



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of HB 948
RELATING TO CHILD AND ADOLESCENT MENTAL HEALTH.**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: February 3, 2023

Room Number: 329

1 **Fiscal Implications:** The Department of Health's (Child and Adolescent Mental Health
2 Division) supports this measure if it does not impact the priorities identified in the Governor's
3 Executive Budget Request for appropriations and personnel priorities. CAMHD needs additional
4 funding to provide the services described in this bill:

5 *(b) The crisis mobile outreach team pilot program shall 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. The number of reports CAMHD has been receiving
18 has been consistently increasing at an alarming rate which indicates the need for increased
19 supports for youth in crisis (see the data below):

1	January 1 2020 to January 1, 2021	300 reports
2	January 1, 2021 to January 1, 2022	533 reports
3	January 1, 2022 to January 1, 2023	659 reports

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

17 The passing of this bill would allow for the development of improved crisis response supports
18 for children and families in the community by establishing the Child and Adolescent Crisis
19 Mobile Outreach Team. This team would help families establish long-term community and
20 mental health supports after crisis care. This may help to reduce the need for out-of-home
21 placements such as foster care, and residential treatment. The aforementioned research also
22 suggest that this bill could help to save money for the state by reducing the use of emergency
23 departments and first responders who are not specialized in addressing mental health needs.
24 These needs could better be addressed by a Child and Adolescent Crisis Mobile Outreach Team
25 specifically trained in mental health crisis and support for children. Additionally, the use of high-
26 cost, restrictive placements, such as residential treatment, may be reduced as children and

- 1 families are better connected to more preventative, less restrictive, in-home and outpatient
- 2 supports.
- 3 Thank you for the opportunity to testify.
- 4 **Offered Amendments:** None



HAWAI`I YOUTH SERVICES NETWORK

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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 2, 2023

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

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

Hawaii Youth Services Network supports HB 948 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



CATHOLIC CHARITIES HAWAII

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

TO: House Committee on Health & Homelessness

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

Hearing: **Friday 02/03/2023; 9:30 AM;**
State Capitol Conf Rm 329 & via videoconference

Chair Belatti, Vice Chair Takenouchi, and Members, Committee on Health and Homelessness

We appreciate the opportunity to provide testimony in support of **HB 948**, which establishes a two-year child and adolescent crisis mobile outreach team pilot program which would expand crisis response services 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).

There is an increased need to provide trauma-informed crisis intervention services to at-risk youth on Oahu. Increased crisis response services would reduce risk of harm to youth and reduce the need for higher levels of care. Per CAMHD 2021 Annual Factbook summary, data shows the need for youth mental health services is estimated to be much higher than the number of youth currently being served with the CAMHD system. Expanding on the current crisis response services would provide a much-needed avenue to reach out to youth in need of mental health services on Oahu. Catholic Charities Hawaii supports this bill to establish and provide funding for a two-year child and adolescent crisis mobile outreach team pilot program on Oahu.

Catholic Charities Hawaii supports the Child and Adolescent Mental Health Division and their efforts to improve the existing crisis response services on Oahu. The improved services will help to address youth mental health concerns in Hawaii.

We urge your support for this bill and ask for your assistance in its passing 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.





Residential Youth Services & Empowerment

February 1 2023

TO: Committee on Health & Homelessness
Chair Belatti, Vice Chair Takenouchi, and Members of the Committee

FROM: Carla Houser, Executive Director
Residential Youth Services & Empowerment (RYSE)

SUBJECT: HB 948 Relating to Child and Adolescent Mental Health

Hearing: Friday, February 3, 2023
State Capitol, Conference Room 329

POSITION: RYSE strongly supports this measure.

In collaboration with other homeless youth services providers at Hawaii Health and Harm Reduction Center, Hale Kipa, Waikiki Health and Achieve Zero, we operate a 24 hr, 7 day a week mobile crisis response to answer the emergency calls youth make when they are experiencing a housing crisis. These youth have often been kicked out of their home or aged out of a system with no affordable housing options and very few adolescent, developmentally appropriate supports.

RYSE would fully support the 2-year child and adolescent crisis mobile response pilot with hopes for a continued collaboration of both state agencies and private organizations that could greatly improve the existing mental health crisis response services for youth experiencing repeated trauma and exploitation on our streets.

We kindly ask the committee to consider amending this bill to specify these crisis response services include youth up to the age of 25.

Mahalo for the opportunity to submit testimony.

Sincerely,

Carla Houser
Executive Director, RYSE

HB-948

Submitted on: 2/2/2023 9:15:32 AM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Marcia 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 liason 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

Submitted on: 2/1/2023 3:11:57 PM

Testimony for HLT on 2/3/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Melody Kilcommons	Individual	Support	Written Testimony Only

Comments:

I am in support of taking care of youth in their communities with available resources. The Emergency Room is not a healing place for children with behavioral health issues. I fully support the Crisis Mobile Outreach program.