



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

**Testimony in SUPPORT of HB 948 HD1
RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH**

REPRESENTATIVE KYLE T. YAMASHITA, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 23, 2023

Room Number: 308

1 **Fiscal Implications:** The Department of Health, Child and Adolescent Mental Health Division
2 supports this measure as long as it does not impact the Executive Biennium Budget. CAMHD
3 needs additional funding to provide the services described in this bill:

4 *(b) The crisis mobile outreach team pilot program shall, to the extent practicable within*
5 *available resources, provide the following services:*

6 *(1) Crisis prevention with community collaboration and community program*
7 *development;*

8 *(2) Face-to-face intervention within one hour of a request for intervention;*

9 *(3) Crisis de-escalation and assessment; and*

10 *(4) Stabilization of up to eight weeks including:*

11 *(A) Connecting youth to community supports and services;*

12 *(B) In-home clinical support for youth and families;*

13 *(C) Connection with higher level support if determined necessary; and*

14 *(D) Collaboration with community partners and other state agencies.*

15

16 **Department Testimony:** The Department of Health (DOH) **SUPPORTS** this bill to increase
17 mental health supports for youth in crisis. DOH would also like to acknowledge and support the
18 changes to this version of the bill which acknowledges fulfillment of these services within
19 available resources.

1 The number of reports CAMHD has been receiving has been consistently increasing at an
2 alarming rate which indicates the need for increased supports for youth in crisis (see the data
3 below):

| | | |
|---|------------------------------------|-------------|
| 4 | January 1 2020 to January 1, 2021 | 300 reports |
| 5 | January 1, 2021 to January 1, 2022 | 533 reports |
| 6 | January 1, 2022 to January 1, 2023 | 659 reports |

7 In addition to the increasing numbers within the state, studies conducted across the nation show
8 strong support for increased crisis support services.

- 9 • A 2020 paper from the National Association of State Mental Health Program Directors
10 (NASMHPD) suggests that it is best practice for behavioral health crisis care to include
11 helping families establish long-term community and mental health supports after crisis
12 care (<https://www.nasmhpd.org/sites/default/files/2020paper6.pdf>). Many states,
13 including Connecticut, Maryland, Massachusetts, New Jersey, Washington, and
14 Wisconsin, among others, have implemented these supports in part, or all, of the state.
15 Results from New Jersey show a reduced rate of out-of-home placements with increased
16 used of the crisis response team for children and families
17 (https://www.nj.gov/dcf/childdata/continuous/Commissioners.Monthly.Report_1.22.pdf).
18 Results from a study of King County, Washington showed a savings of \$1 million for the
19 county through diversion of 81% of children hospitalized at local emergency departments
20 ([https://www.chdi.org/publications/reports/other/evaluation-connecticuts-mobile-crisis-
21 intervention-services/](https://www.chdi.org/publications/reports/other/evaluation-connecticuts-mobile-crisis-intervention-services/)).
- 22 • A 2019 study comparing youth that received mobile crisis services to youth that received
23 only behavioral health services in the Emergency Department, found that youth receiving
24 mobile crisis services had a significant reduction in risk for additional behavioral health
25 related visits to the Emergency Department
26 (<https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201800450>).

- 1 • Finally, a systematic review of multiple studies of crisis intervention services found that
2 crisis intervention may reduce repeat hospital admissions, reduces family burden,
3 improves mental state, and improved global functioning. Additionally, several of these
4 studies suggested crisis intervention to be more cost-effective than hospital care
5 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7052814/pdf/CD001087.pdf>).

6 Evidence across several studies clearly supports positive results from increased crisis supports.
7 The passing of this bill would allow for the development of improved crisis response supports
8 for children and families in the community by establishing the Child and Adolescent Crisis
9 Mobile Outreach (CMO) Team. This team would help families establish long-term community
10 and mental health supports after crisis care. Doing so will help reduce the need for out-of-home
11 placements such as foster care, and residential treatment. The research also suggests that this bill
12 could help save money for the state by reducing the use of emergency departments and first
13 responders who are not specialized in addressing mental health needs. These needs could better
14 be addressed by a Child and Adolescent CMO Team specifically trained in mental health crises
15 and support for children. Additionally, the use of high-cost, restrictive placements, such as
16 residential treatment, may be reduced as children and families are better connected to more
17 preventative, less restrictive, in-home, and outpatient supports.

