

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

**Testimony in SUPPORT of H.B. 0933 H.D. 2
RELATING TO CRISIS INTERVENTION**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Friday, February 21, 2020 at 1:30 p.m.

Room: 308

1 **Department Position:** The Department of Health (“Department”) strongly supports this
2 measure, offering suggested amendments and comments.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the
4 Department’s Behavioral Health Administration (“BHA”) whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the Department is committed to carrying
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
8 person-centered. The BHA’s Adult Mental Health Division (“AMHD”) provides the following
9 testimony on behalf of the Department.

10 The Department strongly supports creating a crisis intervention and diversion program
11 to divert individuals to appropriate health care and away from the criminal justice system.
12 Currently, crisis intervention and diversion programs include Crisis Intervention Team (“CIT”),
13 Crisis Mobile Outreach (“CMO”), Law Enforcement Assisted Diversion (“LEAD”), and the Crisis
14 Line of Hawaii, a Hawaii-based call center operating 24-hours a day, seven days a week and
15 staffed by locally trained crisis specialists. Additionally, the Department operates the Mental
16 Health Emergency Worker (“MHEW”) program which is a statewide service that 1) provides
17 consultative services for officers when in contact with an individual with a behavioral health

1 crisis, and 2) authorizes involuntary transport to a licensed psychiatric receiving facility
2 designated by the Department, a process commonly known as MH-1.

3 Utilizing these crisis intervention and diversion programs to assess, then triage
4 individuals to a clinically appropriate level of care through the Hawaii Coordinated Access
5 Resource Entry System (“Hawaii CARES”) will enhance the state’s current care continuum by
6 helping to reduce unnecessary emergency department admissions, promoting jail diversion
7 opportunities, and better assisting individuals with behavioral health issues to be appropriately
8 triaged through a coordinated care continuum.

9 The Department, in collaboration with state agency partners through the task force and
10 working groups of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
11 short-term stabilization services throughout the state creates unnecessary burdens on
12 emergency departments, law enforcement, and individuals living with behavioral health issues.
13 Long-term mental health recovery and community reintegration can be achieved through
14 appropriate clinical intervention and consistent flow through a care continuum based on clinical
15 need and level of care.

16 In collaboration with the task force’s MH-1 work group, a proposed H.D. 3 was
17 developed to propose revised definitions of crisis center and crisis first responders to include
18 specially trained law enforcement officers and Emergency Management Services (EMS)
19 personnel; include EMS personnel in the MH-1 process; revise procedures to include crisis first
20 responders consulting with the MHEW; and add that an individual may be transported via an
21 MH-1 to either a psychiatric facility or a designated behavioral health crisis center.

22 Crisis first responders will receive specialized training from the Department that
23 includes strategies for addressing individuals who are experiencing a behavioral health crisis.
24 For example, training on how to determine whether the individual is a danger to self or others
25 and, when appropriate, contacting an MHEW for consultation. This determination is a

1 prerequisite for law enforcement officers to take the individual into custody and to transport
2 the individual to a hospital for an emergency evaluation. The Department will coordinate the
3 specialized training and certification of crisis first responders with the county police
4 departments, the Department of Public Safety (PSD), and the EMS through the proposed crisis
5 intervention and diversion program.

6 The Department is ready and willing to partner with other state and county agencies,
7 contracted and non-contracted behavioral health providers, and stakeholders to develop and
8 implement a crisis intervention and diversion program that addresses the behavioral health
9 needs of individuals in crisis.

10 **Offered Amendments:** The Department respectfully offers the attached proposed H.D. 3.

11 Thank you for the opportunity to testify.

12 **Fiscal Implications:** The Department respectfully requests the FIN Committee's passage of this
13 measure as it is inter-related to other measures being heard by the legislature including
14 H.B. 0035 H.D. 1, H.B. 2522 H.D. 1, and H.B. 2630 H.D. 2. Collectively, these measures are
15 critical for strengthening the continuum of care within the state's behavioral health care
16 system.

