

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 HD2
RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH**

SENTATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: March 15, 2023

Room Number: 308

1 **Fiscal Implications:** The Department of Health (DOH), Child and Adolescent Mental Health
2 Division (CAMHD) supports this measure as long as it does not impact the Executive Biennium
3 Budget. CAMHD 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 The cost for the current CMO for each island is approximately \$1,340,000. An increase in this
16 budget is needed to accommodate the expansion of the service and additional staff requirements.
17 The current amendment asks that the pilot project be delivered on Oahu and a neighbor island. It
18 was previously suggested that \$1,780,000 be allocated for a pilot project at one site.

1 DOH/CAMHD suggest that this funding allocation be doubled to support the successful
2 execution of this project for two pilot sites.

3 **Department Testimony:** The Department of Health (DOH) **SUPPORTS** this bill to increase
4 mental health supports for youth in crisis. DOH would also like to acknowledge and support the
5 changes to this version of the bill which asks that two pilot sites be established, one on Oahu, and
6 one on a neighbor island.

7
8 While Oahu receives the highest number of CMO outreaches, the neighbor islands have less
9 overall resources for mental health and would benefit from added crisis support services to
10 reduce difficult, costly, and time consuming transport to Oahu for acute care and other high level
11 services. Youth on neighbor islands are more likely to be waiting in Emergency Departments for
12 longer periods of time, simply as a result of having to wait for transportation by life flight and for
13 an acute bed to be open at the same time. This expansion of CMO services may help to divert
14 youth from Emergency Departments across the state.

15 From January 2022 to February 2023 CMO response for youth among the islands were as
16 follows:

17 Big Island: 152
18 Maui: 198
19 Kauai: 91
20 Oahu: 260

21 These numbers suggest that all islands could benefit from expanded CMO support.

22 Statewide the number of reports CAMHD has been receiving has been consistently increasing at
23 an alarming rate which indicates the need for increased supports for youth in crisis (see the data
24 below):

25	January 1 2020 to January 1, 2021	300 reports
26	January 1, 2021 to January 1, 2022	533 reports
27	January 1, 2022 to January 1, 2023	659 reports

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

3 A 2020 paper from the National Association of State Mental Health Program Directors
4 (NASMHPD) suggests that it is best practice for behavioral health crisis care to include helping
5 families establish long-term community and mental health supports after crisis care
6 (<https://www.nasmhpd.org/sites/default/files/2020paper6.pdf>). Many states, including
7 Connecticut, Maryland, Massachusetts, New Jersey, Washington, and Wisconsin, among others,
8 have implemented these supports in part, or all, of the state. Results from New Jersey show a
9 reduced rate of out-of-home placements with increased used of the crisis response team for
10 children and families
11 (https://www.nj.gov/def/childdata/continuous/Commissioners.Monthly.Report_1.22.pdf). Results
12 from a study of King County, Washington showed a savings of \$1 million for the county through
13 diversion of 81% of children hospitalized at local emergency departments
14 ([https://www.chdi.org/publications/reports/other/evaluation-connecticuts-mobile-crisis-](https://www.chdi.org/publications/reports/other/evaluation-connecticuts-mobile-crisis-intervention-services/)
15 [intervention-services/](https://www.chdi.org/publications/reports/other/evaluation-connecticuts-mobile-crisis-intervention-services/)).

- 16 • A 2019 study comparing youth that received mobile crisis services to youth that received
17 only behavioral health services in the Emergency Department, found that youth receiving
18 mobile crisis services had a significant reduction in risk for additional behavioral health
19 related visits to the Emergency Department
20 (<https://ps.psychiatryonline.org/doi/epdf/10.1176/appi.ps.201800450>).
- 21 • Finally, a systematic review of multiple studies of crisis intervention services found that
22 crisis intervention may reduce repeat hospital admissions, reduces family burden,
23 improves mental state, and improved global functioning. Additionally, several of these
24 studies suggested crisis intervention to be more cost-effective than hospital care
25 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7052814/pdf/CD001087.pdf>).

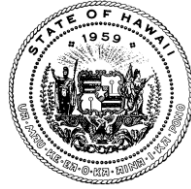
26 Evidence across several studies clearly supports positive results from increased crisis supports.
27 The passing of this bill would allow for the development of improved crisis response supports

1 for children and families in the community by establishing the Child and Adolescent Crisis
2 Mobile Outreach (CMO) Team. This team would help families establish long-term community
3 and mental health supports after crisis care. Doing so will help reduce the need for out-of-home
4 placements such as foster care, and residential treatment. The research also suggests that this bill
5 could help save money for the state by reducing the use of emergency departments and first
6 responders who are not specialized in addressing mental health needs. These needs could better
7 be addressed by a Child and Adolescent CMO Team specifically trained in mental health crises
8 and support for children. Additionally, the use of high-cost, restrictive placements, such as
9 residential treatment, may be reduced as children and families are better connected to more
10 preventative, less restrictive, in-home, and outpatient supports.

11 Thank you for the opportunity to testify.

12 **Offered Amendments:** None

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



RICHARD RIES, Psy.D., M.Ed.
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Health and Human Services
In SUPPORT of H.B. 948 HD2
RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH

Wednesday March 15, 2023, 1:00 p.m.

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WRITTEN TESTIMONY ONLY

Chair San Buenaventura, Vice-Chair Aquino, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii advisory commission on drug abuse and controlled substances and county service area boards on mental health and substance abuse.

The Council recognizes the importance of appropriate response to crises in achieving short- and long-term health outcomes for our youth, their families, and communities. The SCMH supports the intent of this measure to plug a gap in the continuum of appropriate response and care by establishing a crisis mobile outreach team pilot program for children and adolescent.

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

VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.



Hawaii Medical Association

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Date: March 15th, 2023

From: Hawaii Medical Association

Bernard Robinson MD, HMA Public Policy Committee

Re: HB 948, HD2; 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.

This shortage is particularly pronounced on our neighbor islands. The HMA appreciates the amendment specifying that an additional mobile crisis outreach team be placed on a neighbor island determined by the Department of Health.

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

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2023 Hawaii Medical Association Public Policy Coordination Team

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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 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>.

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**Parents And
Children Together**

**BUILDING THE RELATIONSHIPS
THAT MATTER MOST**

ParentsAndChildrenTogether.org

TESTIMONY IN SUPPORT OF HB 948 HD2

TO: Chair San Buenaventura, Vice-Chair Aquino, & Members,
Senate Committee on Health and Human Services
FROM: Ryan Kusumoto, President & CEO
DATE: March 15, 2023 at 1:00 PM

Parents and Children Together (PACT) supports HB 948 HD2 Relating to Child and Adolescent Mental Health, which increases mental health services to children and adolescents by establishing a two-year pilot program to expand and support existing crisis response services and programs, including one neighbor island site. This program would be administered by the Department of Health's Child and Adolescent Mental Health Division (CAMHD).

Founded in 1968, PACT is a statewide community-based organization providing a wide array of innovative and educational social services to families in need. Assisting more than 15,000 people across the state annually, we help identify, address, and successfully resolve challenges through our 20 programs. Among our services are early education programs, domestic violence prevention and intervention programs, child abuse prevention and intervention programs, childhood sexual abuse supportive group services, child and adolescent behavioral health programs, sex trafficking intervention, poverty prevention and community building programs.

PACT's mission is to work together with Hawaii's children, individuals, and families to create safe and promising futures. Currently we provide mental health services to families with children through Family Functional Therapy and Multi-Systemic Therapy contracts with CAMHD. Our teams of professionals serve families with children with severe mental health conditions, and we are painfully aware of the growing need for child and adolescent mental health services.

One of the tragic consequences of the growing mental health crisis is the increase in suicide, suicide attempts and suicidal ideation our youth have been experiencing, as reflected in sources such as the CDC's Youth Risk Behavior Surveillance System survey. Crisis mobile outreach is a key resource for helping individuals struggling with thoughts of suicide and can be deployed as a preventive strategy. The structured follow-up included in this bill will provide needed support to youth in crisis.

Thank you for the opportunity to testify. Please contact me at (808) 847-3285 or rkusumoto@pacthawaii.org if you have any questions.



HINAMAUKA

HB948 HD2 Substance Use and Mental Illness Lacking Decisional Capacity COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, Mar 15 2023: 1:00 : Room 225 Videoconference

Hina Mauka supports HB948 HD2

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.

Opportunity Youth Action Hawai'i

Committee: COMMITTEE ON HEALTH AND HUMAN SERVICES
Hearing Time: 1:00 p.m., March 15, 2023
Location: State Capitol
Re: HB948 HD2, Relating to Child and Adolescent Mental Health

Aloha e Chair Buenaventura, Vice Chair Aquino, and members of the Committee:

We are writing in **support** of HB948 HD2, Relating to Child and Adolescent Mental Health.

This bill establishes a two-year child and adolescent crisis mobile outreach team pilot program on O'ahu to expand existing crisis response services and appropriates funds.

Crisis mobile outreach centers can be a vital resource for adolescents during a period in their lives in which they face many significant challenges. Social and academic pressures, family conflicts, mental health challenges, and bullying are all risk factors associated with suicide among adolescents. Results from the 2019 Youth Behavioral Risk Factor Surveillance System show that almost 20% of high school students nationwide seriously considered attempting suicide and nearly 9% actually attempted suicide. Mobile outreach centers offer quick, flexible, and confidential services and can provide care that addresses the specific needs of adolescents and reach areas that may be underserved by traditional service providers.

In 2022, the Hawai'i Department of Health: Child and Adolescent Mental Health Division received 659 reports of youth mental health crises - doubling the total reports from just two years prior. According to the Hawai'i Medical Association, over 70% of children in Hawai'i suffering from major depressive episodes prior to the COVID pandemic did not receive treatment, while calls to the Hawai'i Crisis Text Line increased by 54% in April of 2020. Data from the National Alliance for Mental Illness Hawai'i further indicates that Hawai'i lost 176 lives to suicide within a single year. Supporting crisis mobile outreach is essential to support the mental health and well-being of our adolescent population. The funding of this project ensures that our keiki have access to the support and care they need during difficult times.

Opportunity Youth Action Hawai'i is a collaboration of organizations and individuals committed to reducing the harmful effects of a punitive incarceration system for youth; promoting equity in the justice system; and improving and increasing resources to address adolescent and young adult mental health needs. We seek to improve the continuity of programs and services for youth and young adults transitioning from minor to adult status; eliminate youth homelessness and housing market discrimination against young adults; and promote and fund more holistic and culturally-informed approaches among public/private agencies serving youth.

Please support HB 948 HD2.



HAWAI`I YOUTH SERVICES NETWORK

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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
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Get Ready Hawai`i
Hale Kipa, Inc.
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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 Kalihi 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

March 11, 2023

To: Senator Joy San Buenaventura, Chair,
And members of the Committee on Health and Human Services

TESTIMONY IN SUPPORT OF
HB 948 HD 2 RELATING TO CHILD AND ADOLESCENT MENTAL
HEALTH

Hawaii Youth Services Network supports HB 948 HD 2 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 mobile outreach van services as an important unmet needs. Service providers convened by HYSN in 2017 recommended increased outreach 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

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, March 15, 2023; 1:00 PM; Conference Room 225 & Videoconference

Support for House Bill 948, HD2 – RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH

Aloha Chair Buenaventura, Vice Chair Aquino, and Members of the Committee,

My name is Jahanavi Priya, and I am a graduate Social Work student at the University of Hawai‘i at Mānoa Thompson School of Social Work & Public Health. I am testifying as an individual.

I am in **support** of HB 948 HD2 related to child and adolescent mental health. The UH Mānoa provides students with the opportunity to attend crisis hours at the counseling center. In addition, I am part of their Peer Fellows program helping with student outreach presentations to make them aware of the resources they have. I strongly believe in supporting everyone’s mental health. Unfortunately, children and teens may have limited access to crisis resources or have resources that may not be enough to support their needs.

The pandemic affected everyone's lives, but children and teens may have missed out on many significant events that are important in *development*, like small side conversations in class and building friendships or even *life-long memories* like prom, assemblies, and graduation. When looking at some recent statistics, it was found:

- In 2020, about 11,000 of Hawai‘i’s youth experienced at least one major depressive episode in the prior year.
 - Of those, around 6,000 did not receive mental health services ([Hawai‘i DOH](#))
- There are services for 2,300 local families and youth with serious behavioral and emotional challenges ([Child and Adolescent Mental Health Division \(CAMHD\)](#))
- Suicide is 2nd leading cause of death nationally for people aged 10-24 and has been increasing since 2007 ([CAMHD](#))

This bill would allow for establishing a two-year child and adolescent crisis mobile outreach team pilot program on O‘ahu and one neighbor island site to help expand existing crisis response services. It would be an excellent opportunity to increase support for keiki and their ‘Ohana. This will begin the process of helping families and youth in the moments they might feel the most vulnerable and alone. Please consider supporting HB 948 HD2.

Thank you for your time and the opportunity to testify.

Jahanavi Priya