



STATE OF HAWAII
DEPARTMENT OF HEALTH
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LATE

**Testimony in SUPPORT of HB1013 HD2 SD1
RELATING TO INVOLUNTARY HOSPITALIZATION**

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date and Time: Thursday, March 28, 2019 at 09:45 a.m.

Room: 016

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) supports this measure.

3 The DOH recognizes that it is statutorily responsible for the development and
4 implementation of a statewide mental health system in partnership with government and
5 community organizations per §334-2 which states:

6 **§334-2 Mental health system.** The department of health shall foster and coordinate a
7 comprehensive mental health system utilizing public and private resources to reduce the
8 incidence of mental or emotional disorders and substance abuse, to treat and
9 rehabilitate the victims in the least restrictive and most therapeutic environment possible,
10 and to provide treatment and care for homeless individuals with serious and persistent
11 mental health challenges to enable them to reside in a permanent dwelling unit or
12 homeless facility, as defined in section 346-361. The department shall administer such
13 programs, services, and facilities as may be provided by the State to promote, protect,
14 preserve, care for, and improve the mental health of the people.

15 Further, the DOH understands that the overlapping issues of mental illness, substance
16 abuse and homelessness present complex problems for the state for which there are no simple
17 solutions. The need to better coordinate resources both internally and externally to provide for a
18 more comprehensive, accessible and integrated system of care is evident in the many

1 measures currently considered by the legislature in addition to HB1013 HD2 SD1 before you
2 today. These include, SB567 SD2 HD2, SB1051 SD1 HD2, SB1124 SD2 HD1, SB1494 SD2,
3 HB1221 HD2, and others. Also evident in these measures is the reality that no one entity can
4 successfully tackle and mitigate these issues alone as they cross multiple sectors of state and
5 county government and the private sector. Lastly, these measures all illustrate the need to
6 proactively and decisively move from the current system, structured largely as various siloes, to
7 a more integrated system.

8 The DOH has found success in coordinating multiple systems to proactively address a
9 particular issue in its application of the Hawaii Opioid Initiative (HOI). The structure of the
10 “coordinated policy framework” at the center of the initiative’s activities has allowed the HOI to
11 mobilize various entities to implement concrete solutions and programs in an expedited
12 timeframe with fewer barriers and less resistance.

13 We believe that this is due to three key strengths the HOI and its coordinated policy
14 framework leveraged. First, the HOI focused on actively developing concrete and attainable
15 solutions and objectives. Second, the HOI remained committed to the central theme that all
16 stakeholders were seeking the same ultimate goal(s) which allowed all stakeholders to identify
17 and unify around common paths toward those goals. Third, the HOI focused on leveraging and
18 “linking and syncing” the resources that were currently available to achieve the identified goals.

19 We believe that this approach can, and should, be expanded to solving broader issues
20 such as mental illness, substance abuse and homelessness. The DOH’s commitment to and
21 movement toward integrated systems of care are evident in the way that the Department’s
22 Behavioral Health Administration has redesigned the substance abuse care system, its work on
23 developing a unified electronic record system, and its continued work and support of the HOI.

24 However, we are acutely aware that there is a significant amount of work yet to be done.
25 We are also very aware and grateful for the many partners that stand ready to assist, and we
26 welcome opportunity to get to work.

27 HB1013 HD2 SD1, which requires the DOH to establish an Involuntary Hospitalization
28 Task Force to examine certain sections of chapter 334, Hawaii Revised Statutes, make
29 recommendations to the legislature that address unnecessary emergency department

1 admissions, and improve access for MH-1 patients to the most appropriate level of care is a
2 welcome opportunity for the DOH to continue our work.

3 The participation of stakeholders listed as members of the proposed task force is critical
4 in establishing a consensus for system improvement and for better services and supports for
5 individuals in need.

6 The DOH recognizes the importance of developing, coordinating, and maintaining
7 efficient processes for involuntary hospitalization and looks forward to continued collaboration
8 with legislators, partner agencies, and community stakeholders.

9 **Offered Amendments:** The Department respectfully requests the following amendments.

10 Section 2, (b), Page 5, Lines 3 to 7,

11 (7) One representative from a mental health services provider; [~~and~~]

12 (8) One representative from the department of human services; and

13 (9) One representative from the behavioral health programs of the University of Hawaii
14 system.”

