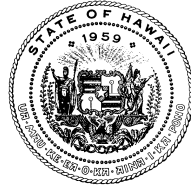


DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

**WRITTEN
TESTIMONY
ONLY**

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Hawaiian Affairs
COMMENTING on S.B. 899
RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH

Hearing Date: Tuesday, February 8, 2022 at 1:00 p.m.

Chair Shimabukuro, Vice-Chair Keohokalole and Members of the Senate Hawaiian Affairs Committee:

CHAIRPERSON
Richard I. Ries Psy.D., M.S.Ed.

1ST VICE CHAIRPERSON
Christopher Knightsbridge,
MAIR, MACL

2ND VICE CHAIRPERSON
Katherine Aumer, Ph.D.

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Eileen Lau-James, DVM

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Jon Fujii

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Beatrice "Kau'i" Martinez

Kathleen Rhoads Merriam, LCSW,
CSAC

Tara Reed, BSW

Jennifer Renfro

EX-OFFICIO:

Marian Tsuji,
Deputy Director, Behavioral
Health Administration

In alignment with §334-10, HRS, the State Council on Mental Health (SCMH) is a 21-member Council responsible for advising, reviewing and monitoring the provision of mental health services statewide. SCMH members from diverse backgrounds serve as volunteers, collectively representing mental health service recipients, students and youth, parents and family members, providers, and state agencies including the Hawaii Department of Health, Department of Human Services, and the Judiciary.

The SCMH supports the intent of this measure, shares the following comments, and offers amendments.

- The SCMH is strongly supportive of increasing diversity within the SCMH and increasing services to marginalized groups within our state.
- The SCMH recognizes the significance of diversity in addressing access to treatment.
- Our concern is that, as worded, this measure excludes a number of highly qualified members of the Native Hawaiian community.
- Of note, similar requirements are not stipulated for other individuals who apply for and are nominated by the Governor to serve as a SCMH member.
- To increase the pool of applications for the SCMH, this measure may benefit from eliminating items 1 through 4, including the elimination of work and experience requirements.
- The Council respectfully submits the following proposed amendments.

(c) Members of the council shall receive annual training that includes topics such as cultural awareness and loss of ethnic identity, as well as other topics that address native Hawaiian healing and health practices.

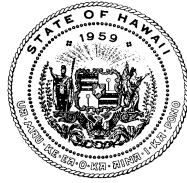
At least three members of the council shall have demonstrated knowledge of or work experience involving native Hawaiian concepts of well-being, culturally-grounded mental health methodologies, or traditional healing or health practices as evidenced by:

- (1) A college or university degree in a relevant field such as psychology, social work, public health, nursing, Hawaiian studies, health administration, or medicine, with a focus on native Hawaiian and indigenous health, transgenerational trauma, or traditional healing or health practices such as ho'oponopono, lā'au lapa'au, lapa'au, or lomilomi;
- (2) Work history that demonstrates an appropriate level of knowledge of or involvement in native Hawaiian and indigenous health, transgenerational trauma, or traditional healing or health practices such as ho'oponopono, lā'au lapa'au, lapa'au, or lomilomi;
- (3) Health, social, or advocacy work history addressing native Hawaiian inequities; or
- (4) Substantial community experience as a native Hawaiian traditional and customary practitioner in healing treatments, techniques, services, or practices.

The mission of the SCMH is to advocate for a Hawaii where all persons affected by mental illness can access treatment and support necessary to live a full life in the community of their choice.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

DAVID Y. IGE
GOVERNOR OF HAWAII



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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LATE

BERENICE A. CHAN, M.D.
DIRECTOR OF HEALTH

WRITTEN
TESTIMONY ONLY

**Testimony in SUPPORT of S.B. 899
RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH**

SENATOR MAILE S. L. SHIMABUKURO, CHAIR
SENATE COMMITTEE ON HAWAIIAN AFFAIRS

Hearing Date: 2/8/2022

Hearing Time: 1:00 p.m.

1 **Department Position:** The Department of Health (“Department”) supports this measure and
2 offers comments.