A BILL FOR AN ACT

RELATING TO CRISIS INTERVENTION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that pursuant to section
2 5-7.5, Hawaii Revised Statutes, the "Aloha Spirit" is the
3 coordination of mind and heart within each person. It brings
4 each person to the self. Each person must think and emote good
5 feelings to others. In the contemplation and presence of the
6 life force, "Aloha", the following unuhi laula loa may be used:

- 7 (1) "Akahai", meaning kindness to be expressed with
8 tenderness;
- 9 (2) "Lokahi", meaning unity, to be expressed with harmony;
- 10 (3) "Oluolu", meaning agreeable, to be expressed with
11 pleasantness;
- 12 (4) "Haahaa", meaning humility, to be expressed with
13 modesty; and
- 14 (5) "Ahonui", meaning patience, to be expressed with
15 perseverance.

16 The legislature further recognizes that these are traits of
17 character that express the charm, warmth, and sincerity of

H.B. NO. 0933, Proposed H.D. 3

1 Hawaii's people. It was the working philosophy of native
2 Hawaiians and was presented as a gift to the people of Hawaii.
3 "Aloha" is more than a word of greeting or farewell or a
4 salutation. "Aloha" means mutual regard and affection and
5 extends warmth in caring with no obligation in return. "Aloha"
6 is the essence of relationships in which each person is
7 important to every other person for collective existence.
8 "Aloha" means to hear what is not said, to see what cannot be
9 seen and to know the unknowable.

10 In exercising their power on behalf of the people and in
11 fulfillment of their responsibilities, obligations, and service
12 to the people, the members of the legislature; governor;
13 lieutenant governor; executive officers of each department;
14 chief justice; associate justices; judges of the appellate,
15 circuit, and district courts; chief of police or each county;
16 and first responders may contemplate and reside with the life
17 force and give consideration to the "Aloha Spirit".

18 The legislature finds that each year, thousands of
19 individuals in Hawaii are cited or arrested for offenses such as
20 drinking liquor in public; being in public parks after the hours
21 of closure; and camping on sidewalks, beaches, and other

H.B. NO. 0933, Proposed H.D. 3

1 restricted public places. Most of these individuals suffer from
2 issues related to drugs, alcohol, or mental illness. Many of
3 those cited do not appear in court, which leads to the issuance
4 of bench warrants for their arrest. Time and resources are
5 being used to bring these individuals to court. The court
6 system, prosecutors, and police are caught up in a never-ending
7 revolving door situation.

8 Mental health service providers have been working with the
9 appropriate law enforcement agencies and criminal justice system
10 in order to implement a crisis intervention program on Oahu.

11 The purpose of this Act is to provide those in need with
12 appropriate care by establishing within the department of health
13 a crisis intervention and diversion program to divert
14 individuals in crisis from the criminal justice system and into
15 the health care system.

16 This Act shall also be known as "Tiffany and Kaulike's
17 Law".

18 SECTION 2. Chapter 334, Hawaii Revised Statutes, is
19 amended by adding a new section to be appropriately designated
20 and to read as follows:

H.B. NO. 0933, Proposed H.D. 3

1 "§334- Crisis intervention and diversion program. (a)

2 There is established within the department of health, a crisis
3 intervention and diversion program that redirects those with
4 mental health issues toward the appropriate health care system
5 and services and away from the criminal justice system. The
6 program shall collaborate with law enforcement, courts, mental
7 health providers, and the community.

8 (b) The department may lease or acquire a crisis center to
9 treat and refer patients to appropriate services and providers
10 rather than the criminal justice system."

11 SECTION 3. Section 334-1, Hawaii Revised Statutes, is
12 amended by adding two new definitions to be appropriately
13 inserted and to read as follows:

14 ~~"Crisis center" means a clinic or psychiatric urgent care~~
15 ~~center that offers immediate attention for persons who are~~
16 ~~suffering from a mental health crisis and evaluates patients for~~
17 ~~placement in a mental health program within the department.~~

18 ~~"Crisis intervention officer" means an officer who has been~~
19 ~~trained to recognize and communicate with a person suffering~~
20 ~~from a mental health crisis. These officers are certified by~~

H.B. NO. 0933, Proposed H.D. 3

1 ~~_____ as specialized first responders for calls involving~~
2 ~~people in crisis."~~

3 "Behavioral health crisis center" means a licensed facility
4 specifically designed and staffed to provide care, diagnosis,
5 and treatment to individuals in crisis due to a mental illness
6 or substance use disorder.

