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**Testimony in SUPPORT of SB1442 SD2
RELATING TO MENTAL HEALTH SERVICES FOR CHILDREN AND
ADOLESCENTS.**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE LISA MARTEN
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date: March 19, 2025

Room Number: 329

1 **Department Testimony:** The Department of Health (DOH) Child & Adolescent Mental Health
2 Division strongly supports this bill. It has been 50 years since the Mental Health Services for
3 Children and Youth statutes have been codified. The amendments proposed by this bill bring the
4 statute up to date to reflect the current role of the Child & Adolescent Mental Health Division in
5 addressing intensive mental health needs of children and adolescents in Hawaii.

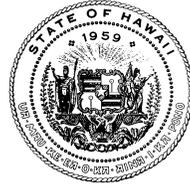
6 Although originally a branch of the Adult Mental Health Division, the Child & Adolescent
7 Mental Health Division (CAMHD) became its own Division of the Department of Health
8 decades ago as research emerged about the distinct and specialized nature of child and adolescent
9 mental health services. Today CAMHD is the state's Medicaid provider for intensive mental
10 health services for children and adolescents with a serious emotional disturbance (SED).
11 CAMHD works collaboratively with other child-serving agencies and has developed a
12 comprehensive array of treatment services for youth with SED via Purchase of Service contracts.
13 Mental health assessments, clinical oversight, and care coordination are provided by employees
14 at Family Guidance Centers on O'ahu, Hawai'i Island, Maui, and Kaua'i. In addition, the
15 Family Court Liaison Branch on O'ahu provides mental health services to youth who are
16 incarcerated or detained. This system of care is based on core values to provide child- and
17 family-centered, culturally sensitive, least restrictive, and evidence-based mental health services.
18 Over the past 30 years, CAMHD has leveraged federal system of care grants to actively develop

1 and improve the child and adolescent mental health service system of care in Hawai‘i based on
2 national standards and best practices.

3 CAMHD strongly recommends including the statutory amendment in section 3, which states that
4 the provision of services would be subject to the availability of state and federal funding. The
5 current array of intensive mental health services provided by CAMHD cannot be sustained
6 without a combination of State general funds, federal grants, and Medicaid reimbursements. An
7 unfunded mandate to serve all eligible youth could expose the State to potential litigation. Given
8 the current uncertainty about the future of federal grants and Medicaid funding to support
9 vulnerable populations, this risk must be soberly evaluated.

10 Thank you for the opportunity to testify.

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



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
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STATE COUNCIL ON MENTAL HEALTH
Testimony to the
House Committee on Health
and House Committee on Human Services and Homelessness
In Support of S.B. 1442 S.D.2
RELATING TO MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS
March 19, 2025 9:00 a.m., Room 329 and Video

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Chairs Takayama and Marten, Vice-Chairs Keohokapu-Lee Loy and Olds, and
and Members of the Committees:

Hawaii law, HRS §334-10, established the State Council on Mental Health 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 Hawaii State Council on Mental Health ("Council") strongly supports SB1442 SD2, which seeks to clarify and update the responsibilities of the Child and Adolescent Mental Health Division (CAMHD) within the Department of Health to better reflect current mental health systems of care for Hawaii's children and adolescents.

Mental health challenges among youth in Hawaii have become increasingly complex, requiring a comprehensive, coordinated, and evidence-based approach to ensure that children and adolescents receive the appropriate services and support. By modernizing the statutory language

governing CAMHD, this bill ensures that Hawaii's mental health care framework aligns with best practices and evolving community needs.

SB1442 SD1 is critical because it:

1. **Clarifies CAMHD's role** in delivering high-quality mental health services, ensuring efficiency and accountability in service delivery.
2. Supports a system of care model that **prioritizes early intervention, family involvement, and culturally competent services.**
3. **Improves coordination between CAMHD and other child-serving agencies,** strengthening Hawaii's overall mental health system.

The Council remains committed to advocating for policies that enhance mental health care access and effectiveness for Hawaii's youth. We believe SB1442 SD2 is a vital step toward ensuring that every child in our state has access to the support they need to thrive.

For these reasons, we respectfully urge the Committee to pass SB1442 SD2.

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.



STATE OF HAWAII
OFFICE OF WELLNESS AND RESILIENCE
KE KE'ENA KŪPA'A MAULI OLA
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House Committees on Health and Human Services and Homelessness

March 19th, 2025, at 9:00 a.m.

State Capitol, Conference Room 329 & Videoconference

In SUPPORT of

S.B. 1442 SD2 Relating to Mental Health Services For Children and Adolescents

Chair Takayama, Chair Marten, and members of the Committees,

The Office of Wellness and Resilience (OWR) in the Governor's Office **SUPPORTS** S.B. 1442 SD2, Relating to Mental Health Services For Children and Adolescents. While we defer to the Department of Health Child & Adolescent Mental Health Division (CAMHD) regarding the technical details of this housekeeping bill, we recognize the profound significance of modernizing these statutes to better reflect the work that the CAMHD is doing to serve our youth's complex mental health needs through a trauma-informed, healing-centered lens. The OWR supports efforts that would support the CAMHD of the Department of Health to effectuate its obligations.

Thank you for the opportunity to testify on this bill.

Tia L.R. Hartsock, MSW, MSCJA
Director, Office of Wellness & Resilience
Office of the Governor



OFFICE OF HAWAIIAN AFFAIRS

TESTIMONY IN SUPPORT OF SENATE BILL 1442 SD 2
RELATING TO MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

House Committee on Health
House Committee on Human Services & Homelessness
Hawai'i State Capitol

March 19, 2025

9:00AM

Room 329

Dear Chair Takayama, Chair Marten, Vice Chair Keohokapu-Lee Loy, Vice Chair Olds, and Members of the House Committees on Health and Human Services & Homelessness:

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB 1442 SD 2 which clarifies and updates the responsibilities of the Child and Adolescent Mental Health Division (CAMHD) of the Department of Health to reflect the current systems of care that address the mental health needs of children and adolescents in the State. OHA has long advocated for meaningful policies which include targeted and systemic actions to address mental health associated disparities, reduce the health inequities of Native Hawaiians, and protect and uplift the health and vitality of the lāhui (people). Updating how critical services are provided to youth will create long-term benefits that span future generations by interrupting cycles of violence and intergenerational trauma.

The deliberate attempts to destroy Native Hawaiian knowledge systems—through suppression of ‘Ōlelo Hawai‘i (the Hawaiian language), restricted access to the ‘āina (land and sea), and the degradation of culturally significant resources have exacerbated the disproportionate health disparities faced by Native Hawaiians. Studies show higher rates of chronic illnesses—diabetes, heart disease, and obesity—are linked to the disruption of traditional practices.¹ Intergenerational trauma also manifests in high rates of mental health challenges among Native Hawaiians, including among Native Hawaiian youth. Data indicate Native Hawaiian youth are more likely to experience sadness, depression, and suicidal ideation than their non-Native Hawaiian peers.² Additionally, Native

¹ Lewis ME, Volpert-Esmond HI, Deen JF, Modde E, Warne D., “Stress and Cardiometabolic Disease Risk for Indigenous Populations throughout the Lifespan,” *Int J Environ Res Public Health* (February 2021), <https://pmc.ncbi.nlm.nih.gov/articles/PMC7918141/>

² Cherry Y.E.W. Yamane, Jordyn Pourier, LaShai Jake, Deana Around Him, “Supporting Native Hawaiian Mental Health Through Indigenous Culturally-Driven and Land-Based Healing Approaches,” *Child Trends* (December 3, 2024), <https://www.childtrends.org/publications/native-hawaiian-youth-mental-health-indigenous-culturally-driven-land-based-healing>

Hawaiian adolescents face elevated risks for early substance use, exposure to drug offers and higher substance-use rates, reflecting the long-term impact of cultural trauma on behavioral and mental health.³

These disparate negative mental health-associated outcomes can have a deleterious effect not only on affected individuals, but on their families and the larger community. To this end, OHA appreciates CAMHD's commitment to providing culturally sensitive, child- and family centered services.⁴ **By providing culturally grounded mental health programs and interventions, SB 1442 SD 2 will serve as a critical steppingstone toward reducing Native Hawaiian mental health-associated disparities through targeted and systemic relief.**

The Office of Hawaiians Affairs urges this committee to **PASS SB 1442 SD 2**. Mahalo nui for the opportunity to provide testimony on this measure.