3 **Department Testimony:** The Adult Mental Health Division (AMND) offers the following
4 testimony on behalf of the Department.

5 The Department is committed to protecting and improving the health and environment
6 for all people in Hawaii including assuring that basic mental health care is available,
7 appropriate, assured quality, and accessible. The Department’s statutory mandate includes
8 utilizing public and private resources to reduce the incidence of mental and substance use
9 disorders, including care and treatment for homeless individuals with serious mental health
10 challenges. The AMHD is responsible for leading, fostering and coordinating a comprehensive
11 mental health system that promotes mental wellbeing through the delivery of dignified,
12 holistic, and culturally relevant mental health care and services. The Hawaii State Council on
13 Mental Health (SCMH) is administratively attached to the Department. The AMHD provides
14 administrative support to the SCMH.

15 The SCMH was created in 1984 (ACT 218, Hawaii State Legislature). In its advisory
16 capacity, the SCMH advocates for Hawaii adolescents, adults, and their families and provides

1 recommendations to the Department on community issues related to mental health and
2 substance abuse. The SCMH is a federally mandated advisory board.

3 Applicants for SCMH membership are processed through the Hawaii State Boards and
4 Commissions office based on general applicant criteria and specific criteria for the composition
5 of the council as outlined in §334-10, Hawaii Revised Statutes.

6 The Department recognizes that diversity within the SCMH broadens the SCMH
7 membership. Data and research have linked Native Hawaiians and those with Hawaiian
8 ancestry with an increased risk for mental health issues.

9 Committed advocates with knowledge and understanding can make a big difference. It
10 may be that expanding the SCMH membership to include individuals who possess
11 demonstrated knowledge or work experience involving Native Hawaiian concepts of well-being,
12 culturally grounded mental health methodologies, or traditional healing or health practices
13 promotes recovery and more effective services for mental health service recipients.

14 We look forward to the potential that members of the SCMH, under this measure,
15 would bring to the Department's awareness of mental health needs in our community.

16 The Department also encourages that the Hawaii State Council on Mental Health be
17 actively included in the discussion of its membership as the advocating body.

18 **Offered Amendments:** None.

19 Thank you for the opportunity to testify.

20 **Fiscal Implications:** Undetermined.

LATE



SB899
RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH
Ke Kōmike ‘Aha Kenekoa o ke Kuleana Hawai‘i
Senate Committee on Hawaiian Affairs

Pepeluali 8, 2022

1:00 p.m.

Hālāwai Keleka‘a‘ike

The Office of Hawaiian Affairs (OHA) **SUPPORTS SB899**, a measure that would require at least three members of the state council on mental health to have demonstrated knowledge of Native Hawaiian concepts of well-being, culturally-grounded mental health methodologies, or traditional healing or health practices. **By providing for representation from those familiar with the benefits and effectiveness of culturally-grounded mental health programs and interventions, this bill will serve as a critical stepping stone toward reducing Native Hawaiian mental health-associated disparities through targeted and systemic relief.**

Unfortunately, statistics have revealed that Native Hawaiians are alarmingly overrepresented in a range of negative mental health-associated statistics. Within the Native Hawaiian population, there is an acute presence of suicide, substance abuse, self-harm, depression, chronic disease, homelessness, poverty, and incarceration. For Native Hawaiian youth in particular, suicidal ideation, attempts, and deaths far outpace that of their non-Native Hawaiian peers. Native Hawaiian adults have the highest rates of self-reporting their physical and mental health as “not good.” Also, in Depressive Disorder studies, Native Hawaiian kūpuna have much higher rates than the state average.

These disparate negative mental health-associated outcomes can have a deleterious effect not only on affected individuals, but also on their families and the larger community as a whole. Accordingly, targeted and systemic action must be taken to address these mental health-associated disparities, and better protect and uplift the health and vitality of the Native Hawaiian lāhui.

