

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 0933
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 HOMELESS

Hearing Date and Time: Thursday, February 6, 2020 at 10:00 a.m. Room: 329

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

1 Health Emergency Worker (“MHEW”) program which is a statewide service that 1) provides
2 consultative services for officers when in contact with an individual with a behavioral health
3 crisis, and 2) authorizes involuntary transport to a licensed psychiatric receiving facility
4 designated by the Department, a process commonly known as MH-1.

5 MHEWs are currently designated by the Department, warranting that the Department
6 has the capacity to also designate Law Enforcement Crisis Intervention Officers. Utilizing these
7 crisis intervention and diversion programs to assess, then triage individuals to a clinically
8 appropriate level of care through the Hawaii Coordinated Access Resource Entry System
9 (“Hawaii CARES”) will enhance the state’s current care continuum by, for example, helping to
10 reduce unnecessary emergency department admissions, promoting jail diversion opportunities,
11 and better assisting individuals with behavioral health issues to be appropriately triaged
12 through a coordinated care continuum.

13 Law Enforcement Crisis intervention officers, similar to MHEWs, will have received
14 specialized training that includes strategies for addressing individuals who are experiencing a
15 behavioral health crisis. For example, training on how to determine whether the individual is a
16 danger to self or others and, when appropriate, contacting an MHEW for consultation. This
17 determination is a prerequisite for law enforcement officers to take the individual into custody
18 and to transport the individual to a hospital for an emergency evaluation. The Department will
19 coordinate the training and certification of Law Enforcement Crisis Intervention Officers with
20 the county police departments and with the Department of Public Safety (PSD) through the
21 crisis intervention and diversion program.

22 The Department, in collaboration with state agency partners through the task force and
23 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
24 short-term stabilization services throughout the state creates unnecessary burdens on
25 emergency departments, law enforcement, and individuals living with behavioral health issues.
26 Long-term mental health recovery and community reintegration can be achieved through

1 appropriate clinical intervention and consistent flow through a care continuum based on clinical
2 need and level of care.

3 We are ready and willing to partner with other state and county agencies, contracted
4 and non-contracted behavioral health providers, and stakeholders to develop and implement a
5 crisis intervention and diversion program that addresses the behavioral health needs of
6 individuals in crisis.

7 **Offered Amendments:** The Department respectfully offers the following amendments:

8 Page 3, lines 3-7 to read: "Law Enforcement Crisis intervention officer" means any law
9 enforcement officer who has been specially trained and certified by the department of health
10 to recognize and communicate with a person experiencing a behavioral health crisis. These law
11 enforcement officers are designated by the director of health and are specialized first
12 responders for responding to people in crisis and who may determine if an MH-1 transport is
13 appropriate.

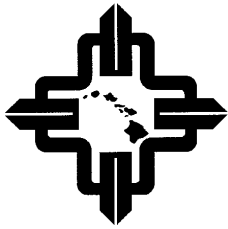
14 Page 3, line 19 to include: "or a law enforcement crisis intervention officer designated
15 by the director of health."

16 Page 3, line 21 to include: "or law enforcement crisis intervention officer designated by
17 the director of health."

18

19 Thank you for the opportunity to testify.

20 **Fiscal Implications:** Undetermined.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N
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COMMITTEE ON HEALTH
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON HUMAN SERVICES
Rep. Joy A. San Buenaventura, Chair
Rep. Nadine K. Nakamura, Vice-Chair

February 6, 2020
Conference Room 329
10:00 a.m.
Hawaii State Capitol

Testimony with Comments
House Bill 933
RELATING TO CRISIS INTERVENTION

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.

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

The Hawaii Health Systems Corporation (HHSC) provides comments on HB 933 that 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.

Throughout the past interim, HHSC has worked closely with a broad array of Hawaii's hospital systems and healthcare and criminal justice partners to understand the challenges and opportunities for improvements in the MH1 process. There has been extensive, positive collaborative work around understanding the healthcare issues and practices that impact how changes in this particular section of law can impact the person who may require emergency mental healthcare, which is inclusive of emergency health services.

Respectfully, this measure does not reflect the outcomes of those discussions.

Thank you for the opportunity to testify.

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LATE



The Judiciary, State of Hawai‘i

Testimony to the House Committee on Health

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

House Committee on Human Services & Homelessness

Rep. Joy A. San Buenaventura, Chair

Rep. Nadine K. Nakamura, Vice Chair

Thursday, February 6, 2020, 10:00 a.m.

State Capitol, Conference Room 329

by

Rodney A. Maile

Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: House Bill No. 933, 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.

Judiciary's Position:

The Judiciary supports the intent of House Bill No. 933 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.



House Bill No. 933, Relating to Crisis Intervention
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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 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 is consistent with the proposed solutions discussed in the Summit.

Thank you for the opportunity to testify on this measure.