7 "Crisis first responder" means any law enforcement officer
8 or emergency medical services first responder personnel who has
9 been specially trained to recognize and communicate with a
10 person suffering from a crisis due to a mental illness or a
11 substance use disorder. These officers and personnel are
12 certified by the department of health as specialized first
13 responders for calls involving people in crisis."

14 SECTION 4. Section 334-59, Hawaii Revised Statutes, is
15 amended by amending its title and subsection (a) to read as
16 follows:

17 **"§334-59 Emergency examination and hospitalization~~[-.]~~ or**
18 **placement in a designated mental health program.** (a)

19 Initiation of proceedings. An emergency admission may be
20 initiated as follows:

21 (1) If a law enforcement officer or emergency medical
22 services personnel has reason to believe that a person

H.B. NO. 0933, Proposed H.D. 3

1 is imminently dangerous to self or others, they shall
2 call for assistance from the mental health emergency
3 workers designated by the director~~[.]~~or a crisis
4 intervention officer. Upon determination by the
5 mental health emergency workers ~~or a crisis~~
6 intervention officer that the person is imminently
7 dangerous to self or others, the person shall be
8 transported by ambulance or other suitable means, to a
9 licensed psychiatric facility or a behavioral health
10 crisis center for further evaluation and possible
11 emergency hospitalization. In cases where a certified
12 crisis first responder is available, the crisis first
13 responder shall make an initial assessment if the
14 person is imminently dangerous to self or others.
15 Upon initial determination by the crisis first
16 responder that a person is imminently dangerous, the
17 crisis first responder shall confirm their assessment
18 with the mental health emergency worker and the person
19 shall be transported by ambulance or other suitable
20 means, to a licensed psychiatric facility or a
21 behavioral health crisis center for further evaluation
22 and possible emergency hospitalization. A law

H.B. NO. 0933, Proposed H.D. 3

1 enforcement officer may also take into custody and
2 transport to any facility designated by the director
3 any person threatening or attempting suicide. The
4 officer shall make application for the examination,
5 observation, and diagnosis of the person in custody.
6 The application shall state or shall be accompanied by
7 a statement of circumstances under which the person
8 was taken into custody and the reasons therefor which
9 shall be transmitted with the person to a physician,
10 advanced practice registered nurse, or psychologist at
11 the facility.

12 (2) Upon written or oral application of any licensed
13 physician, advanced practice registered nurse,
14 psychologist, attorney, member of the clergy, health
15 or social service professional, or any state or county
16 employee in the course of employment, a judge may
17 issue an ex parte order orally, but shall reduce the
18 order to writing by the close of the next court day
19 following the application, stating that there is
20 probable cause to believe the person is mentally ill
21 or suffering from substance abuse, is imminently
22 dangerous to self or others and in need of care or

H.B. NO. 0933, Proposed H.D. 3

1 treatment, or both, giving the findings upon which the
2 conclusion is based. The order shall direct that a
3 law enforcement officer or other suitable individual
4 take the person into custody and deliver the person to
5 a designated mental health program, if subject to an
6 assisted community treatment order issued pursuant to
7 part VIII of this chapter, or to ~~the nearest a~~
8 psychiatric facility or a behavioral health crisis
9 center ~~designated by the director~~ for emergency
10 examination ~~and~~ or treatment, or both. The ex parte
11 order shall be made a part of the patient's clinical
12 record. If the application is oral, the person making
13 the application shall reduce the application to
14 writing and shall submit the same by noon of the next
15 court date to the judge who issued the oral ex parte
16 order. The written application shall be executed
17 subject to the penalties of perjury but need not be
18 sworn to before a notary public.

