NEIL ABERCROMBIE GOVERNOR OF HAWAII



DIRECTOR OF HEALTH

In reply, please refer to:

Senate Committee on Ways and Means

SB2579, SD1, Relating to Mental Health

Testimony of Lynn N. Fallin Deputy Director, Behavioral Health Administration Wednesday February 19, 2014, 9:15 a.m., Room 211

- Department's Position: The Department of Health (DOH) strongly supports this measure provided
- that its passage does not replace or adversely impact priorities indicated in DOH's Executive Budget and
- Administration bill package, for example, SB2851/HB2301, SB2868/HB2318, and SB2869/HB2319
- 4 and Executive DOH capital improvement (CIP) request for \$2.5 million dollars for the design of a new
- 5 facility at the Hawaii State Hospital (HSH).
- 6 **Fiscal Implications:** Undetermined at this time.
- 7 **Purpose and Justification:** This bill proposes to authorize the Director of Finance to issue general
- 8 obligation bonds for the DOH to develop a secure inpatient psychiatric facility to serve people
- 9 experiencing a mental illness who require strict security and intensive inpatient mental health treatment.
- This population would include inmates and detainees who have a history of violence and significant
- needs for psychiatric care and inpatient hospitalization. In addition, the bill proposes that DOH submit
- plans to build the secure inpatient psychiatric facility.
- Over the past 20 years, the state of Hawaii has been challenged by multiple federal and state
- lawsuits focusing on the State's treatment of adults with mental illness. The economic downturn in
- 15 2008 resulted in deep cuts to services provided by the Adult Mental Health Division (AMHD).

Promoting Lifelong Health & Wellness

In the summer of 2012, the Governor's Special Action Team (SAT) was convened by Governor Abercrombie in response to an increase in the rate of admission to HSH. The SAT collaborated on recommendations and initiatives such as developing alternative capacity, proposing changes to laws pertaining to forensic commitment, and addressing facility development as a primary goal of the HSH action plan.

The AMHD is in the process of rebuilding its community-based programs and acknowledges the need to sustain mental health services and programs in the most appropriate setting. There is now a critical need to focus attention on injuries to employees at HSH, to improve health and safety conditions for all at HSH, and to sustain these improvements over time.

This bill compliments SB3095 which proposes to designate a portion of the Hawaii State Hospital (HSH) as a forensic facility and appropriates funds to the DOH to cover any necessary expenses resulting from the designation and compliments the 2014 DOH Executive Branch CIP legislative request for the planning and design of a new building to meet the needs of forensic patients admitted to HSH.

With the increased number of forensic patient admissions to HSH over the years and the growth in population, it is time that the State build a new facility that is designed to meet the treatment needs of HSH patients and to enable HSH employees to be effective in a safe work environment. The CIP request, combined with what is proposed in SB3095 and in this bill, demonstrates the State's commitment and will enable HSH to take both immediate and longer term actions. We thank the legislature for the funding appropriated in past legislative sessions to demolish the Goddard building and to update the HSH Master Plan. Working with the Department of Accounting and General Services (DAGS), these efforts are underway. We ask for your continued support.

We acknowledge previous and current legislative initiatives and other proposals with similar intent, such as SB3095. We will coordinate between the present bill and SB3095, as well as with other $Promoting\ Lifelong\ Health\ E_T\ Wellness$

- initiatives having potential, overlapping, implications. We look forward to working with interested
- 2 parties on the development of a secure inpatient psychiatric facility that will address the forensic mental
- 3 health and the correctional mental health needs of our state. Our efforts will involve working in
- 4 collaboration with stakeholders to clarify terminology, to specify target populations, and to develop both
- 5 short and longer-term solutions.

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- The amendment contained in SB2579, SD1 includes the Department of Health's
- 7 recommendation to establish a task force to study the needs of the population to be served by the
- 8 inpatient psychiatric facility, to develop a coordinated interagency action plan to implement services,
- 9 and to submit the interagency action plan to the Legislature.
- The DOH strongly supports this amendment and looks forward to convening a Task Force with
- the participation of stakeholders from relevant state agencies and the legal, law enforcement, and mental
- health community with a focus on interagency collaboration. The Task Force will study the policy
- changes needed to successfully coordinate services provided to the populations that will be served by
- this facility and will develop a coordinated action to plan to implement them in this unique setting.
- The DOH will coordinate and collaborate with other state agencies, such as the Judiciary,
- Department of Public Safety, the State Procurement Office, the Department of Accounting and General
- 17 Services, and the Department of the Attorney General to develop and submit plans for such a facility to
- the legislature no later than twenty days prior to the 2015 Legislative Session.
 - Thank you for the opportunity to testify on this bill.

February, 19, 2014

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To: Senate Ways & Means Committee

Re: SB 2579

Aloha Chair Ige and members of the committee,

On behalf of the Community Alliance for Mental Health along with United Self Help we strongly support the passage of SB 2579.

The construction of new secure facilities to supplement the Hawai'i State Hospital is absolutely necessary. At this moment for all intents and purposes the hospital is entirely forensic.

This is not only unjust to Hawai'i's mental health consumers it is a financial burden to the taxpayers. As it stands if a consumer requires acute inpatient care they can only stay in the hospital on average a maximum of five days.

It is not at all uncommon for that to be simply not enough time for the patient to truly be ready to return to independent living. Quite often the consumer could be back seeking readmission within a week. If they can't find an inpatient bed decompensation is a very definite possibility.

If they can't find a bed decompensation is a likely outcome. What happens if they decompensate and can't find a bed? The most likely answer to that is that they will become entangled in the criminal justice system.

This chain of events is repeated every single day and it is madness incarnate. Therefore we most strongly support the passage of SB 2579.

Scott Wall
VP/ Legislative Advocate
Community Alliance for Mental Health