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Members, Committee on Human Services and Homelessness

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: February 6, 2020

Hrg: House Committee on Health and Committee on Human Services and Homelessness Joint Hearing; Thursday, February 6, 2020 at 10:00 A.M. in room 329

Re: **Comments on HB933, 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, 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 and away from the criminal justice system. Queen's appreciates and supports section 3 of the bill, which creates crisis centers that will serve as clinic or psychiatric urgent care centers 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. 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 real clinical judgement and assessments.

Thank you for the opportunity to testify 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.

John M. Mizuno
House Committee on Health
&
Joy A. San Buenaventura
House Committee on Human Services & Homelessness

Alexandra Macias
2905 Booth Road
Honolulu HI, 96813

February 6, 2020
Room 329, State Capitol
Public Hearing

Testimony in Support of H.B.NO. 933

Co-chairpersons Mizuno and San Buenaventura and Committee Members:

Thank you for the opportunity to provide testimony on my own behalf regarding House Bill 933. I am testifying in support of HB 933 so that the Department of Health, under the State of Hawaii, can create a Crisis Intervention Program that provides appropriate and more importantly, preventative care to individuals with mental health issues in times of crisis.

As a former volunteer at the Joint Outreach Center in Chinatown, current intern at the Windward Health Center in Kaneohe, and active member on the State Council on Mental Health, I have personally seen how beneficial a team of professionals in law enforcement, mental health and the community can be when working together to help an individual is in crisis. I have also seen how individuals with mental health issues, their families, and the community suffers with the current legal and law enforcement systems in place.

The current system does not appropriately address issues of mental health, rather it places a bandaid and covers the broken pukas by continuing the vicious cycle of individuals stuck in the law enforcement and legal system. Rather than continuing to issue citations and arrest individuals (many who have multiple prior offenses and are unable to pay their fines), the Crisis Intervention Program's primary purpose would be prevention. Prevention happens when the crisis intervention officer calms the individual in crisis and links him or her to appropriate mental health services.

I have personally experienced the effects of the mental health crisis currently in Hawaii while volunteering at the Joint Outreach Center (JOC) in Chinatown. The JOC and other similar programs are able to alleviate the immediate needs for people seeking medical attention. However, it does not have the capability to properly address situations where someone is in crisis.

The Joint Outreach Center also helps the community by reducing admissions to the emergency rooms by granting medical clearances to individuals in crisis. This scenario may free

up hospital resources but it does not address the issue at hand. After they are cleared, individuals are taken directly to jail. It does not solve any major mental health problems. Instead of using our tax dollars to send an individual to jail, passing this bill would send our tax dollars to the crisis intervention program where individuals with mental health issues will be able to access resources and participate in programs that produce changes in behavior, and hopefully recovery.

The Crisis Intervention Program would provide our police officers and first responders with more tools so that they can do their job safely and more effectively. Diverting people from jail into the necessary and appropriate programs, will prevent future incidents with the law and judiciary systems by reducing the amount of repeat defenders. It is time for the legislature to tackle the issues relating to mental health. We can start filling in the pukas and pass HB 933 to create a bridge for individuals in crisis which will link the right services specific to their problem rather than accessing more expensive or inappropriate service systems.



HB933 Crisis intervention and Diversion Program

COMMITTEE ON HEALTH:

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

COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS:

- Rep Joy Buenaventura, Chair; Rep. Nadine Nakamura, Vice Chair

Thursday, Feb. 6th, 2020: 10:00 am: Conference Room 329

Hawaii Substance Abuse Coalition Supports HB933:

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 directs 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: that is 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, 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.

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health

LATE

Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair
Committee on Human Services and Homelessness

House Bill 933

Hearing Date and Time: Thursday, February 6, 2020 at 10:00 AM in Conference Rm 329

Good morning Chair Mizuno, Chair San Buenaventura and members of the Committee on Health and Committee on Human Services and Homelessness, my name is Allison Kalilimoku. I am a second year Master of Social Work student at the University of Hawaii at Manoa. I have prepared this testimony in favor of HB 933 as an advocate for the homeless and those with mental illness.

As a student who completed her first year practicum at Safe Haven, I was able to encounter some of the individuals who become involved in the never-ending revolving door as we went into the community for outreach. While I cannot speak for most of the homeless population, those who are in the downtown/Chinatown area are not violent and may not understand their illness, are not willing to ask for help or unsure of who to ask or where to go for help. While there will be those who refuse help, I feel this bill will help those who are falling through the cracks to receive the help that they need and at the very least, give them a chance to rebuild their lives. I feel this bill will also help to decriminalize homelessness and strengthen other processes already in place to aid those who are homeless and have mental illness and/or substance abuse.

I would like to thank you for the work you do, for your time and this opportunity to provide testimony in support of this bill.

Allison Kalilimoku