6, 2017 7:56 AM  
**To:** HUSstestimony  
**Cc:** smorrice@queens.org  
**Subject:** Submitted testimony for HB1008 on Feb 8, 2017 09:00AM

**HB1008**

Submitted on: 2/6/2017

Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Morrice	Individual	Support	Yes

Comments: My name is Scott Morrice and I'm an Occupational Therapist practicing in mental health on Oahu. My colleagues and I have been working with Mark in generating HB 1008 to recognize an Occupational therapist as QMHP's. The field of Occupational therapy originated in mental health and I have been honored to have worked with the adult psychiatric population at Queen's Day Treatment for the past seventeen years. I also work with Hawaii's homeless and HIV clients through Gregory House programs. Occupational Therapy is focused on developing functional coping skills life to maximize independent living for an individual with a physical or psychiatric illness. We teach ADL skills (home management, money management, self-care, nutrition) addiction management, community reintegration/work readiness, sensory integration, as well as many other skill areas to support an individual's successful recovery in the community. Presently, not be recognized as a QMHP has significant repercussions on our service delivery. After administering care, our services/documentation must be co-signed by a licensed clinical social worker. The process of being supervised by another profession slows service delivery and limits the amount of contact hours we have with clients. Because we are a different field from social work, we often have to spend additional clinical hours educating staff about why we utilizing a particular intervention because they are unfamiliar with our approach because it stems from a different field. Not being recognized as a QMHP, has affected our reimbursement with various private insurance companies. We will often have to send supplemental documentation supporting our role in mental health treatment because some companies assume we do not practice in mental health because we are not QMHP's. We will spend more clinical hours filling out appeals that take time away from our patients. We also have a struggle taking on students/interns of our own because we are not recognized as QMHPs. In the past, I have had students who benefit from the exposure to the mental health field. However, this is becoming compromised because OT is being supervised by social work, and students (with their client documentation) are left in a grey area because supervision lines are being muddied. I urge you to support HB 1008. Occupational Therapy has an integral role in treating Hawaii's severely mentally ill and homeless populations. I think this bill is an essential step toward addressing the problems our state is facing when it comes to substance abuse and homelessness. Occupational Therapy promotes life skill training and recovery necessary for these individuals to recover develop independence in the community.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

## WRITTEN TESTIMONY

Chair of Human Services Committee  
Representative Dee Morikawa

Chair of Health Committee  
Representative Della Au Belatti

### House Bill 1008: Relating to Mental Health

Wednesday, February 8, 2017  
9:00 AM in House conference room 329

Dear Chairperson Morikawa, members of Human Services Committee, Chairperson Belatti, and members of Health Committee,

My name is Eva Shing, OTR/L, OTD. I reside on Hialoa Street and am a constituent of House District 25 and Senate District 13. I am a practicing occupational therapist at Rehabilitation Hospital of the Pacific and an adjunct instructor at Kapiolani Community College's Occupational Therapy Assistant Program. I am testifying regarding House Bill 1008: Relating to mental health. I strongly support HB 1008 to deem occupational therapists licensed under chapter 457G as qualified mental health professionals.

Occupational therapists have been working alongside psychologists, social workers, nursing and other qualified mental health professionals for many years in providing interdisciplinary quality care to this vulnerable population. However, in recent years occupational therapists encountered increasing difficulty in getting their services reimburse simply due to the fact that occupational therapists are not classified as quality mental health professionals. HB 1008 is to recognize occupational therapists as qualified mental health professionals, which will reduce reimbursement roadblocks and increase access to quality care for this vulnerable population.

Although occupational therapy is more well-known for rehabilitating people with physical injuries, occupational therapy has its roots in mental health. In the eighteen centuries, early occupational therapy practitioners change the institutionalization approach in managing people with mental illness with Moral Treatment and Occupation. Instead of restraints and lock-downs, early occupational therapy practitioners engaged people with mental illness in purposeful activities such as music, literature, arts and crafts or even simple personal hygiene and self care tasks to occupy their mind, heal their emotions, and facilitate skills development to help them be more productive in the society.

The word occupation in occupational therapy means more than "work". Occupations refer to how people occupy their time. This can include daily self care such as bathing, everyday chores such as laundry tasks, work, or leisure activities, such as surfing and golfing. We believe that occupations have positive effects on health and well-being, creates structure and organizes time, and brings meaning to life.