As a body, the Hawai‘i State Mental Health Council advises, monitors, reviews, and evaluates the provision of mental health services throughout the islands. **So, the presence of members with knowledge or experience involving native Hawaiian concepts of well-being, culturally-grounded mental health, or traditional healing or health practices would help the Council to consciously consider the mental health needs of the Native Hawaiian community, as well as offer insight into the unique relief of culturally grounded mental health approaches.**

This measure serves as a critical step towards systemically addressing the Native Hawaiian community’s mental health-associated disparities. Therefore, OHA urges the Committee to **PASS SB899**. Mahalo for the opportunity to testify on this important measure.



To: The Honorable Maile S.L. Shimabukuro, Chair,
The Honorable Jarrett Keohokalole, Vice Chair, and
Members of the Senate Committee on Hawaiian Affairs

Re: **SB 899 – RELATING TO THE COMPOSITION OF THE STATE
COUNCIL ON MENTAL HEALTH**

Hearing: Tuesday, February 8, 2022, 3:20 p.m., Via videoconference

Position: **Strong Support**

Aloha Chair Shimabukuro, Vice Chair Keohokalole, and Members of the Committee on Hawaiian Affairs:

The Health Committee of the Democratic Party of Hawai‘i stands in strong support of SB 899. This measure would require that at least 3 members of the state council on mental health possess knowledge of or have work experience involving Native Hawaiian concepts of well-being, culturally-grounded mental health methodologies, or traditional healing or health practices.

The Health Committee of the Democratic Party of Hawai‘i supports this bill as it will assure that mental health services to Native Hawaiians are congruent with Native Hawaiian values and beliefs. Thus, by requiring at least 3 members of the Council knowledgeable in native Hawaiian and indigenous health, transgenerational trauma, or traditional healing or health practices or have substantial experience in native Hawaiian traditional and customary practices in healing treatments, technique, services, or practices, will assist in reducing health disparities among the native Hawaiian community and its peers as mental health services will become more relatable.

This is important because mental health disparities for Native Hawaiians start at a very young age and is oftentimes transgenerational. Native Hawaiian keiki are over-represented as victims of abuse and neglect and native Hawaiian students continue to experience sadness or hopelessness at school. Native Hawaiian youth have the highest rate of drug use and incarceration in the State. Unfortunately, these mental health disparities persist through adulthood. Reducing these health disparities and achieving health equity can start with the passage of this bill.

Respectfully yours,

/s/ *Melodie R. Aduja*

Chair, Health Committee, Democratic Party of Hawai‘i

Contact: legislativepriorities@gmail.com (808) 258-8889

SB-899

Submitted on: 2/7/2022 11:00:42 AM

Testimony for HWN on 2/8/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kapono Chong-Hanssen	Testifying for 'Ahahui o na Kauka - Association of Native Hawaiian Physicians	Support	No

Comments:

'Ahahui o nā Kauka - Association of Native Hawaiian Physicians supports this bill, but suggests greater inclusion of people with experience or knowledge of native Hawaiian culture and actual native Hawaiians in the state council on mental health. Rather than a small minority, we suggest a majority of the 21 member council be required to fit the bill's current definition for demonstrating knowledge of or work experience involving native Hawaiian concepts of well being, culturally-grounded mental health methodologies, or traditional healing or health practices. We also suggest parity with the total state population percentage of Native Hawaiians. According to 2019 census data, 27% of the state identified as at least part Native Hawaiian, which would correlated to 5-6 members of the council being at least part Native Hawaiian. Last, we suggest at least one native Hawaiian licensed physician (MD or DO) on the council.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON HAWAIIAN AFFAIRS

Senator Maile S. L. Shimabukuro, Chair

Senator Jarrett Keohokalole, Vice Chair

Tuesday, February 8, 2022 - 1:00pm - via videoconference

Testimony in Strong Support for SB899 RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH

HPA strongly supports SB899 which requires at least three members of the State Council on Mental Health to have knowledge or work experience involving Native Hawaiian concepts of well-being, culturally informed mental health treatment and traditional healing and health practices.