15 Section 2, (b), Page 5, Lines 18 and 19,

16 (e) [~~The task force shall be exempt from the requirements of parts I and II of chapter 92,~~
17 ~~Hawaii Revised Statutes.] Two or more members of the task force, but less than the number of
18 members which would constitute a quorum for the task force, may discuss between themselves
19 matters relating to official business of the task force to enable members to faithfully perform
20 their duties to the task force and the organizations they represent, as long as no commitment to
21 vote is made or sought. Such discussions shall be a permitted interaction under section 92-2.5,
22 Hawaii Revised Statutes.~~

23 Section 2, (b), Page 6, Line 3

24 (g) The task force shall [~~be dissolved on June 30, 2020.] assure that it leverages the~~
25 “coordinated policy framework” utilized by the Hawaii Opioid Initiative to link and coordinate the
26 efforts of any task force of similar focus that the legislature requires of the Department of Health,

1 and that the Department's Behavioral Health Administration continue to expand the use of the
2 coordinated policy framework in its statutorily required implementation of statewide mental
3 health systems of care.

4 ~~(g)~~ (h) The task force shall be dissolved on June 30, 2020 provided that the Department
5 may seek to continue its efforts without the effect of this Act should it deem necessary.



HB1013 HD2 SD1 Involuntary Hospital Task Force

COMMITTEE ON JUDICIARY:

- Kenekoa/Sen. Rhoads, Chair; Kenekoa/Sen. Wakai, Vice Chair
- Thursday, Mar. 28, 2019: 9:45 am
- Conference Room 016

Hawaii Substance Abuse Coalition Supports HB1013 HD2 SD1:

GOOD MORNING LUNA HO'OMALU CHAIR, HOPE LUNA HO'OMALU 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 of over 30 non-profit alcohol and drug treatment and prevention agencies.

HSAC supports the creation of a Task Force to address unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care.

- Hawai'i needs to develop capacity and resources to improve the integrated, coordinated, and effective treatment for emergency psychiatric conditions:
 - Improve integrated assessments,
 - Improve coordinated care in hospitals with community services,
 - Access to the appropriate level of care in community services.
- Develop enhanced complex patient care models, especially in substance use disorder residential treatment centers and day treatment programs in rural areas.
- Design systems of care that can benefit treatment for patients with multiple chronic illnesses.
- Address both short term and long term plans based on input from many sources: community, healthcare providers, insurers, law enforcement, and government.
- To address the referral need of law enforcement, infrastructure and capacity must be developed for facilities that supports inpatient, residential and outpatient services that can adequately address crisis situations.
- Gaps exist in services, in part, because an integrated and coordinated complex patient model that addresses co-occurring disorders and co-morbidity physical illnesses has not been fully developed in the higher level of care settings which results in barriers to people with multiple crisis issues accessing complex services.

HSAC wholeheartedly agrees with the request of the Healthcare Association of Hawai'i' to adopt language from SCR 100.

The Hawaii Substance Abuse Coalition is willing to serve on this Task Force.

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

Thursday, March 28, 2019 at 9:45 AM
Conference Room 016

Senate Committee on Judiciary

To: Senator Karl Rhoads, Chair
Senator Glenn Wakai, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of HB 1013, HD2, SD1
Relating to Involuntary Hospitalization**

My name is Michael Robinson, Vice President, Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health (HPH) is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

We write in support of HB 1013, HD2, SD1 which in its current amended form establishes an involuntary hospitalization task force to examine certain sections of HRS chapter 334 and make recommendations to the legislature to reduce unnecessary emergency department admissions and improve access for MH-1 patients to the appropriate level of care.

The original spirit and intent of HRS §334-59, was to place individuals who have mental health emergencies requiring involuntary admissions (MH-1) in the care environment that is most appropriate to provide the level of care required. Such an environment would be a licensed *psychiatric facility*. The current practice has been to transport patients experiencing a mental health emergency to a hospital's emergency department. Often these patients require involuntary hospitalization. An emergency room does not have the appropriate setting for meeting the long term needs of these patients who could also potentially be harmful to the hospital staff and other patients. Transport to an emergency department not attached to a psychiatric facility will not assure that the facility has the resources appropriate for an MH1 patient.

We believe that a review of HRS chapter 334 and a discussion among stakeholders is not only timely, but also necessary toward the development as well as implementation of a system which will meet the needs of individuals who have mental health emergencies. Hawai'i Pacific Health and its affiliated hospitals would be willing to serve on this task force.

Thank you for the opportunity to testify.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
Senate Committee on Judiciary
The Honorable Karl Rhoads, Chair
The Honorable Glenn Wakai, Vice Chair

March 28, 2019
9:45 a.m.
Conference Room 016

Re: HB 1013, HD2, SD1 Relating to Involuntary Hospitalization

Chair Rhoads, Vice Chair Wakai, and committee members, thank you for this opportunity to provide testimony on HB 1013, HD2, which establishes an involuntary hospitalization task force to examine certain sections of chapter 334, HRS, and make recommendations to the legislature to reduce unnecessary emergency department admissions and improve access for MH-1 patients to the most appropriate level of care.