In the mental health field, occupational therapy practitioner brings their unique skills to compliment other recognized qualified mental health practitioners. Other qualified mental health practitioners, such as psychologists, psychiatrists, nurses, social workers, often provide

medications, counseling, and social support as the primary interventions. Occupational therapists have knowledge in both the psychology and physiology of humans, therefore, understand how one's behaviors can be influenced by one's physiological state. Rather than using medication, occupational therapists use "sensory modulation" to alter one's physiological state to calm a person who is in a hyperactive manic state or heighten a person who is in a depressed state. Generally sensory modulation means organizing information through our senses (sight, hearing, touch, smell, taste, etc.) to regulate our behaviors. Occupational therapy practitioners help their clients understand their sensory preference and teach them sensory techniques to increase their coping skills and stress management skills. For example, I am an oral seeker and like to chew gum when I am working. The act of chewing helps me focus and process information better. Other people with auditory preferences may listen to music.

People with mental illness often have sensory modulation issues due to their high level of disturbance from their psychiatric symptoms. Studies have suggested that sensory modulation techniques and education may reduce seclusion and restraints. A small study in 2002 by Moore and Henry found that a brushing protocol which provides deep pressure to the body was effective in reducing self harm and rehospitalization for the participants who had depression, post-traumatic stress disorder, dissociative identity disorder and/or borderline personality disorder.

Occupational therapists are also experts in environmental modification and activity analysis. We can help our clients make simple changes in their environment, such as removing clutter for someone who gets overwhelmed by visual stimulation, or break down a complex activity into smaller components to facilitate success. We also provide life skills training, such as money management, supported employment and education to help our clients become productive individuals in the society.

Occupational therapists have been practicing alongside other recognized qualified mental health professionals for years. We have emerged and developed into an evidence-based profession, which has shown to be essential and effective in treating the mental health population along with other qualified mental health professionals. It would be very unfortunate if access to quality care and effective interventions for this vulnerable population be denied or limited by third party payers due to the fact that occupational therapists are not classified as qualified mental health professionals. I strongly support the HB 1008 bill and urge you to support the passing of this bill as well.

Thank you very much for your support. If you have any questions regarding occupational therapy in general or pertaining to mental health, please do contact me via [manwa@hawaii.edu](mailto:manwa@hawaii.edu).

Best,

A handwritten signature in black ink that reads "Man Wa Shing". The signature is written in a cursive, flowing style.

Man Wa Shing, OTR/L, OTD  
Hialoa Street, Honolulu, HI 96817  
[manwa@hawaii.edu](mailto:manwa@hawaii.edu)

2/6/17

To: Whom It May Concern,

My name is Theresa Miller and work at Queens Day Treatment services as a clinical social worker. I have worked within the social work field for over 17 years and have worked with mental health occupational therapist. It is great working with an interdisciplinary team that includes occupational therapist and I feel that the OT profession is qualified to be a QMHP in Hawaii.

As the program coordinator for one of the programs at Queens Day Treatment, I am required to sign all of the staff's notes who are not QHMP's. This takes up a lot of time reviewing notes and less time being able to see the clients throughout the day. I feel like Occupational Therapist are well educated and skilled to be a QMHP.

I am excited that you are considering HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

If you have any questions please contact Theresa Miller, LCSW, CSAC at 691-4910.

Thank you,

Theresa Miller, LCSW, CSAC  
Queens Medical Center  
Day Treatment Services  
Program Coordinator



To whom it may concern,

My name is Scott Morrice and I'm an Occupational Therapist practicing in mental health on Oahu. My colleagues and I have been working with Mark in generating HB 1008 to recognize an Occupational therapist as QMHP's.

The field of Occupational therapy originated in mental health and I have been honored to have worked with the adult psychiatric population at Queen's Day Treatment for the past seventeen years. I also work with Hawaii's homeless and HIV clients through Gregory House programs. Occupational Therapy is focused on developing functional coping skills life to maximize independent living for an individual with a physical or psychiatric illness. We teach ADL skills (home management, money management, self-care, nutrition) addiction management, community reintegration/work readiness, sensory integration, as well as many other skill areas to support an individual's successful recovery in the community.

Presently, not be recognized as a QMHP has significant repercussions on our service delivery. After administering care, our services/documentation must be co-signed by a licensed clinical social worker. The process of being supervised by another profession slows service delivery and limits the amount of contact hours we have with clients. Because we are a different field from social work, we often have to spend additional clinical hours educating staff about why we utilizing a particular intervention because they are unfamiliar with our approach because it stems from a different field.

Not being recognized as a QMHP, has affected our reimbursement with various private insurance companies. We will often have to send supplemental documentation supporting our role in mental health treatment because some companies assume we do not practice in mental health because we are not QMHP's. We will spend more clinical hours filling out appeals that take time away from our patients.

We also have a struggle taking on students/interns of our own because we are not recognized as QMHPs. In the past, I have had students who benefit from the exposure to the mental health field. However, this is becoming compromised because OT is being supervised by social work, and students (with their client documentation) are left in a grey area because supervision lines are being muddied.

Nikelle Hill, LMHC, NCC  
92-1492 Aliinui Dr. #2  
Kapolei, HI 96707  
[nhill@queens.org](mailto:nhill@queens.org)  
808-691-5132

February 6, 2017

To Whom it may concern,

My name is Nikelle Hill, I am a Licensed Mental Health Counselor and Clinical Therapist with Queen's Medical Center, and I support HB 1008. I have worked in the field of mental health and substance abuse for 13 years. Throughout my career, both the civilian population and military population, I have worked with occupational therapists and recognize their role in supporting patients recovery and maximizing their independent living skills in the community.

By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

Very Respectfully,

*Nikelle Hill*

Nikelle Hill, LMHC, NCC  
Clinical Therapist

To Whom it May Concern,

My name is Susanne Talbot and I am a Licensed Registered Occupational Therapist practicing in the field of mental health on Oahu. My colleagues and I have been working with Mark in generating HB 1008 to recognize Occupational Therapists as QMHP's (Qualified Mental Health Professionals).

The field of Occupational Therapy originated in mental health and I have been honored to have worked with the adult and adolescent psychiatric populations at Queen's Medical Center Day Treatment Services for the past twenty-five years. Occupational Therapy is focused on developing functional life skills to maximize independent living for an individual with a physical or psychiatric illness. We teach ADL(Activities of Daily Living) skills that include managing one's home, finances, self-care, leisure activities, work and productive activities, substance abuse addiction, coping skills, as well as many other skill areas to support an individual's successful integration and functioning in the community.

Presently, not being recognized as a QMHP has had significant repercussions, slowing service delivery and limits the amount of contact hours we have with clients; we often have to spend additional clinical hours educating staff about why we are utilizing a particular intervention because they are unfamiliar with our approach because it stems from a different field of reference. Reimbursement from various private insurance carriers have been affected, requiring additional documentation as well as filling out appeals.

I hope we can work together to achieve the QMHP status for OT's in Hawaii and thus support Hawaii's growing need for mental health services. OT's are recognized as QMHP's in other states on the mainland and ask that you support our profession and its valuable contribution to healthcare.

To whom it may concern,

My name is Sharon Bibi Cisternas LCSW, CSAC and I support HB 1008. I have worked in the field of mental health and substance abuse for 12 years. Throughout my career, I have worked with occupational therapists and recognize their role in supporting patient's recovery and maximizing their independent living skills in the community.

By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

To Whom it may concern,

My name is James Harshbarger BS, CSAC and I support HB 1008. I have worked in the field of mental health and substance abuse for thirty years. Throughout my career in Texas, California, and Hawaii, I have worked with occupational therapists and recognize their role in supporting patient's recovery and maximizing their independent living skills in the community.

By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

Written Testimony Presented Before the  
House Committee on Human Services

and

House Committee on Health

February 8, 2017 9:00 AM

Stacy Kracher PMHNP, PMHCNS-BC, CSAC, APRNRX

**HB 1008 Recognizing Occupational Therapists as a Qualified Mental Health Professional (QMHP)**

Chair Morikawa, Vice Chair Todd, and members of the House Committee on Human Services, and, Chair Belatti, Vice Chair Kobayashi, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support for HB1008, Relating to Recognizing Occupational Therapists as a Qualified Mental Health Professional (QMHP).

My name is Stacy Kracher Psychiatric Nurse Practitioner, APRNRX and I support HB 1008. I have worked in the field of mental health and substance abuse for over 25 years. Throughout my career, I have worked with occupational therapists and recognize their role and expertise in supporting patient's recovery and maximizing their independent living skills in the community.

By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, Advance Practice Nurses, social workers, registered nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone; it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical

hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

Stacy Kracher PMHNP, PMHCNS-BC, CSAC, APRNRX

**todd2 - Chloe**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 6, 2017 4:25 PM  
**To:** HUSstestimony  
**Cc:** ckpacheco@gmail.com  
**Subject:** Submitted testimony for HB1008 on Feb 8, 2017 09:00AM

**HB1008**

Submitted on: 2/6/2017

Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Carolyn K. Pacheco	Individual	Support	No

Comments: February 6, 2017 To Whom it may concern, My name is Carolyn K. Pacheco, LCSW and I support HB 1008. I have worked in the field of mental health and substance abuse for 15 years. Throughout my career, I have worked with occupational therapists and recognize their role in supporting patients recovery and maximizing their independent living skills in the community. By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care. Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management. I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner. Thank you taking the time to consider this bill and the impact it can have on healthcare. Sincerely, Carolyn K. Pacheco, LCSW Licensed Clinical Social Worker

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



To Whom it may concern,

My name is Kathleen McLeod and I support HB 1008. I have worked in the field of mental health and substance abuse for (how many years). Throughout my career, I have worked with occupational therapists and recognize their role in supporting patients' recovery and maximizing their independent living skills in the community.