- 19 (3) Any licensed physician, advanced practice registered
20 nurse, physician assistant, or psychologist who has
21 examined a person and has reason to believe the person
22 is:

H.B. NO. 0933, Proposed H.D. 3

1 (A) Mentally ill or suffering from substance abuse;
2 (B) Imminently dangerous to self or others; and
3 (C) In need of care or treatment;
4 may direct transportation, by ambulance or other
5 suitable means, to a licensed psychiatric facility or
6 a behavioral health crisis center for further
7 evaluation and possible emergency hospitalization. A
8 licensed physician, an advanced practice registered
9 nurse, or physician assistant may administer treatment
10 as is medically necessary, for the person's safe
11 transportation. A licensed psychologist may
12 administer treatment as is psychologically necessary.

13 SECTION 5. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$ or so
15 much thereof as may be necessary for fiscal year 2020-2021 for
16 the crisis intervention and diversion program; ~~provided that no~~
17 ~~funds shall be released unless matched dollar for dollar by the~~
18 ~~private sector.~~

19 The sums appropriated shall be expended by the department
20 of health for the purposes of this Act.

21 SECTION 6. Statutory material to be repealed is bracketed
22 and stricken. New statutory material is underscored.

H.B. NO. 0933, Proposed H.D. 3

1 SECTION 7. This Act shall take effect on July 1, 2050;
2 provided that this Act shall be repealed on June 30, 2023.

H.B. NO. 0933, Proposed H.D. 3

Report Title:

Department of Health; Crisis Intervention

Description:

Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Sunsets on 6/20/2023. Effective 7/1/2050. (HD1)



The Judiciary, State of Hawai‘i

Testimony to the House Committee on Finance

Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen, Vice Chair

Friday, February 21, 2020, 1:30 p.m.
State Capitol, Conference Room 308

by
Rodney A. Maile
Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: House Bill No. 933, H.D. 2, Relating to Crisis Intervention

Purpose: Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Sunsets on 6/30/2023. Effective 7/1/2050. (HD2)

Judiciary's Position:

The Judiciary supports the intent of House Bill No. 933, H.D.2, to create a crisis intervention and diversion program in the Department of Health to divert those in need to appropriate health care and away from the criminal justice system.

On November 6, 2019, the Mental Health Core Steering Committee sponsored and held a Mental Health Summit. The Summit was attended by over 100 representatives from the Judiciary, the Department of Health, the Office of the Attorney General, the Department of Public Safety, the Federal Court, the police departments from each county, Federal Probation, each county prosecutor’s office, the Office of the Public Defender, the Hawai‘i Association of Criminal Defense Lawyers, local hospitals and health services providers, the Office of Hawaiian Affairs, and members of the Hawai‘i State Legislature.

The Summit included facilitated discussions regarding gaps, opportunities and potential solutions for pre-arrest diversion to treatment. Potential solutions included the establishment of a system that provides help at the ready and one that diverts from the criminal justice system



House Bill No. 933, H.D. 2, Relating to Crisis Intervention
House Committee on Finance
February 21, 2020
Page 2

through a continuum of care from pre-crisis, crisis, emergency to stabilization. In all, the participants confirmed the need for a comprehensive system of care for those suffering from mental illness. House Bill No. 933, H.D.2 is consistent with the proposed solutions discussed in the Summit.

Thank you for the opportunity to testify on this measure.

HB-933-HD-2

Submitted on: 2/19/2020 5:47:29 PM

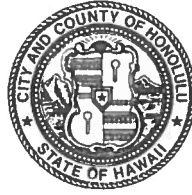
Testimony for FIN on 2/21/2020 1:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honoluluupd.org



KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. MCCARTHY
CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE ML-GL

February 21, 2020

The Honorable Sylvia Luke, Chair
and Members
Committee on Finance
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 308
Honolulu, Hawaii 96813

Dear Chair Luke and Members:

SUBJECT: House Bill No. 933, H.D. 2, Relating to Crisis Intervention

I am Mike Lambert, Captain of the Community Outreach Unit of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD strongly support House Bill No. 933, H.D. 2, Relating to Crisis Intervention.