Kaiser Permanente Hawai'i offers the following COMMENTS on HB 1013, HD2, SD1

Kaiser Permanente Hawai'i recognizes that there is significant burden on licensed psychiatric facilities in the state that have emergency services given that they receive the bulk of MH-1 patients. Moreover, these same facilities have concurrently seen a significant rise in psychiatric emergency transfers (MH-4) to these facilities. This has resulted in a lack of capacity at these facilities.

We appreciate the intent of the Involuntary Hospitalization Task Force sought to be established via HB 1013, HD2, SD1 as we hope that the Task Force can adequately address the need to build both greater licensed psychiatric inpatient and outpatient community capacity to help make this system work appropriately for all involved, but most importantly for the patient. We believe there is a need to address not only immediate needs, but also take a longer view designed to develop greater efficacy of treatment and prevention of the need for emergency psychiatric assessments and hospitalizations.

Accordingly, we request the committee consider the following **amendment** to Section 2, page 2, lines 11-16 for clarification purposes:

SECTION 2. (a) There is established within the department of health the involuntary hospitalization task force to:

- (1) Develop criteria for the director of health to designate appropriate facilities to transport, examine, and treat patients transported and examined under section 334-59(a)(1), Hawaii Revised Statutes (MH-1 patients);

We believe this amendment will allow the Task Force to determine the suitable facilities that are licensed, staffed and equipped to properly assess and evaluate such patients.

Thank you for this opportunity to testify on this matter.



March 28, 2019 at 9:45 am
Conference Room 016

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Glenn Wakai

Re: **Testimony in Support**
HB 1013 HD 2 SD 1, Relating to Involuntary Hospitalization

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you to the committee for the opportunity to **support** HB 1013 HD 2 SD 1, which creates an involuntary hospitalization task force to discuss critical issues with the transport, designation, and resources available for persons in crisis. Our members understand and appreciate the importance of having a coordinated system to take care of people in our community who experience a mental health crisis.


As an Association, we look forward to the opportunity to continue discussions on this and related matters and believe that the task force set up in this bill sets appropriate objectives and includes the representatives necessary to work towards solutions.

Thank you for the opportunity to support this measure.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Karl Rhoads, Chair
The Honorable Glenn Wakai, Vice Chair
Members, Committee on Judiciary

From:  Paula Yoshioka, Vice President, Government Relations and External Affairs, The Queen's Health Systems

Date: March 27, 2019

Hrg: Senate Committee on Judiciary Decision Making; Thursday, March 28, 2019 at 9:45 AM in Room 016

Re: Support for Intent with Comments on H.B. 1013, H.D. 2, S.D. 1 Relating to Involuntary Hospitalization

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support for the intent with comments on H.B. 1013, H.D. 2 S.D. 1 which would establish an involuntary hospitalization task force within the department of health to address admissions and access to appropriate care for the MH-1 population. MH-1 is a designation given to individuals transported by the police to a health care facility for a mental health evaluation. The Department of Health (DOH) previously designated three hospitals to be receiving facilities for MH-1s; The Queen's Medical Center, Castle Medical Center, and Tripler Army Medical Center. This was later expand in 2012 to include Straub Clinic and Hospital, Wahiawa General Hospital, Kaiser Moanalua Medical Center, and Waianae Cost Comprehensive Medical Center. At Queen's, these individuals present to the Emergency Department (ED) where evaluation and possible treatment, if needed, take place.

Our flagship hospital, The Queen's Medical Center - Punchbowl, has experienced disproportionate increases in the numbers of MH-1s brought to our facility over the years, despite the expansion of designated receiving facilities. In 2018, out of over 1,700 MH-1s transported to our ED, about 60% of them did not require a psychiatric evaluation in the ED and could have been seen in other ED's. Although we have six dedicated patient rooms for treating those with psychiatric illness, we had experienced times when these rooms are full leaving us to find space in our Emergency Department to evaluate and treat. This creates an unsafe

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



THE QUEEN'S HEALTH SYSTEMS

environment and stresses an already over capacity emergency department that the community relies on for the only level trauma 1 and tertiary and quaternary care facility in the pacific basin.

The Healthcare Association of Hawaii (HAH) has facilitated discussions to address this issue and we appreciate the DOH and their Director for their efforts to address this issue. Queen's is hopeful that a more equitable distribution of care is agreed to and implemented. Mahalo nui for the opportunity to submit testimony on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

HB-1013-SD-1

Submitted on: 3/27/2019 8:09:59 PM

Testimony for JDC on 3/28/2019 9:45:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for O`ahu County Democrats Legislative Priorities Committee	Support	No

Comments: