



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB0933**  
**RELATING TO CRISIS INTERVENTION**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR  
HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

Hearing Date and Time: Friday, February 1, 2019 at 9:00 a.m.

Room: 329

1 **Fiscal Implications:** Undetermined

2 **Department Testimony:** The Department of Health (DOH) has a mission to address the needs  
3 of individuals struggling with mental illness and drug or alcohol use by utilizing crisis intervention  
4 and diversion programs to provide healthcare alternatives to involvement with the criminal  
5 justice system when appropriate. HB0933 proposes to provide individuals who have a mental  
6 health issue(s) and are in crisis to the appropriate health care system and services thereby  
7 diverting those individuals away from the criminal justice system.

8 The DOH, in partnership with other city and county, state agencies, providers, and  
9 stakeholders, participates in the development and oversight of community-based crisis  
10 intervention and diversion programs that provide pathways away from the criminal justice  
11 system for individuals to receive treatment services.

12 Crisis intervention and diversion programs include Crisis Intervention Team (CIT)  
13 programs, Crisis Mobile Outreach (CMO), Law Enforcement Assisted Diversion (LEAD), Mental  
14 Health Emergency Worker (MHEW) services. Additionally, the DOH operates the Crisis Line of  
15 Hawaii, a Hawaii-based call center operating 24 hours a day, seven days a week and staffed by  
16 locally trained crisis specialists.

1 For the Committee's consideration, the DOH offers the following comments regarding  
2 the role of the crisis intervention officer and the crisis center model in existing community-based  
3 crisis intervention and diversion programs.

4 Crisis Intervention Team (CIT) Program

5 These are programs of county police departments. CIT programs include face-to-face  
6 interaction between law enforcement officers (Crisis Intervention Officer) and the individual in  
7 crisis. There are CIT Programs located on Kauai and Maui. In Honolulu City and County,  
8 development of a CIT Program is ongoing. The Honolulu Police Department (HPD) recently  
9 completed crisis response training for officers. A CIT Program in Hawaii County is being  
10 considered.

11 Mental Health Emergency Worker (MHEW)

12 MHEWs are licensed mental health professionals with a related degree, training, and  
13 experience. MHEWs are designed by the Director of Health to provide consultation to police  
14 officers who encounter an individual in crisis. In Honolulu City and County, a psychologist is the  
15 designated MHEW. In consulting with the police officer, the MHEW determines whether there is  
16 an imminent danger to self or others due to a mental illness. This determination is a  
17 prerequisite for the police officer to take the individual into custody and to transport the  
18 individual involuntarily to a hospital for an emergency evaluation. It is not clear that CIT training  
19 sufficiently qualifies the police officer to independently determine whether imminent danger, due  
20 to a mental illness, exists

21 In the emergency department, the emergency examination is conducted by a physician  
22 or an advance practice registered nurse (APRN) to determine the individuals need for medical  
23 and mental health treatment. During the emergency examination, a psychiatrist, psychologist,  
24 or APRN may conduct an assessment to diagnose the presence or absence of a mental  
25 disorder, assess whether the person is a danger to self or others, and whether hospitalization is  
26 needed. The emergency department setting offers these services in a medical setting where  
27 medical, backup, and treatment is available, if needed. The proposed mechanism would  
28 bypass this setting.

1           The DOH supports strengthening our mental health system especially the community  
2 continuum of supports and services, through thoughtful revision of law, changed policies,  
3 enhanced and expanded programs, and continued partnership with external stakeholders.

4           Thank you for the opportunity to testify on this measure.

5   **Offered Amendments:** None.

**HB-933**

Submitted on: 1/31/2019 2:24:58 PM

Testimony for HLT on 2/1/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Harry Matsuura	Maui Police Department	Support	No

Comments:

Thank you



## **HB933 Crisis Intervention and Diversion**

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

- Rep. San Buenaventura, Chair; Rep. Nakamura, Vice Chair
- Friday, Feb. 1, 2019: 9:00 am
- Conference Room 329

## **Hawaii Substance Abuse Coalition Supports HB933:**

*GOOD MORNING CHAIRS, VICE CHAIRS 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 almost 40 non-profit alcohol and drug treatment and prevention agencies.*

- 1. It is clear that the impact of mental illness/substance use disorders extends to law enforcement officers because they alone combine free, around-the-clock service with unique mobility, a legal obligation to respond, and a legal authority to detain.**
- 2. Research on the extent to which police interact with people with mental illness/substance use disorders suggests that law enforcement *must* become more active in addressing the problem, especially since encounters with behavioral health people consume a considerable amount of their time.**

Police officers often have few options available when responding to calls involving people with mental illness/substance use disorder, which usually results in leaving the person at the scene with short-term resolution of the crisis, taking them to ER and then returning them to the streets, or take the person to jail.

