



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**House Committee on Health**

**H.B. 991, Relating to Mental Health Treatment**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**Wednesday, February 13, 2013, 8:30 a.m.**

1 **Department's Position:** While the intention of this bill is laudable, the Department of Health (DOH)  
2 respectfully opposes this bill.

3 **Purpose and Justification:** The bill proposes modifying existing law and includes changing the current  
4 term "involuntary outpatient commitment" to "assisted community treatment." The bill further proposes  
5 modifying some aspects of the existing statute to accomplish this goal, and takes a preliminary step  
6 towards specifying the operational procedures for implementing an order for what will be termed  
7 "assisted community treatment."

8 The department understands the intent of this bill, which is to increase the availability of  
9 outpatient services to those who need them and avoid incarceration, prolonged hospitalizations, and  
10 institutionalization. The department also cares about the safety of our community and the recovery of  
11 individuals with severe and persistent mental illness.

12 The department's concerns are about the operational implementation of the provisions of this  
13 proposal. Items including the forcible detention of consumers for transport, the administration of  
14 medication pursuant to a court order, the responsibility of a treating psychiatrist, the role of community  
15 mental health center employees, a court's ability to order community mental health programs to a

1 specific course of treatment, and the responsibility for the coordination of care by a provider or  
2 organization are not clearly described in the proposed statute and are likely to be very challenging to  
3 implement safely. There are also likely to be legal and possibly constitutional issues raised.

4 The department suggests further study and planning be completed which more fully addresses  
5 these concerns before specific legislation is enacted. We plan to continue working with community  
6 stakeholders and partners regarding the issue of increased and improved accessibility to needed care.

7 Thank you for the opportunity to testify on this bill.



## **HAWAII DISABILITY RIGHTS CENTER**

**1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813**

*Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928*

*E-mail: [info@hawaiidisabilityrights.org](mailto:info@hawaiidisabilityrights.org) Website: [www.hawaiidisabilityrights.org](http://www.hawaiidisabilityrights.org)*

### **THE HOUSE OF REPRESENTATIVES THE TWENTY-SEVENTH LEGISLATURE REGULAR SESSION OF 2013**

#### **Committee on Health Testimony on H.B. 991 Relating To Mental Health Treatment Wednesday, February 13, 2013, 8:30 A.M. Conference Room 329**

The Hawaii Disability Rights Center does not have a firm position on the overall intent of this bill. We understand the problem that many of the advocates are attempting to address and we are sympathetic to their concerns. While it may not be clearly within our mission to officially support the bill, we would not stand in opposition so long as its provisions did not violate the civil rights of any individual with a disability.

It is along those lines that we do want to raise questions concerning the provisions of Section 9 and more specifically the language found on page 14, lines 8 through 12. We were participants on the Mental Health Task force convened by the Chair of the Senate Committee on Human Services. Our understanding during those discussions was that the intent of the bill was not to alter the current law which prohibits forcible medication under the Outpatient Treatment Law. Current law provides that other procedures are to be utilized in order to involuntarily medicate an individual.

If that is so, then we would request clarity on the language which exempts from the prohibition an order of a psychiatrist for an individual who is hospitalized in a correctional setting. In general, it seems illogical to provide any exceptions to the current law if the intent was to leave the current law in place. More specifically, outpatient treatment generally refers to just that; namely treatment that does not occur inside a facility. We wonder if the confusion may result from the definition in the bill of "community" on page 5, lines 14-19, which includes correctional facilities within the definition. Certainly, that is a departure from the more common understanding of the term "community". Additionally, there are separate provisions in the law to address

medication in prison settings and we would like further clarity as to why as a matter of policy there might be different standards applicable to different individuals in the same prison setting. It might be better policy to allow those specific statutory provisions that pertain to medication in the prisons control, rather than the standards applicable to an outpatient treatment setting.

We would hope that the sponsors of this legislation could explain and clarify this issue and put to rest any concerns as to potential civil rights violations.

Thank you for the opportunity to testify on this measure.



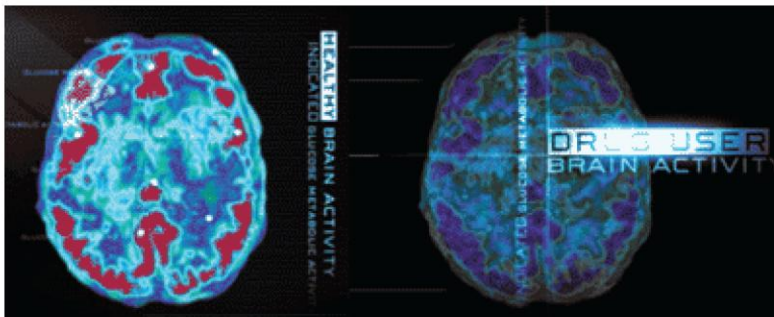
**HB991 Relating to Health** Establishes an assisted community treatment program in lieu of the involuntary outpatient treatment program.

- ✚ HOUSE COMMITTEE ON HEALTH: Representative Au Bellati, Chair;  
Representative Morikawa, Vice Chair
- ✚ Wednesday, Feb. 13, 2013; 8:30 p.m.
- ✚ Conference Room 329

### **HAWAII SUBSTANCE ABUSE COALITION Supports HB991.**

*GOOD MORNING CHAIR AU BELLATI, VICE CHAIR MORIKAWA, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of more than twenty non-profit treatment and prevention agencies.*

After decades of research, the American Society of Addictive Medicine (ASAM) declared that addiction for alcoholism or substance use disorders is a *brain disease that results in a compulsive and obsessive action to seek and use alcohol and drugs despite negative consequences.*



## The brain undergoes dramatic changes.

One of the brain areas impacted is the prefrontal cortex<sup>u</sup> - the part of the brain that enables us to assess situations, make sound decisions, and keep our emotions and desires under control.

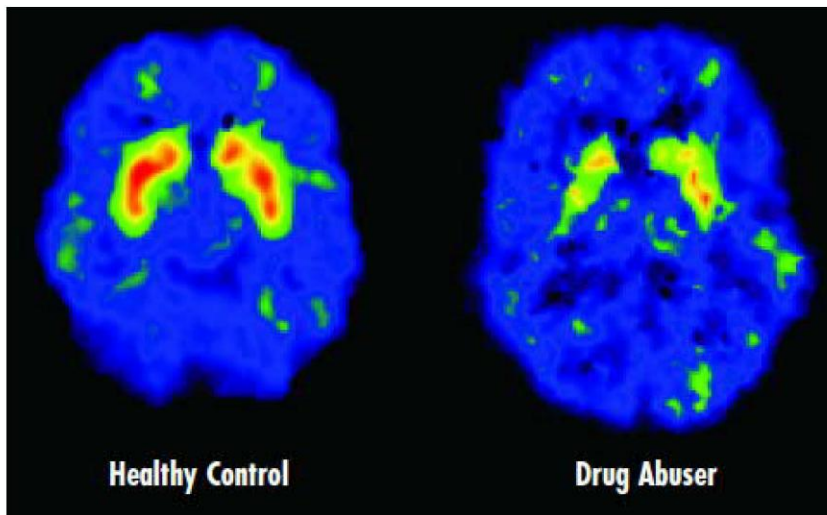
## How do drugs work in the brain?

Drugs are chemicals. They work in the brain by tapping into the brain's communication system and interfering with the way nerve cells normally send, receive, and process information and they lead to abnormal messages being transmitted through the network.

This disruption produces a greatly amplified message, ultimately disrupting communication channels. The difference in effect can be described as the difference between someone whispering into your ear and someone shouting into a microphone.

## Long-term drug abuse impairs brain functioning.

Just as we turn down the volume on a radio that is too loud, the brain adjusts to the overwhelming surges in dopamine (and other neurotransmitters) by producing less. This is why the abuser eventually feels flat, lifeless, and depressed, and is unable to enjoy things that previously brought them pleasure. Now, they need to take drugs just to try and bring their dopamine function back up to normal. And, they must take larger amounts of the drug than they first did to create the dopamine high - an effect known as tolerance.



Methamphetamine abusers have significant reductions in dopamine transporters.

*Source: Am J Psychiatry 158:377-382, 2001.*

Brain impairment decreases cognitive functioning to make good decisions and uncontrollable cravings can lead to out-of-control emotions and desires.



The profound changes in brain circuits can severely compromise the long-term health of the brain such as impairment in cognitive function, adaptations in habit or non-conscious memory systems. Conditioning is one example of this type of learning, whereby environmental cues become associated with the drug experience and can trigger uncontrollable cravings if the individual is later exposed to these cues, even without the drug itself being available. This learned "reflex" is extremely robust and can emerge even after many years of abstinence.

## *TREATMENT AND RECOVERY*

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### Can addiction be treated successfully?

**Yes.** Addiction is a treatable disease. Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.

**The integration of substance abuse treatment and mental health services for persons with COD has become a major treatment initiative.** As developed in the substance abuse treatment field, the recovery perspective acknowledges that recovery is a long-term process of internal change in which progress occurs in stages, an understanding critical to treatment planning.

**Integrated treatment takes place in different settings (e.g., residential and outpatient) over time, and following treatment through participation in mutual self-help groups.** Treatment phases usually include engagement, stabilization, primary treatment, and continuing care.