By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

Sincerely,

Kathleen McLeod

**Testimony Presented Before a Joint Hearing of House Committees  
on Human Services and Health**

**Wednesday February 8, 2017 at 9:00am**

**by**

**Dawn Noguchi-Lui, OTR  
Occupational Therapist, Kahi Mohala**

**In Consideration of House Bill 1008  
Relating to Mental Health**

Occupational Therapy uses self-care, work and play activities to increase independent function, enhance skill development, and prevent disability. Historically, Occupational Therapy service in psychiatric rehabilitation has focused on the use of meaningful activity to promote health and well-being, using physical factors such as movement, doing, touching, and sensing.

Purposeful, goal-oriented activities that build skills appropriate to a client's occupational role (student, worker, son, daughter, parent) make Occupational Therapy a unique and vital service to the mental health team.

The OT assessment process at Kahi Mohala includes a structured interview with tasks that address: self care; safety and health; money management; transportation; work and leisure. Treatment guidelines provide activities that are motivating to each individual and relate to their life situations. Clients are involved in goal-setting and take an active role in their treatment. They are encouraged to explore their values, interests and goals in anticipation of community re-integration.

For example, at Kahi Mohala, clients are provided the opportunity to practice various roles and develop work skills by participating in a coffee cart activity. They complete job applications, interview with staff, and perform in jobs such as cashier, waiter/waitress, baker, dishwasher, drink master. Occupational Therapists adapt activities to promote successful client experiences, following a developmental sequence in skills training.

Clients also participate in a gardening program which allows for skill building and socialization. For many clients, this activity offers relaxation, stress reduction, and sensory experiences.

Occupational Therapists receive training in, among other areas, kinesiology, child and adult developmental stages, gerontology, sensory integration, psychology, and physiology. This training allows registered Occupational Therapists to have the tools to put all the pieces together for their clients, including those with mental health issues.

In summary, Occupational Therapists provide a unique perspective and service in the support of mental health clients, and should be considered and recognized as Qualified Mental Health Professionals (QMPH).

**todd2 - Chloe**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 6, 2017 10:27 PM  
**To:** HUS testimony  
**Cc:** rbush@hawaii.edu  
**Subject:** Submitted testimony for HB1008 on Feb 8, 2017 09:00AM

**HB1008**

Submitted on: 2/6/2017

Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Racheal Bush	Individual	Comments Only	No

Comments: WRITTEN TESTIMONY Chair of Human Services Committee Chair of Health Committee Representative Dee Morikawa Della Au Belatti House Bill 1008: Relating to Mental Health Wednesday, February 8, 2017 9:00 AM in House conference room 329 Dear Chairperson Morikawa, members of Human Services Committee, Chairperson Belatti, and members of Health Committee, My name is Racheal M Bush I am a practicing occupational therapist/occupational therapy assistant at Kapiolani Community College. I am testifying for HB 1008 relating to mental health. I am in favor of HB 1008 which deem occupational therapists licensed under chapter 457G as qualified mental health professionals. According to the American Occupational Therapy Association, "occupational therapy practitioners work collaboratively with people in a manner that helps to foster hope, motivation, and empowerment, as well as system change. Educated in the scientific understanding of neurophysiology, psychosocial development, and activity and environmental analysis, and group dynamics, occupational therapy practitioners work to empower each individual to fully participate and be successful and satisfied in his or her self-selected occupations." Occupational therapists should be deem as qualified mental health professionals due to the following reasons: Many Mental Health clients complain that they are only given meds and sent on their way, we actually work with the clients to help them live better lives, whether it's environmental modifications, leisure exploration, social skills and job training. "It would be very unfortunate if access to quality care and effective interventions for this vulnerable population be denied or limited by third party payers due to the simple fact that occupational therapists are not classified as qualified mental health professionals. I strongly support the HB 1008 bill and urge you to support the passing of this bill as well." Thank you very much for your support. If you have any questions regarding occupational therapy in general or pertaining to mental health, please do contact me via email at rbush@hawaii.edu Sincerely, Racheal Bush Occupational Therapy Assistant Student 160 Shower PI Honolulu, Hi 96818

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

My name is Christine Morrice, and I am a former researcher for a US government organization working in the areas of disaster management and humanitarian assistance globally. I am writing in support of HB 1008.

In assisting a community to return back on its feet, the key objective for governments is to ensure solutions are 1.) Viable and economical for the long-term; 2.) Supported by the community from the ground up. Propping up a community from the outside is expensive and never a good long-term solution.

I believe this perspective should be applied to the growing mental health needs and homeless problem in Hawaii. As in disaster management, mental health is sometimes overlooked as a more “abstract” problem in communities, but it is essential for the overall health of families, communities, and overall, the state.

Occupational therapists (OTs) in mental health do not take away jobs from other professionals. In fact, they fill a void that is experiencing a significant shortage of qualified professionals. Much like a physical therapist helps a patient to return to normal life by doing physical rehabilitation, an occupational therapist works to help a patient return to normal life by providing tailored support that helps them reintegrate into society.

This includes counseling in group settings (with families or peers), teaching life skills, such as cooking and shopping, and working in conjunction with the other professionals that also provide support to the patient, including doctors, nurses and social workers. OTs in mental health are an essential part of a *team* of healthcare professionals, as well as the patient’s own personal support network, such as their family. OTs rarely work alone. Most importantly, OTs provide long-term support within a community, which makes them economical.

OTs support those who want to reintegrate and become productive members of society, which reduces the burden on hospitals and institutions and reduces healthcare costs. By virtue of their job description, they support healthy lifestyles with healthy diets, exercise and as little dependence on prescription drugs as possible. They are not

only for the seriously mentally ill. They also provide support to many high functioning adults, reducing the risk that their mental and related physical condition deteriorates into long-term health issues.

I used to live in Waikiki, where my children and I were occasionally accosted by a homeless person suffering from mental illness, making me feel really unsafe. Aggressive homeless people were normally eventually arrested by police, perhaps taken to the ER for the night, but then were back on the street the next day. There is no long-term solution. On the other hand, OTs can help to ensure that homeless who suffer mental illness do not pose a danger to themselves or to those around them, because it is specifically their job to re-integrate a patient back into society. *No other healthcare professional has this specific job objective.*

According to a 2016 report by the Partners in Care organization, developed in partnership with the Hawaii Department of Human Services (DHS), the total number of “chronically homeless” individuals and families in the state increased by 27% in 2016 compared to 2015. The definition of “chronically homeless” includes persons that “can be diagnosed with one more conditions including substance abuse disorder, serious mental illness, or chronic physical illness or disability...” (Source: <https://humanservices.hawaii.gov/wp-content/uploads/2016/06/2016-Topline-Overview-of-Report.pdf>)

In addition, the same report says that 22% of homeless counted in the state in 2016 were “repeat” homeless people (ie, counted the previous year.) Clearly, there is a significant number of “repeat” homeless in the Hawaii, so current policies need to be reviewed.

If the government aims to reduce the rate of chronic homeless in the state, there must be a focus on treating mental and/or physical conditions for the long-term. It is not enough to just provide affordable housing. The report recommends: “For chronically homeless individuals (those with a disability and long history of homelessness), stable housing and *supportive services* (italics mine) is the foundation for stability.” OTs are an integral part of the solution.

OTs are also much needed in another field in Hawaii – the growing elderly population. According to a 2015 report by the Hawaii State’s

Executive Office on Aging, by 2035, the older adult population (60 years or older) will represent 29.7% of the total population. (Source: <http://www.aarp.org/content/dam/aarp/livable-communities/plan/planning/hawaii-state-plan-on-aging-2011-2015-aarp.pdf>)

As people age, there is a need for mental health assistance as their roles change in family and society (eg. retirement), and they face increasing chronic health issues. OTs play an important role between hospital-based healthcare and at-home social workers, by providing in-depth support that supports active participation in society, and essentially, better overall health.

OTs play a key role in four out of six of the Executive Office on Aging report's recommendations:

- “1. Empower older adults to stay healthy, active and socially engaged, using prevention and disease self-management strategies.
2. Enable older adults to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
3. Develop Hawaii's Aging and Disability Resource Center to its fully functioning capacity...where all persons regardless of age, income and disability can find information on the full range of long-term support options.
4. Manage funds and other resources efficiently and effectively, using person-centered planning to target public funds to assist person at risk of institutionalization and impoverishment...”

Imagine if your elderly parents and grandparents could have access to an OT that could add much needed tailored mental health support, not only to the patient but to their family members and caregivers. OTs help to relieve some of the financial and mental/emotional burden on caregivers.

My testimony does not even address other mental health needs in Hawaii, including youth and related substance abuse, as well as those born with disabilities. I firmly believe the need for an OT in mental

health will eventually come upon most members of society one day, whether it is for themselves or a loved one.

I personally have a friend and fellow mom whose son has a significant and uncommon learning disability. She has been to close to a dozen psychologists and counselors in Hawaii, to seek support for her son. She says that was very difficult for her due to the lack of mental health support infrastructure. She says the most helpful professionals to her were OTs because of their ability to work closely *with* her and provide long-term solutions for her son's complex condition. She did not want her son to be constantly medicated, she wanted him to live as normal a life as possible, which OTs are uniquely qualified for. However, her access to OTs here was limited due to their status in Hawaii. She has since relocated to the Mainland based solely on this reason.

OTs are already qualified mental health professionals in several states on the Mainland. Hawaii, with the highest per capita rate of homelessness in the US and a high percentage of elderly population, uniquely needs OTs as qualified mental health professionals as well.

HB1008 would reduce the bureaucratic red tape that OTs currently have to navigate, enabling them to do their jobs better and open the door for more mental health OTs to provide much-needed services in this state. OTs provide an economical, long-term, viable, and community-based solution to important healthcare issues in Hawaii.

Please feel free to contact me at: 808 255 7130.

**todd2 - Chloe**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 6, 2017 9:01 PM  
**To:** HUSstestimony  
**Cc:** dmarques@queens.org  
**Subject:** Submitted testimony for HB1008 on Feb 8, 2017 09:00AM

**HB1008**

Submitted on: 2/6/2017

Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Diane Marques	Individual	Comments Only	No

Comments: To Whom it may concern, My name is Diane Marques, a Behavioral Health Associate, and I support HB 1008. I have worked in the field of mental health and substance abuse for 14 years. Throughout my career, I have worked with occupational therapists and recognize their role in supporting patients recovery and maximizing their independent living skills in the community. By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from anyone, it would simply enable more quality care. Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management. I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner. Thank you taking the time to consider this bill and the impact it can have on healthcare. -- Diane Marques, BHA,NCPT

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)



**Testimony Presented Before a Joint Hearing of House Committees  
on Human Services and Health**

**Wednesday February 8, 2017 at 9:00am**

**by**

**Dawn Noguchi-Lui, OTR  
Occupational Therapist, Kahi Mohala**

**In Consideration of House Bill 1008  
Relating to Mental Health**

Occupational Therapy uses self-care, work and play activities to increase independent function, enhance skill development, and prevent disability. Historically, Occupational Therapy service in psychiatric rehabilitation has focused on the use of meaningful activity to promote health and well-being, using physical factors such as movement, doing, touching, and sensing.

Purposeful, goal-oriented activities that build skills appropriate to a client's occupational role (student, worker, son, daughter, parent) make Occupational Therapy a unique and vital service to the mental health team.

The OT assessment process at Kahi Mohala includes a structured interview with tasks that address: self care; safety and health; money management; transportation; work and leisure. Treatment guidelines provide activities that are motivating to each individual and relate to their life situations. Clients are involved in goal-setting and take an active role in their treatment. They are encouraged to explore their values, interests and goals in anticipation of community re-integration.

For example, at Kahi Mohala, clients are provided the opportunity to practice various roles and develop work skills by participating in a coffee cart activity. They complete job applications, interview with staff, and perform in jobs such as cashier, waiter/waitress, baker, dishwasher, drink master. Occupational Therapists adapt activities to promote successful client experiences, following a developmental sequence in skills training.

Clients also participate in a gardening program which allows for skill building and socialization. For many clients, this activity offers relaxation, stress reduction, and sensory experiences.

Occupational Therapists receive training in, among other areas, kinesiology, child and adult developmental stages, gerontology, sensory integration, psychology, and physiology. This training allows registered Occupational Therapists to have the tools to put all the pieces together for their clients, including those with mental health issues.

In summary, Occupational Therapists provide a unique perspective and service in the support of mental health clients, and should be considered and recognized as Qualified Mental Health Professionals (QMPH).

To Whom it may concern,

My name is Jill Dice and I am a registered nurse and currently work as a Quality Assurance manager and I support HB 1008. I have worked with mental health and substance abuse patients for over 25 years. Throughout my career, I have worked with occupational therapists and recognize their role in supporting patients' recovery and maximizing their independent living skills in the community.

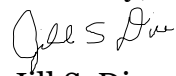
By not recognizing occupational therapists as QMHP's, there are some negative repercussions on patient care. Other QMHP professions are required to supervise and to co-sign clinical notes daily. The process of routinely performing these administrative duties takes time away from direct patient care. The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, social workers, nurses, and other therapists for decades. HB 1008 would not take jobs away from any one, it would simply enable more quality care.

Occupational Therapists bring a unique perspective to mental health treatment. They play an integral role with the homeless population and are also trained to manage co-existing physical ailments such as HIV, dementia, and other neurological complications associated with substance abuse and addiction management.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will free up more clinical hours for direct patient care so that more clients can receive the services they need in a timely manner.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

Sincerely,



Jill S. Dice

Contact info: [rollem345@msn.com](mailto:rollem345@msn.com)

Testimony in support of HB 1008  
Relating to Mental Health

DATE: Wednesday, February 8, 2017  
TIME: 9:00 A.M.  
PLACE: Conference Room 329  
State Capitol  
415 South Beretania Street

Chair Della Au Belatti; Vice Chair Bertrand Kobayashi and Committee Members:

My name is Lorene Nakagawa, OTR/L at the Department of Veteran's Affairs Compensated Work Therapy Program, Mental Health Division, and I am in support of HB 1008. I have worked in the field of mental health for over 20 years and I understand firsthand the role of occupational therapists in supporting patients recovery and maximizing their independent living skills in the community.

The field of Occupational Therapy originated in mental health and occupational therapists have been working alongside Psychiatrists, Psychologists, social workers, nurses, and other mental health practitioners for decades. Occupational therapists have a solid educational base in mental health diagnoses and treatment. Many of us have received training in Cognitive Behavioral Therapy, Dialectic Behavioral Therapy, Motivational Interviewing, substance abuse treatment, etc. In addition, occupational therapists have a good understanding of the developmental aspects that co-exist with a mental illness and can provide guidance and treatment accordingly.

Occupational therapists are licensed to provide treatment in a variety of settings with patients undergoing treatment for substance abuse and addiction management, PTSD, and mild to severe mental illness while dealing with challenging life circumstances such as homelessness, etc. Occupational therapists bring a unique perspective to mental health treatment while serving multiple roles as case managers, counselors, and life coaches/skills trainers for independent community living.

I urge you to support HB 1008. Occupational Therapists are already practicing in mental health and billing for their services. Having them recognized as QMHP's will allow them to utilize their skills and practice independently so that more direct patient care hours can be provided.

Thank you taking the time to consider this bill and the impact it can have on healthcare.

Aloha, my name is Justin Mullen, I'm a psychiatric Occupational Therapist, and have been working for the past 14 years with Oahu's youth suffering from mental illness. My colleagues and I have been working with Mark in generating HB 1008 to recognize an Occupational Therapists as QMHP's.

I have had the pleasure of working with Hawaii's youth at The Queens Medical Center's Family Treatment Center (QMC's inpatient psychiatric unit for children and adolescents) for these past 14 years. I have also worked with Hawaii's homeless and HIV population through Gregory House Programs helping clients build the independent living skills necessary to succeed in the community.

Ironically, the field of Occupational Therapy (OT) originated in the field of mental health 100 years ago! Since it's inception, OT's have been an integral part of mental health treatment team in all areas of practice from inpatient to community programs.

***To highlight the importance of the work I do as an OT, I would like to bring up the patient satisfaction surveys that we give our patients and parents at time of discharge from Family Treatment Center, QMC. These surveys ask each patient for feedback on the five professions that serve our patients- OT, Registered Nurses, Social Workers, doctors, and management. Consistently for the last 10 years, OT services have ranked the highest in patient satisfaction scores and express what the patients feel has been most helpful. These patient satisfactions survey results should speak for themselves as to why OT is an integral and effective part of assisting mental health patient's recovery. As an Occupational Therapist, I bring a unique approach to treatment other professionals with QMHP designation lack.***

Occupational Therapy's fundamental focus is on developing functional coping skills to maximize independent living for an individual with a physical or psychiatric illness. We teach ADL's (such as home management, money management, self-care, nutrition) addiction management, community reintegration/work readiness, sensory integration, as well as many other skill areas that are unique to OT services.

In my current role at QMC, we hold a contract with CAMHD in which ***the DOH requires OT assessment and treatment for all residential patients receiving inpatient psychiatric treatment*** (at QMC & Kahi Mohala, Oahu's only inpatient treatment centers for youth). CAMHD is well aware of the value of OT services and thus requires their clients to receive that treatment as part of a comprehensive approach to recovery.

However, in other practice settings we often have to send supplemental documentation, acquire co-signatures, face difficulty with reimbursements, and need to defend our profession's role in mental health services. Some companies assume we do not practice in mental health because we are not currently recognized as QMHP's. This is one more barrier to recovery our already struggling mental health population must face.

I am passionate about continuing my career as an Occupational Therapist here in Honolulu and am devoted to helping our youth suffering from mental health issues to succeed as healthy, independent members of our community. I hope we can work together to achieve QMHP status for OT's in Hawaii and thus support the Hawaii's growing need for mental health services, especially with the homeless population. We are recognized as QMHP's in other states on the mainland, but lack the presence of an OT university program here in Hawaii for support.

Sincerely,  
Justin Mullen OTR/L  
Psychiatric Occupational Therapist  
Queen's Family Treatment Center  
1301 Punchbowl Street  
Honolulu, HI 96813

[jmullen@queens.org](mailto:jmullen@queens.org)  
(808)-691-5428 \*office  
(808)-780-3831 \*cell

**todd2 - Chloe**

---

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 7, 2017 8:53 AM  
**To:** HUS testimony  
**Cc:** edyoung@aloha.net  
**Subject:** \*Submitted testimony for HB1008 on Feb 8, 2017 09:00AM\*

**HB1008**

Submitted on: 2/7/2017

Testimony for HUS/HLT on Feb 8, 2017 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ed Young	Individual	Support	Yes

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

## WRITTEN TESTIMONY

Chair of Human Services Committee  
Representative Dee Morikawa

Chair of Health Committee  
Representative Della Au Belatti

### House Bill 1008: Relating to Mental Health

Wednesday, February 8, 2017  
9:00 AM in House conference room 329

Dear Chairperson Morikawa, members of Human Services Committee, Chairperson Belatti, and members of Health Committee,

My name is Stefanie Dvorak and I am student in the Occupational Therapy Assistant Program (OTA) at Kapi'olani Community College. I am writing today in support of HB 1008 wherein occupational therapy practitioners would be qualified as mental health professionals. As an OTA student, I have learned the importance of occupational therapy in the mental health field.

The HB 1008 states that “the department shall deem occupational therapists licensed under chapter 457G as qualified mental health professionals”. Currently, only social workers, counselors, psychologists, advanced practice registered nurses with mental health specialty, and family and marriage counselors are qualified to provide mental health services in the state of Hawai'i. However, occupational therapy has its roots in mental health since its inception. Back in 1912, Eleanor Clarke Slagle engaged patients with mental illness in goal-directed activities to help balance their lives. Over a century later, occupational therapy practitioners are still helping patients find balance by teaching them valuable life skills, such as self-care, social participation, employment, leisure, and health and wellness.

In fall of 2016, I completed over 90 hours of clinical observation at Hawaii State Hospital working with patients who coped with severe and persistent mental illness or substance abuse issues every day. While there, I saw firsthand how occupational therapy can help. Many patients at the hospital had never been able to work or maintain steady employment because of their disabling mental illness—a problem you and I will likely never experience. Imagine not being able to go to work every day and earn money to be able to provide for your family. At the hospital, occupational therapists oversaw work programs that allowed patients to hold a job, albeit for menial wages. Of course, the amount they earned was not the point. Working in the dining room, the print shop, or the garden at the hospital gave patients an opportunity to be “normal”. They were able to do something that we so easily take for granted—go to work and earn a paycheck. Undoubtedly, it will be nice to retire from working in the future, but I can't imagine not being able to have ever had the experience of having a fulfilling and rewarding career. This is just one way life skill that occupational therapists help people with every day.

Thank you for your support of this very important measure. As a future Occupational Therapy Assistant, I would be eager to join other qualified mental health professionals helping people across the state cope with mental illness on a daily basis. If you have any questions regarding occupational therapy in general or pertaining to mental, please do contact me via email at [stefaniendvorak@gmail.com](mailto:stefaniendvorak@gmail.com).

Sincerely,

Stefanie Dvorak  
2102 Young Street, Apt. B  
Honolulu, HI 96826

DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

BRIDGET HOLTHUS  
DEPUTY DIRECTOR

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

**LATE**

February 8, 2017

TO: The Honorable Representative Dee Morikawa, Chair  
House Committee on Human Services

The Honorable Representative Della Au Belatti, Chair  
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1008 - RELATING TO MENTAL HEALTH**

Hearing: February 8, 2017, 9:00 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the opportunity to testify and provides comments.

**PURPOSE:** The purpose of the bill is to deem occupational therapists as Qualified Mental Health professionals (QMHP).

The bill adds language to the general medical assistance statutes that occupational therapists be deemed as qualified mental health professionals. While DHS does appreciate that it may be possible to expand who can provide mental health services, we have concerns with the changes as written.

One issue that we respectfully suggest would need to be addressed is to ensure that occupational therapists receive the appropriate training to specialize in mental health. QMHPs currently require at least a master's degree related to mental health, while not all occupational therapists have master's level training. Additionally, it is unclear what specific mental health services would occupational therapists be able to provide. Finally, if occupational therapists were to be added as QMHPs, DHS would need to seek an amendment to our 1115 Medicaid



waiver as well as amending the State Plan for the additional scope for occupational therapists and changes to qualified mental health professionals, and request an additional general fund appropriation.

Thank you for the opportunity to testify on this bill.