18 Thank you for the opportunity to testify.

19 **Offered Amendments:** None



HINAMAUKA

HB948 HD1 Substance Use and Mental Illness Lacking Decisional Capacity

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Thursday, Feb 23 2023: 1:30 : Room 308 Videoconference

Hina Mauka supports HB948 HD1

ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the CEO of Hina Mauka, providing services for substance use disorder and mental health including programs for prevention, adult addiction treatment, adolescent treatment, case management, and withdrawal management. Helping people across all islands in locations on Oahu and Kauai.

The crisis mobile outreach team pilot program is very much needed:

- (1) Connect crisis prevention with community collaboration and groups.
- (2) Quickly connect with youth in a face to face interventions.
- (3) Provide assessments while stabilizing.
- (4) Connect to stabilization beds while engaging provider groups and support services.

WHY DOES THIS MATTER?¹

Suicide is a serious public health problem among all age groups and especially among youth, enacting an enormous toll due to the significant years of potential life lost.

A much larger number for adolescents is those who have suicidal thoughts or attempt suicide and survive. **Youth suicidal ideation, attempt and completion are on the rise.**

Results from the 2019 Youth Behavioral Risk Factor Surveillance System show that **18.8% of high school students seriously considered attempting suicide and 8.9% actually attempted suicide.** The cost of suicide in the United States in 2019

¹ Cause of Death Files, United Health Foundation, AmericasHealthRankings.org, accessed 2023. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/HI

was estimated to be \$926 billion in medical costs, loss of productivity and value of statistical life.

Risk factors associated with suicide among adolescents include:

- Psychiatric disorders such as major depressive, bipolar, substance use and conduct disorders.
- Psychiatric comorbidity, especially the combination of mood, disruptive and substance abuse disorders.
- Family history of depression or suicide.
- Loss of a parent to death or divorce.
- Physical and sexual abuse.
- Lack of a support network.
- Feelings of social isolation.
- Bullying.

HB948 is a positive step to addressing the large number of adolescents who have suicidal ideation.

We appreciate the opportunity to provide testimony and are available for further questions.



HAWAI`I YOUTH SERVICES NETWORK

677 Ala Moana Blvd., Suite 904

Honolulu, Hawai`i 96813

Phone: (808) 489-9549

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

Vonnell Ramos, President
Cyd Hoffeld, Vice President
Sione Ford Naeata, Treasurer
Jefferson Gourley, Secretary

Judith F. Clark, Executive
Director

Network Membership

- Bay Clinic*
- Big Brothers Big Sisters Hawai`i*
- Big Island Substance Abuse
Council*
- Bobby Benson Center*
- Child and Family Service*
- Coalition for a Drug-Free Hawai`i*
- Collins Consulting, LLC*
- Domestic Violence Action Center*
- EPIC `Ohana, Inc.*
- Family Programs Hawai`i*
- Family Support Hawai`i*
- Friends of the Children's Justice
Center of Maui*
- Get Ready Hawai`i*
- Hale Kipa, Inc.*
- Hale `Opio Kaua`i, Inc.*
- Hawai`i Children's Action
Network*
- Hawai`i Health & Harm
Reduction Center*
- Ho`ola Na Pua*
- Ho`okele Coalition of Kaua`i*
- Ka Hale Pomaika`i*
- Kahi Mohala*
- Kokua Kalihii Valley*
- Kaua`i Planning and Action
Alliance*
- Maui Youth and Family Services*
- Na Pu`uwai Molokai Native
Hawaiian Health Care
Systems*
- P.A.R.E.N.T.S., Inc.*
- Parents and Children Together
PHOCUSED*
- PFLAG-- Kona, Big Island*
- Planned Parenthood of the
Great Northwest, Hawaii
Alaska, Kentucky, Indiana*
- Residential Youth Services
& Empowerment (RYSE)*
- Salvation Army Family
Intervention Services*
- Sex Abuse Treatment Center*
- Susannah Wesley Community
Center*
- The Catalyst Group*

February 21, 2023

To: Representative Kyle Yamashita, Chair,
And members of the Committee on Finance

TESTIMONY IN SUPPORT OF
HB 948 HD 1 RELATING TO CHILD AND ADOLESCENT MENTAL
HEALTH

Hawaii Youth Services Network supports HB 948 HD 1 Relating to Child and Adolescent Mental Health

The Mobile Crisis Outreach Bus began providing services to homeless youth and young adults on Oahu in November 2021. It has enabled youth in rural areas of the island with increased access to services, resources, and essential survival supplies.

Homeless youth who participated in a needs survey and focus groups in 2019 identified drop in centers and mobile outreach van services as important unmet needs. Service providers convened by HYSN in 2017 recommended establishing drop-in centers on Neighbor Islands., There are no drop-in centers or mobile outreach vans targeting youth and young adults on the Neighbor Islands although street-based outreach is funded to a limited extent through HYSN's federal street outreach program grant.

Homeless youth are the most vulnerable segment of our homeless population because they are children who have not completed their educations, lack employment skills and experience, and have not yet learned the skills needed for adult living. Increasing the safety of our vulnerable youth while on the streets and helping them move into safe and appropriate living situations should be a top priority for our state.

HYSN strongly urges passage of this bill and pledges to support the pilot project if funded.

Thank you for this opportunity to testify.

Sincerely,

Judith F. Clark, MPH
Executive Director



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Date: February 23, 2023

From: Hawaii Medical Association

Elizabeth England MD, Co-chair, HMA Legislative Committee

Re: HB 948, HD1; RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH.

Position: Support

The Hawaii Medical Association is deeply concerned about the impact of mental illness across the state. According to the National Alliance for the Mentally Ill (NAMI), Hawai'i lost 176 lives to suicide in a single year¹. Despite the high rate of suffering and death associated with mental health disorders, an astounding 67% of affected adults in Hawai'i do not receive proper treatment². This is the highest rate of any state in the country. The situation is even worse for our keiki. Prior to the outbreak of COVID, over 70% of children in Hawai'i suffering from a major depressive episode did not receive treatment³. During the pandemic, widespread isolation and social distancing has strained an already overburdened system. Calls to the Hawai'i Crisis Text Line increased by 54% in April 2020, indicating that an even higher proportion of patients are not receiving the mental health care that they need⁴.

In the absence of a comprehensive crisis stabilization system, patients experiencing a mental health crisis face limited options. Law enforcement and emergency medical services (EMS) offer immediate response 24 hours a day, but often lead to excessive costs, delays in care, and/or inadequate treatment⁴. Emergency departments (ED) are appropriate for severely mentally ill patients (i.e. acutely psychotic or actively threatening themselves or others), but are not designed for prolonged treatment over 8-12 hours.

The Substance Abuse and Mental Health Services Association (SAMHSA) identified mobile crisis units as one of "three core components of an effective crisis system"⁵. Research assessing the impact of mobile crisis units has found these programs to be associated with healthcare cost savings, reductions in emergency department visits and psychiatric admissions, and improved connection to mental health resources. However, variation in success of individual programs and complications with their implementation, such as inadequate capacity for the case load and delayed response times^{6,7}. To increase potential

2023 Hawaii Medical Association Officers

Angela M. Pratt, MD, President • Elizabeth Ann Ignacio, MD, President Elect • Michael Champion, MD, Immediate Past President
Nadine Tenn-Salle, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

funding and ensure quality of care, the HMA recommends that the crisis outreach program meet the standards to qualify for the 85-Percent Enhanced Federal Medical Assistance Percentage as outlined in Section 9813 of the American Rescue Plan Act⁷.

Mobile crisis outreach programs are integral to creating a life-saving comprehensive behavioral health crisis stabilization system for Hawaii. Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

REFERENCES

1. Resources – National Alliance for Mental Illness Hawaii. (n.d.). Retrieved February 20, 2022, from <https://namihawaii.org/resources/>
2. Adult Data 2021. (n.d.). Mental Health America. <https://www.mhanational.org/issues/2021/mental-healthamerica-adult-data>
3. Youth data 2022. (n.d.). Mental Health America. <https://www.mhanational.org/issues/2022/mental-healthamerica-youth-data>
4. Child & Adolescent Mental Health Division. (n.d.). State of Hawaii Department of Health. <https://health.hawaii.gov/camhd/>
5. The Substance Abuse and Mental Health Services Administration. (n.d.). Crisis Services: Meeting Needs, Saving Lives | SAMHSA Publications and Digital Products. US Department of Health and Human Services. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>
6. Assessing the Impact of Mobile Crisis Teams: A Review of Research. (n.d.). Retrieved March 1, 2022, from <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Mobile%20Crisis%20Team%20Evaluations.pdf>.
7. Mobile Crisis Teams: A State Planning Guide for Medicaid-Financed (n.d.). Retrieved March 1, 2022, from <https://www.tacinc.org/resource/state-planning-guide-for-medicaid-financed-mobile-crisis-response>.

2023 Hawaii Medical Association Officers

Angela M. Pratt, MD, President • Elizabeth Ann Ignacio, MD, President Elect • Michael Champion, MD, Immediate Past President
Nadine Tenn-Salle, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF HB 948: RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH

TO: House Committee on Finance

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawaii

Hearing: Thursday 02/23/2023 at 1:30 PM; CR 329 & via videoconference

Chair Yamashita, Vice Chair Kitagawa, and Members, Committee on Finance

We appreciate the opportunity to provide testimony in support of **HB 948 HD1**, to establish a two-year child and adolescent crisis mobile outreach team pilot program on Oahu. I am Rob Van Tassell, with Catholic Charities Hawaii.

Catholic Charities Hawaii (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawaii for over 75 years. CCH has programs serving children, families, elders, homeless, and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawaii. Catholic Charities Hawaii has a long history of providing services for the Child and Adolescent Mental Health Division (CAMHD).

Studies show more of Hawaii's young people are suffering from mental health problems as a result of factors relating to the pandemic. However, even before the pandemic Hawaii's youth have face severe challenges in the area of depression, suicide, and loneliness. In addition to the immediate risk of suicide, the danger of having so many youth struggling with mental health issues is also the long-term implications of maladaptive development or future substance abuse as coping mechanisms.

There is an increased need to provide appropriate, trauma-informed mental health supports to youth across the state, including crisis services. Due to limited capacity of our current crisis mobile outreach, youth and families often turn to calling on emergency services and/or rushing to the emergency room when in crisis. Unfortunately, first responders and hospital staff may not be trained in trauma-informed care or have the appropriate resources to support mental health concerns. Lack of appropriate response to mental health concerns can result in further traumatization, criminalization, and minimal follow through to get youth the help they need. Catholic Charities Hawaii supports this bill to establish and provide funding for a two-year child and adolescent crisis mobile outreach pilot program on Oahu. This bill would provide trauma-informed, crisis response services to youth and families on Oahu and provide an avenue to connect them with the appropriate mental health services.

We urge your passing of this bill and ask for your assistance during this legislative session.

Please contact our Director of Advocacy and Community Relations, Shellie Niles at (808) 527-4813 or shellie.niles@catholiccharitieshawaii.org if you have any questions.



HB-948-HD-1

Submitted on: 2/21/2023 10:11:05 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|---------------------------|
| Cards Pintor | Individual | Support | Written Testimony Only |

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cards Pintor

HB-948-HD-1

Submitted on: 2/22/2023 11:08:41 AM

Testimony for FIN on 2/23/2023 1:30:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------------------|---------------------|---------------------------|---------------------------|
| MARCIA BRADLEY BRANCA | Individual | Support | Written Testimony Only |

Comments:

As a clinical supervisor in the youth Crisis Mobile Outreach Program (CMO) on Hawaii Island for the last 18 months and a licensed Marriage and Family Therapist for over 30 years, I have worked with many youth in crisis. Most are able to successfully stabilize and express hope during a Crisis Mobile Outreach by using the services we provide or if needed, by referral to a higher level of care. However, CMO is concluded after the follow-up call the next day and there is a dearth of psychiatric acute care beds. Following CMO, many youth cannot connect to the mental health and family support services they so desperately need. Even the most committed and diligent parent will have difficulty navigating the complex mental health systems on Hawaii, there are not enough providers per capita and not all families have enough capacity to maintain their focus on finding what they need. A crisis is motivating and once the crisis is over the motivation may wane - or another crisis takes precedence Providing eight weeks support will help ensure the family and youth can make and strengthen connections to care, keep the needs of the youth and family in the forefront and close the gap between crisis and the opportunity for change that it offers. Providing our families with a liaison to services and ongoing support will allow them to build a bridge to mental health care they could use to transform their lives. That is the intent behind CMO currently, but without the ability to make meaningful short-term interventions to connect the family to ongoing care, we are often just applying a mental health band-aid to a wound that needs longer term attention to heal. Our youth and families deserve better. We want to help build those bridges but need funding to do so. Please pass this bill.

HB-948-HD-1

Submitted on: 2/22/2023 12:11:22 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Robin Lee | Individual | Support | Written Testimony Only |

Comments:

I support HB948 due to the need to provide extended mental health services for youth who are in crisis. We have seen significant increases in the number of crisis calls and repeat callers. If services can be extended beyond the current 24 hours, this would help the youth and families get more effective mental health services immediately or referrals to services, while also providing support in case the youth is placed on a waitlist for intensive mental health services.

HB-948-HD-1

Submitted on: 2/22/2023 8:31:36 PM

Testimony for FIN on 2/23/2023 1:30:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|------------------------|
| Johnnie-Mae L. Perry | Individual | Support | Written Testimony Only |

Comments:

I, Johnnie-Mae L. Perry SUPPORT HB 948 RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH. To include the Waianae community.