Law enforcement agencies across the country are changing their practices and developing innovative strategies involving partnering with the mental health/substance abuse treatment communities.

- The first strategies uses officers who have received specialized, police-oriented mental health training to provide crisis intervention services and to act as liaisons to the mental health system. This may include accessing telephonic conversations with consultants or engaging a mobile crisis team.
- The second strategies involve options for officers so they can transport persons to mental

**A specialized approach involving police roles, training, partnerships, and crisis centers is the most innovative way to marshal our limited resources.**

health facilities or substance abuse treatment residential treatment centers. However, the people may need immediate crisis services, which may not be available at that time or withdrawal management such as detoxification programs.

- A crisis center is most applicable to address the multitude of chronic conditions that are prevalent. An aggressive methamphetamine person with a drug induced psychosis needs different attention than a person decompensating from schizophrenia. The crisis team can stabilize as well as help to motivate the person in a relatively short time to access the appropriate, longer term treatment facility.

Many states are adopting these new, more cost-effective solutions to behavioral health problems because the worst mistake is to ignore the problem. Problems from people with mental illness/substance use disorders that consume a substantial amount of police officer's time and energy are not going away unless there are new innovative changes in practices.

Federal research data overwhelmingly indicates that implementing Police-Based Diversion Programs for People with Mental Illness/Substance Use Disorders is a best-practice choice.

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

**HB-933**

Submitted on: 1/30/2019 8:02:03 AM

Testimony for HLT on 2/1/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Victor K. Ramos	Individual	Support	No

Comments:

**LATE**

Written Testimony Presented Before the  
House Committee on Health  
and  
House Committee on Human Services and Homelessness  
Hearing: February 1, 2019, 9:00 AM

By Dr. Linda Beechinor, APRN, FNP-BC  
Stacy Kracher, PMHNP-BC, APRN-Rx, CSAC

HB 933 RELATING TO CRISIS INTERVENTION

Chair John M. Mizuno, Vice Chair Bertrand Kobayashi, and members of the House Committee on Health, and Chair Joy San Buenaventura, Vice Chair Nadine Nakamura, and members of the House Committee on Human Services and Homelessness, thank you for this opportunity to provide testimony in strong support for HB 933, Relating to Crisis Intervention.

We are Advanced Practice Registered Nurses working with the mentally ill, homeless population who are arrested for the offenses outlined in this bill. In this capacity, we collaborate with the Crisis Line of Hawaii to identify individuals who meet these criteria and provide resource and re-linkage to mental health and addiction services, as well as liaison information to any community mental health case manager assigned to the individual for this purpose. These liaison measures can be effective in providing care for these individuals AFTER they have been released from the judicial system, IF the individual and the agency case managers follow up. We see this is a critical opportunity when these individuals are arrested due to aberrant behaviors, to immediately link them to resources or re-link them to services to provide care and assistance immediately when it is needed. Currently these individuals are held in holding cells where they receive no care or assistance toward addressing their mental health crisis. As a community we could be taking advantage of these opportunities to divert them to a place that would address their critical mental health and addiction needs, if such a facility existed.

We can attest that if there were a crisis intervention center to which we could divert these individuals from the criminalization relate to their mental illness, to the health care system in the form of a crisis intervention center, we could re-direct many individuals who are caught in the “never-ending revolving door situation” identified in this Bill. Not only would the costs for arrest, placement in a holding cell, and processing through court proceedings be avoided but also the burden on Emergency Room services for providing care post-arrest would be reduced.

Please call on us for further discussion if we can add anything further to deliberations about this sorely needed Center to address these issues.

We respectfully request that HB933 pass out of this committee. Thank you for your continued support for measures that address the needs of the mentally ill, homeless population in our community.

Contact information:

Dr. Linda Beechinor, APRN-Rx, FNP-BC  
500 Lunalilo Home Road, #27-E  
Honolulu Hawaii USA 96825

phone (808) 779-3001  
e-mail: [L.Beechinor@hawaiiantel.net](mailto:L.Beechinor@hawaiiantel.net)

Stacy Kracher, PMHNP-BC, APRN-Rx, CSAC  
1188 Bishop St suite 2602  
Honolulu, Hawaii 96813

phone: (808) 688-6947  
email: [stacy.aprn.rx@gmail.com](mailto:stacy.aprn.rx@gmail.com)