³ Cherry Y.E.W. Yamane, Jordyn Pourier, LaShai Jake, Deana Around Him, "Supporting Native Hawaiian Mental Health Through Indigenous Culturally-Driven and Land-Based Healing Approaches," Child Trends (December 3, 2024), <https://www.childtrends.org/publications/native-hawaiian-youth-mental-health-indigenous-culturally-driven-land-based-healing>

⁴ "Strategic Plan 2023-2026," Child & Adolescent Mental Health Division (February 21, 2023), CAMHD Strategic Plan 2023-2026 rev8



HAWAII SUBSTANCE ABUSE COALITION

SB1442 SD2 Mental Health CAMHD Updates

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Lisa Marten, Chair

Rep. Ikaika Olds, Vice Chair

Wednesday, Mar 19, 2025: 9:00: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports SB1442 SD2:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.

Updating mental health codes for children is important for several reasons:

- 1. Improved Diagnosis and Treatment** As our understanding of mental health evolves updated codes allow for more accurate diagnoses and treatment plans tailored to children's unique developmental needs.
- 2. Reflecting New Research** Advances in psychology and psychiatry reveal new conditions, refine existing ones, and improve classification methods, ensuring that children receive appropriate care.
- 3. Better Insurance Coverage** Updated codes help ensure that insurers recognize and cover new and emerging mental health conditions, reducing financial barriers to treatment.
- 4. Early Intervention** More precise coding can lead to earlier identification of mental health issues, allowing for timely intervention, which is crucial for long-term well-being.
- 5. Tracking Trends and Outcomes** Updating codes helps researchers and healthcare providers track mental health trends in children, assess treatment effectiveness, and develop better policies.
- 6. Reducing Stigma** More refined language and categorization can help reduce stigma by framing mental health conditions in a more accurate and supportive way.

Overall, updating these codes ensures that children's mental health care remains current, effective, and accessible.

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

To: Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Committee on Health

Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair
Committee on Human Services & Homelessness

Hearing Date: Wednesday, March 19, 2025

Position: **Support** for Senate Bill 1442, S.D. 2, Relating to Mental Health Services for Children and Adolescents

Dear Chairs Takayama and Marten, Vice-Chairs Keohokapu-Lee Loy and Olds, and Members of the Health and Human Services & Homelessness Committees,

My name is Theresa Sablan, and I am a Master of Social Work student at the University of Hawai‘i at Manoa. The views I express in this testimony are my own. I am testifying in **support** of SB1442, S.D. 2, which aims to clarify and update the responsibilities of the Child and Adolescent Mental Health Division of the Department of Health. This update is essential to ensure that the mental health systems of care address the mental health needs of children and youth in the State of Hawai‘i.

Mental illness is a significant public health crisis among youth. According to the Substance Abuse and Mental Health Services Administration (SAMHSA):

- Suicide is the second leading cause of death in the United States for adolescents aged 10 to 14.
- Between 2021 and 2022, 13.5% of adolescents in Hawai‘i aged 12 to 17 experienced at least one major depressive episode.

The Centers for Disease and Control Prevention (CDC) reported the following data for Hawai‘i’s youth in 2023:

- 33.7% of middle school students reported feeling sad or hopeless for most of the time for two weeks or more, while 34.9% of high school students reported the same feelings of depression for most of the time for two weeks or more.
- 26.3% of middle school students considered attempting suicide and 1.9% of high school students reported at least one suicide attempt.

This legislation supports the Child and Adolescent Mental Health Division’s ability to manage a network of Family Guidance Centers that will offer preventative services, early identification, screening, diagnostic treatment, and rehabilitation for children and adolescents. Therefore, I urge the committees to pass SB1442, S.D. 2., as a significant step toward effectively addressing the needs of emotionally disturbed children and adolescents in Hawai‘i.

Thank you for the opportunity to provide testimony on this important bill.

Sincerely,
Theresa Sablan, MSW Student