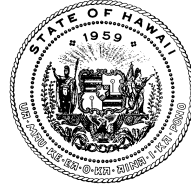


SB310

TESTIMONY



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

In reply, please refer to:
File:

Senate Committee on Health

S.B. 310, Relating to Mental Health Treatment

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

Monday, January 28, 2013, 1:30 p.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
16 specific course of treatment, and the responsibility for the coordination of care by a provider or

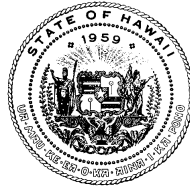
Promoting Lifelong Health and Wellness

1 organization are not clearly described in the proposed statute and are likely to be very challenging to
2 implement safely. There are also likely to be legal and possibly constitutional issues raised.

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

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

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH

STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File: DOH/ADAD

TESTIMONY IN SUPPORT OF SB 310: RELATING TO MENTAL HEALTH

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Michael Zarate

EX-OFFICIO:

Lynn N. Fallin
Deputy Director for
Behavioral
Health Administration

TO: Senator Suzanne Chun-Oakland, Chair; Senator Josh Green, Vice Chair and Members, Committee on Human Services

Senator Josh Green, M.D. Chair, Senator Rosalyn Baker, Vice Chair, and Members, Committee on Health

FROM: G. Mike Durant, Chairperson
State Council on Mental Health

Hearing: Monday, 1/28/13; 1:30 pm; CR 229

The State Council on Mental Health passed a resolution in support of SB 310 at its January meeting. Members of the council are appointed by the Governor and include mental health consumers, family members, providers, several state agencies and representatives from all counties.

We believe this bill will improve the lives of severely mentally ill individuals who are being criminalized by being arrested for petty crimes that arise out of their illness, undergo expensive and unnecessary hospitalizations, or have become homeless because of their mental illness.

Our current law covering these situations is flawed and, as a result, little used by the courts. This bill specifically targets only the most severely mentally ill individuals in our community who are psychotic, unable to function, and extremely vulnerable.

In states where similar laws have been enacted, hospitalization and incarceration have been reduced, individuals with violent histories have become significantly less likely to commit violence after Assisted Community Treatment, and individuals with severe psychiatric illnesses who were not in an assisted community program were almost twice as likely to be victimized as individuals that were part of the program.

I became involved with improving the lives of those with serious mental illness because I had a son who developed schizophrenia and was first hospitalized at the age of 19. For several years he functioned well while taking medication. At about the age of 30 he became less compliant with his medication and was hospitalized several times. He was stabilized in the hospital but became non-compliant with his medication when he was released. Without the proper medication his behavior became erratic and even dangerous. As a result, he took his life 3 years ago at the age of 33. I believe this law could have helped him to stay on his medication after leaving the hospital and may have deterred him from taking his life.

Thank you for the opportunity to testify in support of this SB310.

Date
Page 2



January 28, 2013

The Honorable Josh B. Green, M.D., Chair
Senate Committee on Health
The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services
Hawaii State Capitol
Honolulu, HI 96813

S.B. 310, RELATING TO MENTAL HEALTH TREATMENT
January 28, 2013, 1:30 p.m.

My name is Loraine Fleming, Director of Behavioral Health, Orthopedic, and Rehabilitative Services at The Queen's Medical Center. I am writing in support of SB 310 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.

Alan Johnson, Comments



SB310 Relating to Health Establishes an assisted community treatment program in lieu of the involuntary outpatient treatment program.

- ✚ SENATE COMMITTEE ON HEALTH: Senator Green, M.D. Chair; Senator Baker, Vice Chair
- ✚ SENATE COMMITTEE ON HUMAN SERVICES: Senator Chun-Oakland, Chair; Senator Green M.D., Vice Chair
- ✚ Monday, Jan. 28, 2012; 1:30 p.m.
- ✚ Conference Room 229

HAWAII SUBSTANCE ABUSE COALITION Supports SB310.

GOOD MORNING CHAIR GREEN, VICE CHAIR BAKER. CHAIR CHUN-OAKLAND, VICE CHAIR GREEN 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.

Previous research has shown that people with both a substance use disorder and a co-occurring psychiatric disorder were more likely to use multiple drugs and to have more economic and social problems than those without a co-occurring psychiatric disorder.

Integrated treatment takes place in different settings (e.g., residential and outpatient) over time, and that much of the recovery process typically occurs outside of, or following, treatment (e.g., through participation in mutual self-help groups). Practitioners often divide treatment into phases, usually including engagement, stabilization, primary treatment, and continuing care (also known as aftercare). Use of these phases enables the clinician (whether within the substance abuse or mental health treatment system) to apply coherent, stepwise approaches in developing and using treatment protocols.