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



## THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

**H.B. 991, RELATING TO MENTAL HEALTH TREATMENT**  
**House Committee on Health**  
**February 13, 2013, 8:30 a.m.**  
**Room 329**

My name is Loraine Fleming, Director of Behavioral Health, Orthopedic, and Transplant Services with The Queen's Medical Center. I am writing in support of H.B. 991 which is meant to promote better access to mental health treatment for individuals disabled by their mental illness that they are unable to cognitively accept their diagnosis of mental illness or to continue on prescribed treatment.

The Queen's Medical Center supports implementation of an assisted community treatment program. Such a program is similar to Kendra's Law in New York which has been very successful in improving the treatment follow-up for patients with significant psychiatric disorders. Lack of cooperation with treatment follow-up is a common problem among patients with serious psychiatric disorders. The very nature of the illness frequently involves lack of insight or awareness of their illness and may also involve symptoms of suspiciousness and paranoia, particularly related to their medications. Therefore, a program that would provide for greater supervision and assistance for patients who are reluctant to take medication or attend treatment sessions could greatly benefit their mental health and well being.

Thank you for the opportunity to testify in support of this measure.





## **TESTIMONY IN SUPPORT OF HB 991: Relating to Mental Health Treatment**

TO: Representative Della Au Bellatti, Chair, Representative Dee Morikawa, Vice Chair and members of the Committee on Health

FROM: Trisha Kajimura, Social Policy Director, Catholic Charities Hawai'i

**Hearing: Wednesday, February 13, 2013, 8:30 am; CR 329**

Thank you for the opportunity to testify on HB 991, which establishes an assisted community treatment program in Hawai'i. I am Trisha Kajimura, Social Policy Director for Catholic Charities Hawaii. **I am testifying in support of HB 991.**

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 60 years. CCH has programs serving elders, children, developmentally disabled, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i.

Catholic Charities Hawai'i recognizes that serious and persistent mental illness is a significant problem in our community, primarily among the homeless. Our agency provides housing assistance for the homeless and those at-risk of homelessness. We understand how difficult it is to help people who are dealing with an untreated mental illness and how vulnerable they are on the streets. We are very concerned that without treatment, these people cannot care for themselves adequately to avoid harm and mistreatment. They are also seen frequently at emergency rooms and are often arrested and incarcerated.

HB 991 offers this population a means of getting help when they are unable to ask for it themselves. In the types of cases it is specified to address, it will help people receive the mental health treatment that they need to regain their dignity and a chance for the best health outcomes possible. This type of treatment will also save the state money on avoidable emergency room visits and incarceration.

Please help this vulnerable group. Catholic Charities Hawaii urges you to pass HB 991.



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PROTECTING HAWAII'S OHANA, CHILDREN, UNDER SERVED, ELDERLY AND DISABLED

P13:011T:LKR

February 11, 2013

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TO: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair  
Members, Committee on Health

FROM: Laura Kay Rand, Interim Executive Director, PHOCUSED

HEARING: Committee on Health  
February 13, 2013 at 8:30 a.m.

Testimony in Support of HB991, Relating to Mental Health Treatment

Thank you for the opportunity to provide testimony in support of HB991, which establishes an assisted community treatment program. PHOCUSED is a coalition of health, housing, human services agencies and individual advocates voicing the needs of the marginalized and underserved in Hawaii.

The State's mental health services for the most severely mentally ill individuals have been decimated. This has predictably resulted in these individuals being arrested for petty crimes that arise out of their illness, utilizing Emergency Department services, undergoing expensive and unnecessary hospitalizations, and/or becoming homeless because of their mental illness. This is a very expensive revolving door that is hurtful to these individuals and/or the community. The mental health system that does exist is fragmented, confusing and nearly impossible to navigate.

Assisted Community Treatment is part of the solution. It provides a process whereby the Family Court can order a person with severe mental illness, who is not complying with treatment, to accept treatment in the community, thereby not bouncing in and out of the hospital, jail, and streets. In many other states, this approach has resulted in a reduction in hospitalization and incarceration rates, and patients with violent histories have become significantly less likely to commit crime.

I urge your support of HB991. We appreciate the opportunity to testify in support of this measure.

Sincerely,  
Laura Kay Rand  
Interim Executive Director

**morikawa2 - Shaun**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, February 11, 2013 10:24 AM  
**To:** HLTtestimony  
**Cc:** b3453931@opayq.com  
**Subject:** \*Submitted testimony for HB991 on Feb 13, 2013 08:30AM\*

**HB991**

Submitted on: 2/11/2013

Testimony for HLT on Feb 13, 2013 08:30AM in Conference Room 329

| <b>Submitted By</b> | <b>Organization</b> | <b>Testifier Position</b> | <b>Present at Hearing</b> |
|---------------------|---------------------|---------------------------|---------------------------|
| Troy Abraham        | Individual          | Support                   | No                        |

Comments:

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