The City and County of Honolulu is currently experiencing a mental health crisis, which adversely affects the quality of life for the individual in crisis, as well as the community subjected to that individual's behavior. Many times untreated mental illness leads to homelessness, law enforcement encounters, as well as an individual's decomposition of mind and body.

Currently, the HPD offers Crisis Intervention Team certification, which concentrates on recognition and de-escalation. The HPD is looking forward to working with the Department of Health to create a certification for screening and assessment for the purposes of determining probable cause to invoke an involuntary mental health examination on an individual in crisis.

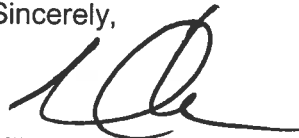
The HPD is committed to ensuring public safety. This requires that the seriously mentally ill are treated by both voluntary and involuntary means. By establishing the authority of a certified law enforcement officer to make an involuntary mental health determination, it allows officers to quickly limit an individual's ability to harm themselves or others.

The Honorable Sylvia Luke, Chair
and Members
February 21, 2020
Page 2

The HPD respectfully urges you to support House Bill No. 933, H.D. 2, Relating to Crisis Intervention.

Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Lambert". The signature is fluid and cursive, with a large initial "M" and "L".

Mike Lambert, Captain
Community Outreach Unit

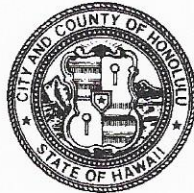
APPROVED:

A handwritten signature in black ink, appearing to read "Susan Ballard". The signature is cursive and elegant, with a large initial "S" and "B".

Susan Ballard
Chief of Police

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

February 21, 2020

The Honorable Sylvia Luke, Chair
and Members of the Committee on Finance
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 308
Honolulu, Hawaii 96813

Dear Chair Luke and Members of the Committee:

SUBJECT: HB 933, HD2
Relating to Crisis Intervention
In Support

The Honolulu Emergency Services Department which manages both the Emergency Medical Services (EMS) and Ocean Safety and Lifeguard Service (OSD) Divisions for the City and County of Honolulu is in support of this measure.

Both the EMS and OSD Divisions are significantly impacted by the prevalence of individuals struggling with substance abuse and mental health conditions. These impacts include employee safety, repeated responses by limited emergency response resources, transport to emergency room facilities and community complaints regarding the activities of these identified groups in the legislation.

Our EMS Division participated in the Mental Health Task Force MH-1 working group and it is the Department's position that this measure is a critical additional step in ensuring the safety of our responders, the general community and the population identified in HB 933, HD2.

Thank you for the opportunity to testify on the issue of major importance to our community.

Sincerely,

A handwritten signature in blue ink, appearing to read "James D. Howe, Jr.", written over a circular stamp or seal.

James D. Howe, Jr.
Director



HB933 HD2 Crisis intervention and Diversion Program

COMMITTEE ON JUDICIARY:

- Rep Sylvia Luke, Chair; Rep. Ty Cullen, Vice Chair
- Friday, Feb. 21st, 2020: 1:30 pm:
- Conference Room 308

Hawaii Substance Abuse Coalition Supports HB933 HD2:

GOOD MORNING CHAIR, 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 DOH performing crisis intervention and diversion efforts, working out of a centralizing leased or purchased psychiatric urgent crisis center. The Crisis Intervention Officer, working with mental health/substance abuse workers, directs people to a medical team that refers patients to community services or else prepares the case for a judge to enact an ex parte order based on these conditions: Mentally ill or suffering from substance abuse; Imminently dangerous to self or others; and In need of care or treatment.