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.

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

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: gperaro@usvetsinc.org
Subject: *Submitted testimony for SB310 on Jan 28, 2013 13:30PM*
Date: Friday, January 25, 2013 9:58:28 PM

SB310

Submitted on: 1/25/2013

Testimony for HTH/HMS on Jan 28, 2013 13:30PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gladys L. Peraro	Partners In Care (PIC)	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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TESTIMONY IN SUPPORT OF SB 310: RELATING TO MENTAL HEALTH

Written Testimony Only

TO: Senator Suzanne Chun-Oakland, Chair; Senator Josh Green, M.D., Vice Chair and Members, Committee on Human Services

Senator Josh Green, M.D. Chair, Senator Rosalyn Baker, Vice Chair, and Members, Committee on Health

FROM: Jan M. Harada, President & CEO
Helping Hands Hawaii

Hearing: Monday, 1/28/13; 1:30 pm; Conf. Room 229

As a long-time community-based non-profit provider of behavioral health services to low-income or homeless adults with Serious and Persistent Mental Illness (SPMI), we are writing in support of SB 310.

In our years of serving this at-risk and extremely vulnerable population, we have seen many socio-economic consequences result from a system of care that is unable to fully and cohesively address the myriad of needs that these mentally ill adults present with on a daily basis. The current statute does not address situations where individuals are so severely mentally ill, that they are unable to give informed consent to treatment and medication. This gap in the statute has resulted in higher emergency room visits, criminalization of the mentally ill, and difficulty in finding and maintaining appropriate housing.

We believe this bill represents a good compromise that includes within the concept of Assisted Community Treatment, all of the necessary protections to ensure that the rights of individuals are protected and also focuses on those persons who have demonstrated a history of non-adherence to treatment that has resulted in repeated emergency room visits, hospitalization or jail time. The bill is meant to promote better access to mental health treatment for many individuals who are so disabled by their mental illness that they are unable to cognitively accept their diagnosis of mental illness or to continue on prescribed treatment.

Please pass this bill into law to facilitate access to treatment. Many of these potential consumers of assisted community treatment are homeless because of their mental illness.

Thank you for the opportunity to submit this written testimony in support of SB310.

TESTIMONY IN SUPPORT OF SB 310: RELATING TO MENTAL HEALTH

TO: Senator Suzanne Chun-Oakland, Chair; Senator Josh Green, Vice Chair and Members, Committee on Human Services

Senator Josh Green, M.D. Chair, Senator Rosalyn Baker, Vice Chair, and Members, Committee on Health

FROM: Jerry Coffee LCSW QCSW, Clinical Director
IHS The Institute for Human Services, Inc.

Hearing: Monday, 1/28/13; 1:30 pm; CR 229

Chairs Chun-Oakland and Green, Vice Chair Baker, and Members of the Committees on Health and Human Services

I am writing in support of SB 310 intended to promote increased access to mental health treatment for individuals who are so disabled by their mental illness that they are unable to cognitively accept their diagnosis of mental illness. The further intention of this bill is to support and enable gravely mentally ill persons to a place of benefiting from needed psychiatric and case management services preventing relapse to a cycle of mental illness, jail, substance abuse and homelessness.

As the Clinical Director for IHS it is my role to direct and support the IHS outreach program and staff working in urban Honolulu and the North Shore. It is overwhelmingly our experience that chronic, untreated mental illness is a common theme for the most vulnerable individuals we encounter. Our outreach team REGULARLY encounters individuals with chronic and co-occurring medical conditions. A pervasive inability on the part of these clients to exercise sound judgment and the inability to self preserve, results in conditions requiring a “nursing level of care”. It is common for our team to encounter individuals who are socially isolated experiencing misery and pain from untreated and severe medical conditions. Invariably, these individuals require repeated and costly emergency room visits and protracted in-patient or psychiatric hospitalizations – which could be avoided and which do not resolve existing conditions.

Our outreach team REGULARLY encounters a lack of willing foster and adult care home placement options for this un-medicated population who are difficult to place in the most appropriate and least restrictive housing options which exist and are designed to care for them.

Please pass this bill into law to facilitate access to treatment. Many of these potential subjects of assisted community treatment are homeless because of their mental illness.