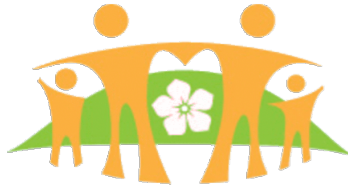
HPA recognizes the need for culturally-competent services to meet the needs of our state's Native Hawaiian population. It is necessary that initiatives or actions taken by the State Council on Mental Health reflect an underlying understanding of how culture influences the experience of distress, dysfunction, strength and resilience by all our residents. Despite the best of intentions, a lack of this understanding may unintentionally interfere with the development of quality mental health programs, the building of effective alliances between stakeholder groups, and may undermine the delivery of effective multi-culturally competent services.

Thank you for the opportunity to provide input into this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.

We know relationships.

We know FAMILY MATTERS.

COMMITTEE ON HAWAIIAN AFFAIRS
Senator Maile S. L. Shimabukuro, Chair
Senator Jarrett Keohokalole, Vice Chair
Tuesday, February 8, 2022 - 1:00pm - via videoconference

**Testimony in Strong Support and Comments for SB899 RELATING TO THE COMPOSITION OF
THE STATE COUNCIL ON MENTAL HEALTH**

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports SB899, requiring at least three members of the State Council on Mental Health to have knowledge or work experience involving Native Hawaiian concepts of well-being, culturally informed mental health treatment and traditional healing and health practices.

The statistics indicating the profound mental health disparities experienced by Native Hawaiians - particularly the youth - are deeply concerning. There are several means of addressing these inequities through improved channels of access and treatment modalities; however, ensuring that the breadth and depth of mental health services available and directly responsive to Native Hawaiian needs must be made a priority. We should not allow a cultural disconnect between a provider and patient discourage anyone in distress from seeking help. We need to foster a network of care where our Native Hawaiian population can feel seen, heard, and understood.

This very issue arose in HIAMFT's testimony last week on SB2829 (to create an Associate Licensing framework for mental health professionals), when I shared an experience I had supervising a Marriage and Family Therapist Associate seeking to build a practice conducted in 'Ōlelo Hawai'i. Unfortunately, we had to shut down that practice for lack of support and resources. With three members on the State Council on Mental Health advocating for practices like this, we might be able to bring it back and create a model that can be

replicated and shared to serve the many who are in need. Thus, HIAMFT fully recognizes the need and supports capacity building in Hawaii for culturally-relevant/responsive services.

Accordingly, we respectfully request that the study and/or practice of Marriage and Family Therapy be included in the criteria listed on p. 6, lines 6-9 in this bill so that those with both the academic and licensing credentials as a Marriage and Family Therapist, and with the experience in Native Hawaiian health and healing practices are welcome to the table.

We believe that initiatives taken by the State Council on Mental Health should reflect an understanding of how culture influences the experience of distress, dysfunction, strength, and resilience by all our residents; and this bill is a strong step toward achieving that goal.

Thank you for the opportunity to provide this testimony in strong support of this bill.

Sincerely,

A handwritten signature in black ink that reads "John Souza, Jr. LMFT, DMFT". The signature is written in a cursive style with a large, stylized initial "J".

Dr. John Souza, Jr., LMFT, DMFT, President
The Hawaiian Islands Association for Marriage and Family Therapy

COMMITTEE ON HAWAIIAN AFFAIRS
Senator Maile S. L. Shimabukuro, Chair
Senator Jarrett Keohokalole, Vice Chair
Tuesday, February 8, 2022 - 1:00pm - via videoconference

**Testimony in Strong Support for SB899 RELATING TO THE COMPOSITION OF
THE STATE COUNCIL ON MENTAL HEALTH**

The National Association of Social Workers – Hawai'i (NASW- HI) strongly supports SB899, which would ensure the State Council on Mental Health is composed of at least three experts with an underlying understanding of Native Hawaiian history, culture, and practice; and how they interface with the experiences of distress, dysfunction, strength, and resilience by this vulnerable population. Without an awareness and appreciation of cultural context, history, and Native Hawaiian ways of knowing and relating; and how these factors clash with western systems and interventions, we may hamper the development of quality mental health programs for our Native Hawaiian residents. This measure encourages the mental health community build effective alliances between stakeholder groups so as a system, we can all deliver effective multi-culturally competent services.