HSAC notes that SAMHSA regards the Sequential Intercept Models as best practices: which is that crisis response professionals and law enforcement act together in a “guardian” role to move people with mental and substance use disorders from arrest into treatment/services in order to avoid criminal justice involvement.¹

SAMHSA recommends that states develop partnerships with police, hospitals and community service agencies to increase the capacity of agencies to provide services as well as enable sharing of information and ideas. Incorporating technology into mental health and substance use treatment services may require programs to shift to less traditional staffing models (e.g., remote employees that are not based in one central location such as through telehealth), bolstering their electronic infrastructure, and make other changes to support a shift towards virtual service delivery.

The state must ensure that there are shifts in the intended process changes by increasing their financial investment in those resources that results in:

- Higher usage rates,
- Increased on-scene resolution of crises,
- Less demand for services on emergency response systems,
- Reduced use of costly transportation, and

¹ SAMHSA Pre-arrest Diversion Expert Panel, convened in January 2018. <https://store.samhsa.gov/system/files/pep19-crisis-rural.pdf>

- Quicker delivery of critical services to individuals in crisis or presenting with mental and substance use disorders.

It is often more beneficial to expand existing programs, rather than developing entirely new programs as a means to improve opportunities for crisis response or pre-arrest diversion. This approach may include supplying new tools and resources to current agencies/staff and providing specialized training for responders to address a broad range of crises effectively.

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



To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
Members, Committee on Finance

From: Sondra Leiggi-Brandon, Director, Behavioral Health Services, The Queen's Medical Center
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health
Systems

Date: February 19, 2020

Hrg: House Committee on Finance Hearing; Friday, February 21, 2020 at 1:30 P.M. in room 308

Re: **Support for the Intent with Comments on HB933 HD2, Relating to Crisis Intervention**

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 support the intent and offer comments on HB933 HD2, relating to crisis intervention. The proposed bill creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care. Queen's appreciates and supports sections of the bill, which creates alternative sites from the hospital for individuals that require attention but are not imminently dangerous to self or others. These individuals currently do not have alternatives in the community other than transport to a hospital emergency department.

We support the continuing education of officers to intervene in crisis situations, but crisis intervention officers should not be used in lieu of mental health professionals who are certified as mental health emergency workers. As currently written, Queen's has serious concerns that the bill replaces certified as mental health emergency workers with law enforcement. Such substitution is not in the best interests of patients and individuals suffering from mental health conditions or substance use disorder. Crisis intervention officers do receive more training than the average officer, however, this is not sufficient when you compare the many hours mental health professionals (e.g. psychiatric APRNs, clinical psychologists, etc.) have gone through. Mental health professionals who are certified as mental health emergency workers are able to take serious calls in the community, which require clinical judgement and assessments.

Queen's is also concerned that by allowing Crisis intervention officers to make the determination to transport to a hospital emergency department, without confirming with a mental health emergency worker, will result in an influx of MH-1 transports to facilities that are already at capacity. The Queen's Medical Center – Punchbowl has experienced disproportionate increases in the numbers of MH-1s

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.

brought to our facility over the years. In calendar year 2019, over 1,600 individuals were brought in on an MH-1. Of those individuals, over half did not meet the criteria for involuntary hospitalization. Although we have dedicated patient rooms for treating those with psychiatric illness, we have experienced times when we are at capacity and must find space in our Emergency Department to evaluate and treat.

Queen's concurs with the amendments offered by the Department of Health (DOH), which was circulated to member of the MH-1 Work Group. The group is a part of the State's Involuntary Hospitalization Taskforce and was tasked to examine certain sections of chapter 334, Hawaii Revised Statutes, and make recommendations to the legislature that will diminish unnecessary emergency department admissions and improve access to the most appropriate level of care. The proposed amendments offered by DOH maintains and recognizes the important role of law enforcement officers who have been specially trained in crisis intervention, but also includes emergency medical services first responder personnel. The definition of "Crisis Center" is further broaden to include behavioral health. Proposed amendments to Section 4 preserve the ability of mental health emergency worker to provide and deliver sound clinical judgement in the field during triage, while still enhancing the role of crisis first responders and providing them latitude in making initial assessments if the person is imminently dangerous to self or others.

Thank you for the opportunity to testify on this measure.