TESTIMONY IN SUPPORT OF SB 310: RELATING TO MENTAL HEALTH

TO: Senator Suzanne Chun-Oakland, Chair; Senator Josh Green, Vice Chair and Members, Committee on Human Services

Senator Josh Green, M.D. Chair, Senator Rosalyn Baker, Vice Chair, and Members, Committee on Health

FROM: Kathleen M. Pahinui, North Shore Resident

Hearing: Monday, 1/28/13; 1:30 pm; CR 229

Aloha Chairs Chun-Oakland and Green, Vice Chair Baker, and Members of the Committees on Health and Human Services:

I am writing in support of SB 310 which is meant to promote better access to mental health treatment for individuals who are so disabled by their mental illness that they are unable to understand or accept their diagnosis or continue in an orderly way on their prescribed medication.

This bill would affect those who have demonstrated a history of non-adherence to treatment that has resulted in repeated emergency room visits, hospitalization or jail time.

This issue is not limited only to Honolulu, we see it everyday in the homeless population on the North Shore and are working closely with service providers to provide those with mental issues the help that they need and deserve. Unfortunately many of them are unable to understand how ill they are and they become a danger to themselves and others in our community.

Your support of this bill and passing it into law will facilitate access to treatment for these members of our community.

Mahalo for your consideration.

Kathleen M. Pahinui



Larry Geller
Honolulu, HI 96817

SB310
HTH/HMS
Monday, January 28, 2013
1:30 p.m.
Room 229

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

COMMITTEE ON HUMAN SERVICES
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

January 27, 2013

Re: Relating Mental Health Treatment

In Opposition--unless modified

Dear Sens. Green, Baker, Chun Oakland and members of the Committee:

I am aware that the original law was flawed and that this bill is intended to replace it, and that those who support the bill are acting with compassion and concern for those affected. Nevertheless, I believe that this bill is also flawed, perhaps in different ways, and so I oppose it in its current form.

First, a minor issue: As everyone is probably aware, there are states where persons with mental health issues are sent to jail instead of to treatment. This draft allows "correctional facilities" as a "location where an individual may receive behavioral health services." Of course, while locked up, as we learned from a federal case brought in Hawaii, prisoners do not receive appropriate treatment.

But to the heart of my objection: I believe also that there are civil rights issues in this draft.

Note that a person who is made to appear in court has to bear the cost of hiring an attorney and paying for experts (e.g., a private psychiatrist). The provision for a court-appointed public defender does not alleviate this, because a person has a right to be represented by an attorney of their choice. If the court finds that the petition is not adequate, there is no provision for the person filing the petition to be made to pay all attorneys fees and court costs. So even in a contrived, malicious or frivolous situation, the person who is the object of the petition is damaged.

In the case of a homeless person, the individual would almost certainly be unable to take advantage of the ability to have their own experts as this bill purports to allow.

While the stated intent of this bill is to prevent criminalization of mental illness, it is hard to see what the difference is. Note that while the object of the petition has a right to hire an attorney, alternatively, the court may appoint a public defender. How is this different from a criminal case? Public defenders are experienced in criminal law, not in complex mental health issues. The object of the petition is still subject to physical detention in this draft of the bill. In other words, they are deprived of liberty and

freedom of motion as in a criminal case. There will also be a public record of the proceeding with the person's name on it, and the person may end up on federal lists of those with mental health issues.

If a person with mental illness has difficulty advocating for him-or herself, how will they fare in court, with an inexperienced defense attorney and unable to afford their own expert witness to counter the testimony of state-paid experts? If they are allegedly unable to make informed decisions about their treatment, then they are being coerced without question: how can they suddenly be expected to make informed decisions about their options when in court?

Finally, unless I'm missing something, the text does not require that the paraprofessionals have extensive experience with the treatment history of the individual. This would appear to permit shopping around for sympathetic persons rather than those acting on the basis of evidence.

This bill could also result in a sweep by the City and County to cull out of the homeless population those whom they feel can be removed from the streets through the action of this bill, if it becomes law.

Accordingly, my sympathy lies with the individuals who could find themselves swept into the legal system almost exactly as though they were criminals, but are disadvantaged by their situation from adequately defending themselves in court.

I recommend that the Committees put more thought into this bill and the consequences of passage. If the law it seeks to replace is defective, perhaps repeal is the best course.

Larry Geller



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 Website: www.hawaiidisabilityrights.org

THE SENATE THE TWENTY-SEVENTH LEGISLATURE REGULAR SESSION OF 2013

Committee on Health Committee on Human Services Testimony on S.B. 310 Relating To Mental Health Treatment Monday, January 28, 2013, 1:30 P.M. Conference Room 229

Chair Green, Chair Chun-Oakland and Members of the Committees:

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.



TESTIMONY IN SUPPORT OF SB 310: RELATING TO MENTAL HEALTH

TO: Senator Suzanne Chun-Oakland, Chair; Senator Josh Green, Vice Chair and Members, Committee on Human Services

Senator Josh Green, M.D. Chair, Senator Rosalyn Baker, Vice Chair, and Members, Committee on Health

FROM: Marc R. Alexander

Hearing: Monday, 1/28/13; 1:30 pm; CR 229

Honorable Chairs Chun-Oakland and Green, Vice Chair Baker, and Members of the Committees on Health and Human Services.

Thank you for hearing this important legislative proposal and for the opportunity to submit written testimony. I strongly support SB 310, Relating to Mental Health. During 2011, I served as Governor Abercrombie's Coordinator on Homelessness. Prior to that appointment I served for 25 years as a Roman Catholic priest with a longstanding commitment to public policy issues including housing and homelessness. At present I serve as Director of Community Relations and Development for IHS, The Institute for Human Services, Inc. I speak today, however, as a private citizen.

SB 310 is critically important legislation because it seeks to help those who can no longer help themselves due to chronic mental illness. Many of those who are chronically homeless suffer from chronic mental illness so severe that they are unable to realize the need for treatment and the benefits it offers. The result is that they end up living on the streets in very horrific conditions and unable to function on even a most basic level. These people are our neighbors, our brothers and sisters, who are crying out for help in their helplessness. They are not acting out of free choice but from the effects of their mental illness.

The present laws governing involuntary community mental health treatment are ineffective and outdated. They result in persons who are mentally ill being criminalized repeatedly, their mental health not being improved, and waste and frustration of the limited resources of law enforcement and healthcare because of the revolving door between the streets, jails, healthcare and courts.

This legislation would increase access to mental health treatment for those so disabled by their mental illness that they are unable to recognize their illness and accept appropriate treatment. Through a court ordered community treatment protocol, with appropriate safeguards, our community would be able help to those in this terrible situation.

Please support this legislation in order to bring real help and hope to some of the most needy and desperate in our community, those who are homeless and severely mentally ill.

Mahalo for your kind consideration and for your service to our community.



HAWAII CATHOLIC CONFERENCE

6301 Pali Highway
Kaneohe, HI 96744-5224

Joint Committee on Health & Human Services
Hearing on: January 28, 2013 @ 1:30 p.m.
Conference Room # 229

DATE: January 25, 2013

Senate Committee on Health

Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

Senate Committee on Human Services

Senator Suzanne Chun-Oakland, Chair
Senator Josh Green, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Support SB 310 Relating to Mental Health Treatment

Mahalo for the opportunity to testify. I am Walter Yoshimitsu, representing the Hawaii Catholic Conference. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in the State of Hawaii under the leadership of Bishop Larry Silva. We strongly support the need to further the discussions on mental health services in the community for those who are vulnerable and in need of services.

While we do not profess to have all the answers to the mental care crisis in our islands, we want to stress that at the very center of the Church's social teaching is the life, dignity, and rights of the human person. We are called to serve the poor and vulnerable; to build bridges of solidarity among peoples of differing races and nations, language and ability, gender and culture. Even those whom society has deemed as broken and unchangeable.

There is obviously a great need in the community for this legislature, and social service organizations, to deal with the issue of mental health treatment. Many of our homeless brothers and sisters are struggling and in dire need of services.

Everyone agrees that with the proper treatment, symptoms can be eliminated or reduced, and these precious people can be helped to overcome, and even break, the cycle. Having said this, we acknowledge that there are some severely mentally ill people who will not accept treatment because they may not have the ability to understand their need for assistance. In some cases, they may not even believe they are ill. This bill is to assist them to get the necessary treatment in the community, thereby keeping them out of jail and out of the hospital, and reducing the likelihood of their becoming homeless.

For this reason, we support the bill and are extremely grateful that you are having this very important discussion.

Mahalo for your kind consideration.

TESTIMONY ON SENATE BILL 310
RELATING TO ASSISTED COMMUNITY TREATMENT

by

Mark R. Mitchell, Ph.D.,
Mental Health Branch Administrator

On behalf of the
Department of Public Safety

Senate Committee on Public Health and Human Services

January 28, 2013

My name is Dr. Mark Mitchell. I am currently the Mental Health Branch Administrator for the Hawaii Department of Public Safety, and I am testifying in support of H.B. No. 310, which revises Chapter 334-121 through 334-141, and 334 part VIII of the Hawaii Revised Statutes in order to modify the existing statute pertaining to Involuntary Outpatient Treatment in order to make the statute operational.

The present statute on Involuntary Outpatient Treatment is written in such a manner that there has been only one individual in 13 years for whom the statute has been affected. Modifications to convert the involuntary outpatient treatment statute have been made consistent with similar statutes in other states to permit the effective treatment of mentally ill individuals whose failure to remain on medications predictably leads to decompensation thereby requiring unnecessary and over restrictive interventions such as arrest, hospitalization or incarceration.

No fewer than nine independent studies on the effects of implementing similar statutes in other states have demonstrated remarkable improvement in the lives of those who are mentally ill, as well as dramatic reductions in the impact of costly public and private services and resultant costs of delivery of those services. The study literature on the effects of Assisted Community Treatment reveal significant treatment efficacy, with 75% of patients reporting that it helped them gain control over their lives and 81% reporting that it helped them get and stay well. Overall medication treatment adherence increased by 51%, and positive engagement with other mental health services increase by 103%.

There were concomitant reductions in danger and violence, with 55% fewer recipients engaging in suicide attempts or physical self-harm and a 47% reduction in harm to others.

Individual outcomes that resulted in significant systemic impact included: a 74% reduction in homelessness, 77% fewer psychiatric hospitalizations, a 56% reduction in the length of hospitalizations, 83% fewer arrests, 87% fewer incarcerations, a 49% reduction in the abuse of alcohol and a 48 % reduction in the abuse of drugs.

Additionally, it is important to the state to not unnecessarily criminalize mentally ill individuals who in need of treatment rather than incarceration. The incarceration of these individuals burdens the criminal justice system and the courts, clogging court calendars with these repeat offenders that should be treated by the mental health system. Furthermore, criminal records (particularly long-term incarceration and / or repeated arrests) for the mentally ill reduce their

employment opportunities even once engaged in community treatment and/or rehabilitation.

Thank you for your thoughtful consideration. I am available to discuss and dialogue about this proposed change in HRS 334, or for any other matters you have concerning mental health care and treatment.

Sincerely,

Mark R. Mitchell, Ph.D.

Mental Health Branch Administrator

Hawaii Department of Public Safety

Advisory Board

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SCOTT WALL, HCPS

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F: 808.533.6995 E: INFO@MENTALHEALTH-HI.ORG W: WWW.MENTALHEALTH-HI.ORG

DATE: Monday, January 28, 2013

TIME: 1:30 p.m.

PLACE: Conference Room 229
State Capitol
415 South Beretania Street

TO: Senate Committee on Health
Senator Josh Green , Chair
Senator Rosalyn H. Baker, Vice Chair

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

FROM: Marya Grambs, Executive Director
Mary Pat Waterhouse, President, Board of Directors
Mental Health America of Hawai'i

RE: SB310, RELATING TO MENTAL HEALTH TREATMENT

IN SUPPORT

Chairs and Committee Members:

We are writing to express the strong support of Mental Health America of Hawaii for SB310. This law is vitally needed for the safety and health of our community and of our most severely mentally ill individuals.

Many of these individuals bounce among the streets, the E.R., hospital, and jail, primarily because they are too ill to understand that they need to be in treatment. This is a very costly and inhumane way to treat the sickest and most vulnerable members of our society. Many roam the streets lost in their own psychotic reality, behave in bizarre and unpredictable ways, or become so incapacitated by their mental illness that they lie, day after day, in the rain or sun, in extremely degraded circumstances, oblivious about the reality of their condition.

This bill proposes Assisted Community Treatment, whereby individuals would be ordered by Family Court to receive treatment in the community. SB310 modifies the current law for Involuntary Outpatient Treatment. The law has rarely if ever been implemented because it is too vague in terms of who the bill is designed to serve, does not have sufficient protections for those individuals, and lacks specificity in treatment process.

Many states, such as New York's Kendra's Law, have enacted laws such as this one, frequently after a horrific act of violence by a psychotic individual who was not accepting treatment. Ours in fact was modeled after Kendra's Law. These laws have been shown to reduce hospitalization, arrests/imprisonment, and homelessness, to reduce violence on the part of individuals who have been violent in the past, and reduce the victimization of these individuals.

The proposed bill would narrow the eligibility for those would be subject to this order so that it only affects those most severely ill who have a record of cycling between streets, hospitals and jails. In fact, all seven criteria listed in the bill must be met before the person can be ordered by the Court for Assisted Outpatient Treatment. The bill specifies that the person must have an attorney and spells out the process and procedures for getting the person treatment. The order is for no more than 180 days. There is not an automatic review; someone has to request another order. The person is never forcibly medicated.

Thank you for the opportunity to submit testimony on this critically needed bill, and we appreciate your consideration.

Sincerely yours,



Mary Pat Waterhouse
President, Board of Directors



Marya Grambs
Executive Director