This measure also comports with the NASW code of ethics, regarding Social Workers' Ethical Responsibilities to Clients – Cultural Competence, as follows:

- (a) Social workers should demonstrate understanding of culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- (b) Social workers should demonstrate knowledge that guides practice with clients of various cultures and be able to demonstrate skills in the provision of culturally informed services that empower marginalized individuals and groups. Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.
- (c) Social workers should demonstrate awareness and cultural humility by engaging in critical self-reflection (understanding their own bias and engaging in self-correction), recognizing clients as experts of their own culture, committing to lifelong learning, and holding institutions accountable for advancing cultural humility.
- (d) Social workers should obtain education about and demonstrate understanding of the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.
- (e) Social workers who provide electronic social work services should be aware of cultural and socioeconomic differences among clients' use of and access to electronic technology and seek to prevent such potential barriers. Social workers should assess cultural, environmental, economic, mental or physical ability, linguistic, and other issues that may affect the delivery or use of these services.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai'i Chapter

LATE

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Maile Shimabukuro, Vice-Chair Jarrett Keohokalole, & Members of the Committee
From: Dr. Helen Blaisdell-Brennan, President
Hawaii Psychiatric Medical Association
Time: 1:00 p.m., February 8, 2022
Re: SB 899, RELATING TO THE COMPOSITION OF THE STATE COUNCIL ON MENTAL HEALTH
Position: **SUPPORT**

On behalf of the Hawaii Psychiatric Medical Association (HPMA) we are writing to support SB 899, relating to the composition of the State Council on Mental Health. The State Council on Mental Health is responsible for advising, reviewing, and evaluating the allocation of and adequacy of mental health resources in the State of Hawaii.

We support SB 899 which would require that at least three members of the State Council on Mental Health have knowledge or experience involving Native Hawaiian concepts of health, and we would request that at least one member be a Native Hawaiian Medical Doctor specializing and Board Certified in the study of Psychiatry.

According to the American Psychiatric Association and other sources:

- Suicide is a serious public health problem.
- Suicide is the 10th leading cause of death in the United States and the second leading cause of death (after accidents) for people aged 10-to 34.
- The rate of suicide has increased every year since 2006.
- An estimated 1.3 million adults attempt suicide each year, according to the Centers for Disease Control and Prevention (CDC).
- Suicide is preventable. Psychiatrists study the risk factors and recognize the warning signs for suicide, which can help prevent suicide.

Here at home in Hawai'i:

- In 2019, suicide was the leading cause of death for Native Hawaiians/Pacific Islanders ages 15-24.
- Native Hawaiian adolescents are 2.3 more likely to die by suicide than their Caucasian counterparts.
- In 2019, Native Hawaiians/Pacific Islanders were three times less likely to receive mental health services or to receive prescription medications for mental health treatment as compared to non-Hispanic whites.

Including a Native Hawaiian Medical Doctor Board Certified in Psychiatry will help bridge the gap between the underserved Native Hawaiian Community with mental illness and the delivery of mental health resources in the State of Hawaii.

HPMA is a professional, non-profit corporation serving psychiatrists in Hawai'i. It is organized for the purpose of supporting professionalism in the practice of psychiatry and promoting safe mental health care. HPMA fulfills a dual role, serving as a state association which focuses on local issues and as a district branch of the American Psychiatric Association (APA) linking HPMA members with developments in mental health care taking place regionally and nationally.

We thank the Committee for considering our testimony, we are available to provide additional information or answer any questions the committee may have.

SB-899

Submitted on: 2/4/2022 7:04:26 AM

Testimony for HWN on 2/8/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Leimomi Khan	Individual	Support	No

Comments:

Support, especially recognizing the acute needs of Native Hawaiians with mental health issues. Knowledge of or work experience involving Native Hawaiian health practices will help as the State Council on Mental Health makes informed decisions on policies, programs, and services.

LATE

SB-899

Submitted on: 2/7/2022 3:32:33 PM

Testimony for HWN on 2/8/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Dara Carlin, M.A.	Individual	Support	No

Comments:

Stand in Support.