HB-933-HD-2

Submitted on: 2/19/2020 6:03:17 PM

Testimony for FIN on 2/21/2020 1:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jud Cunningham	Aloha House, Inc.	Support	No

Comments:



DOING THE MOST GOOD

Founded in 1865

William Booth
Founder

Brian Peddle
General

Kenneth Hodder
Territorial Commander

Jeff Martin
Eloisa Martin
Divisional Leaders

Melanie Boehm
Executive Director

The Salvation Army

Addiction Treatment Services and Family Treatment Services

2-19-20

HB933 HD2 Crisis intervention and Diversion Program

COMMITTEE ON FINANCE:

- Rep Sylvia Luke, Chair; Rep. Ty Cullen, Vice Chair
- Friday, Feb. 21st, 2020: 1:30 pm:
- Conference Room 308

The Salvation Army Addiction Treatment Services and Family Treatment Services (ATS-FTS) Supports HB933 HD2:

The Salvation Army ATS-FTS supports DOH performing crisis intervention and diversion efforts, working out of a centralizing leased or purchased psychiatric urgent crisis center. The Crisis Intervention Officer, working with mental health/substance abuse workers, directs people to a medical team that refers patients to community services or else prepares the case for a judge to enact an ex parte order based on these conditions: Mentally ill or suffering from substance abuse; Imminently dangerous to self or others; and In need of care or treatment.

SAMHSA regards the Sequential Intercept Models as best practices: which is that crisis response professionals and law enforcement act together in a “guardian” role to move people with mental and substance use disorders from arrest into treatment/services in order to avoid criminal justice involvement.¹

SAMHSA recommends that states develop partnerships with police, hospitals and community service agencies to increase the capacity of agencies to provide services as well as enable sharing of information and ideas. Incorporating technology into mental health and substance use treatment services may require programs to shift to less traditional staffing models (e.g., remote employees that are not based in one central location such as through telehealth), bolstering their electronic infrastructure, and make other changes to support a shift towards virtual service delivery.

The state must ensure that there are shifts in the intended process changes by increasing their financial investment in those resources that results in:

- Higher usage rates,
- Increased on-scene resolution of crises,
- Less demand for services on emergency response systems,
- Reduced use of costly transportation, and

¹ SAMHSA Pre-arrest Diversion Expert Panel, convened in January 2018.
<https://store.samhsa.gov/system/files/pep19-crisis-rural.pdf>

Participating Agency



Aloha United Way

Addiction Treatment Services

3624 Waokanaka Street ♦ Honolulu, Hawai'i 96817 ♦Tel: (808) 595-6371 ♦Fax: (808) 595-8250

Family Treatment Services

845 22nd Avenue ♦ Honolulu, Hawai'i 96816 ♦Tel: (808) 732-2802 ♦Fax: (808) 734-7470

Visit us at: www.SalvationArmyHawaii.org



DOING THE
MOST GOOD

Founded in 1865

William Booth
Founder

Brian Peddle
General

Kenneth Hodder
Territorial Commander

Jeff Martin
Eloisa Martin
Divisional Leaders

Melanie Boehm
Executive Director

The Salvation Army

Addiction Treatment Services and Family Treatment Services

- Quicker delivery of critical services to individuals in crisis or presenting with mental and substance use disorders.

It is often more beneficial to expand existing programs, rather than developing entirely new programs as a means to improve opportunities for crisis response or pre-arrest diversion. This approach may include supplying new tools and resources to current agencies/staff and providing specialized training for responders to address a broad range of crises effectively.

We appreciate the opportunity to provide testimony.

Sincerely,

Melanie T. Boehm MA, LMHC, CSAC
Executive Director ATS-FTS

Participating Agency



Addiction Treatment Services

3624 Waokanaka Street ♦ Honolulu, Hawai'i 96817 ♦ Tel: (808) 595-6371 ♦ Fax: (808) 595-8250

Family Treatment Services

845 22nd Avenue ♦ Honolulu, Hawai'i 96816 ♦ Tel: (808) 732-2802 ♦ Fax: (808) 734-7470

Visit us at: www.SalvationArmyHawaii.org

HB-933-HD-2

Submitted on: 2/20/2020 1:42:16 PM

Testimony for FIN on 2/21/2020 1:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert K. Merce	Individual	Support	No

Comments:

This bil incorporates best practices and is long overdue. I strongly urge you to pass it.

HB-933-HD-2

Submitted on: 2/19/2020 12:54:08 PM

Testimony for FIN on 2/21/2020 1:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Fox	Individual	Support	No

Comments:

I support Crisis Intervention and Diversion, which would divert to treatment instead of criminal justice.

Colleen Fox, PhD

Makiki

Written Testimony Presented Before the
House Committee on Finance

Hearing: February 21, 2020, 1:30 PM
State Capitol, Conference Room 308

By Dr. Linda Beechinor, APRN, FNP-BC
Stacy Kracher, PMHNP-BC, APRN, CSAC
Courtney Tanigawa, PMHNP-BC, APRN, CSAC, FNP-BC
Cassandra Tokoro, APRN, PMHCNS-BC

HB 933, HD2 RELATING TO CRISIS INTERVENTION

Chair Sylvia Luke, Vice Chair Ty J. K. Cullen, and members of the House Committee on Finance, thank you for this opportunity to provide testimony in strong support for HB 933, HD2, 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 seek to identify individuals who meet these criteria and provide resource information to Access Line for mental health and addiction assistance, 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 that can intervene 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 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 criminal justice system when they are arrested, 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.

We want to appreciate the House Committee on Health and Human Services & Homelessness for their amendment in HD1 to name “this measure in memory of slain Honolulu police department officers Tiffany-Victoria Enriquez and Kaulike Kalama”. We worked together with both these fine officers in the Central Receiving Division of the Honolulu Police Department for several years, addressing the needs of the population this measure is designed to better serve. It is more than fitting that a law to better address the needs of the mentally ill in our community be named in their honor, as “Tiffany and Kaulike’s Law”.

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, HD2 pass out of this committee. Thank you for your continued support for measures that address the needs of the mentally ill and homeless populations, as well as the professionals who address their needs every day in our community.

Contact information:

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

phone (808) 779-3001
e-mail: L.Beechinor@hawaiiintel.net

Stacy Kracher, PMHNP-BC, APRN, CSAC
1188 Bishop Street, Suite 2602
Honolulu Hawaii 96813

phone (808) 688-6947
e-mail: stacy.aprn.rx@gmail.com

Courtney Tanigawa, PMHNP-BC, APRN, CSAC, FNP-BC
1778 Bertram Street
Honolulu, Hawaii 96816

phone: (808) 381-2267
e-mail: cetanigawa@hotmail.com

Cassandra Tokoro, APRN, PMHCNS-BC
47-133 Okana Road,
Kaneohe Hawaii 96744

phone: (808) 721-7508
e-mail ctokoro2001@yahoo.com

HB-933-HD-2

Submitted on: 2/20/2020 3:58:06 PM

Testimony for FIN on 2/21/2020 1:30:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacquelyn Esser	Individual	Support	No

Comments:

Substance abuse, mental illness, and poverty are all public health issues and should be treated with public health solutions. For the last forty years we have seen the failure of criminalizing these public health issues that have increased our incarcerated population from 727 people in 1978 to approximately 5,3000 today and disproportionately impacted our Native Hawaiian and other vulnerable communities. Using our criminal justice system to deal with these public health issues is a huge drain on our resources that we could be putting into public health infrastructure and solutions and fails more often than succeeds. Supporting this failed system costs us over a quarter billion dollars each year.

Additionally, using our police to respond to someone with mental illness and substance abuse addiction is a drain on our limited police resources and puts our officers in danger as they are not trained nor is it their job to handle these situations. This bill allows for mental health professionals to respond to these mental health situations which helps keep our officers safe, lessens the burden on our criminal justice system, and works on treating the root causes of the behavior so we do not continuously cycle these people through our criminal justice system.