



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in OPPOSITION to S.B. 732 S.D. 2**  
**RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM**

REPRESENTATIVE DALE T. KOBAYASHI, CHAIR  
HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT

Hearing Date: 3/15/2021

Hearing Time: 2:00 p.m.

1 **Department Position:** The Department of Health (“Department”) offers comments and  
2 wonders if efforts set forth by this measure may be broadened, or otherwise deferred to next  
3 session.

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

10 Currently, the BHA’s Adult Mental Health Division (AMHD) coordinates crisis services  
11 statewide which includes an array of options. The Hawaii CARES Program is the state’s “one  
12 stop shop” entry point to access the Department’s behavioral health services, including crisis  
13 services. As part of its array of crisis services, Hawaii CARES staff receive crisis calls through a  
14 statewide 24-hour a day, 7-day a week behavioral health call center.

15 Crisis services aim to increase the likelihood of community tenure and to reduce the risk  
16 of recidivism or rehospitalization. The AMHD contracts with providers who specialize in  
17 behavioral health crisis services. When an individual contacts the Hawaii CARES Program and

1 indicates a need for community-based behavioral health support, Hawaii CARES staff assist the  
2 individual by linking them to appropriate crisis services including crisis mobile outreach (CMO),  
3 crisis support management (CSM), Law Enforcement Assisted Diversion (LEAD), and short-term  
4 stabilization beds. In addition, the AMHD contracts with a statewide provider whose Mental  
5 Health Emergency Workers (MHEW) are available to assist law enforcement when there is a  
6 need to determine if an individual meets the criteria for involuntary hospitalization.

7 In October, 2019, the BHA contracted with the University of Hawaii to administer the  
8 Hawaii CARES Program which provides crisis services to individuals living with substance use  
9 challenges. In July, 2020, the Hawaii CARES Program under our direction merged with the Crisis  
10 Line of Hawaii to begin providing expanded and comprehensive crisis services to individuals  
11 who live with mental health, substance use, or co-occurring behavioral health challenges.

12 The Department continues to work closely with Hawaii CARES staff and contracted crisis  
13 service providers to ensure continued collaboration with the BHA, AMHD, the Alcohol and Drug  
14 Abuse Division (ADAD) and other partner agencies including Department of Human Services  
15 (DHS), Department of Public Safety (PSD), and Judiciary, as well as community-based and  
16 inpatient psychiatric and behavioral health service providers. Coordination across departments  
17 is required in order to maintain a comprehensive continuum of care.

18 We acknowledge the previous testimony of the Legislative Reference Bureau (LRB) that  
19 a more comprehensive report provided directly to the legislature of the impact of the Hawaii  
20 CARES program and the BHA's overall efforts to better coordinate and streamline the statewide  
21 behavioral health and crisis continuum of care may be a more appropriate action. We do  
22 strongly believe that current resources would be better expended on these efforts versus  
23 implementing a new pilot that is in many ways similar to current efforts and goals of the BHA.  
24 Therefore, we will voluntarily seek to prepare a legislative report to the legislature that seeks to  
25 examine the efficacy of these services and other supports provided through the BHA, including

1 the Hawaii CARES Program and the former Crisis Line of Hawaii within the context of the below  
2 questions for the last two years;

- 3 • “How well have we have done in linking and syncing the various existing resources  
4 and components of the care continuum?”,
- 5 • “To what extend do we need to continue to formalize implementation of a  
6 coordinated system that brings all these parts together?”, and,
- 7 • “At this point and in the current economic environment, does it make more sense  
8 to focus our attention on enhancing and linking what is already in place than to  
9 implement more pilot programs?”

10 Additionally, we would ask that if moved forward that the legislature consider the above  
11 questions in light of the following:

- 12 1. The Hawaii CARES Program has only been operating in its current form for less than  
13 two years and only has been contracted by the Department to provide crisis services  
14 to individuals who live with mental health, substance use, or co-occurring challenges  
15 since July 1, 2020.
- 16 2. The statewide contract for MHEW services is also newly executed. The Queen’s  
17 Health Systems is administrator of this service.
- 18 3. While the Hawaii CARES Program would have data that describes crisis services  
19 arranged through its behavioral health call center, utilization data for crisis service is  
20 maintained by each contracted behavioral health crisis service provider. For  
21 example, the Honolulu Police Department (HPD) maintains its database for  
22 individuals who are arrested and held in its Central Receiving Division (CRD).
- 23 4. There are other broader efforts undertaken in the last two years to effectuate a  
24 more seamless continuum of care in the state.
- 25 5. That while the BHA is a major stakeholder and driver of these efforts, other entities  
26 such as the counties, health plans and health systems, FQHC’s, other executive

1 departments, and private sector community organizations have key roles in this  
2 effort; and use resources at their disposal to achieve goals specific to their particular  
3 mission.

4 Part of the role of the Hawaii CARES Program has been to collect data about crisis  
5 interventions and responses for the BHA, and the Department is ready and willing to present  
6 this information as well as share data on the BHA's efforts to develop a publicly viewable data  
7 dashboard so that timely data can be shared transparently about the Department's behavioral  
8 health programs and outcomes.

9 **Offered Amendments:** None.

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

Charlotte A. Carter-Yamauchi  
Director

Shawn K. Nakama  
First Assistant

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LEGISLATIVE REFERENCE BUREAU  
State of Hawaii  
State Capitol, Room 446  
415 S. Beretania Street  
Honolulu, Hawaii 96813

## Written Comments

### **SB732 SD2 RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM**

Charlotte A. Carter-Yamauchi, Director  
Legislative Reference Bureau

Presented to the House Committee on Legislative Management

Monday, March 15, 2021, 2:00 p.m.  
Via Videoconference

Chair Kobayashi and Members of the Committee:

Good morning Chair Kobayashi and members of the Committee. My name is Charlotte Carter-Yamauchi and I am the Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written **comments** on S.B. No. 732, S.D. 2, Relating to the Non-Violent Response Team Pilot Program.

The purpose of this measure is to direct the Legislative Reference Bureau to conduct a study examining the efficacy of the Hawaii CARES program offered by the Department of Health's Behavioral Health Administration Adult Mental Health Division. More specifically, the measure requires the Bureau to conduct a study that includes:

- (1) A summary of the responses and interventions made by the Hawaii CARES program during the past five years, including intervention responses to incidents related to mental health, substance abuse, suicide threats, as well as providing conflict resolution and welfare checks on the island of Oahu;
- (2) Whether any of the responses and interventions involved an armed response;
- (3) A financial report for the preceding five fiscal years;
- (4) Input from the Department of the Health, Department of Human Services, Honolulu Police Department, and Department of Budget and Finance; and

- (5) A requirement that the Bureau submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2022.

The Bureau takes no position on this measure but submits the following comments for your consideration.

First off, we would like to note that the measure's title may be too restrictive to encompass a proposed study of the Hawaii CARES program, as this program does not seem to be a pilot program, but rather an ongoing, permanent program of the Department of Health. Information gleaned from the Department of Health's website indicates that:

- (1) Hawaii CARES combines two former statewide services: the ACCESS Line and the Crisis Line of Hawaii;
- (2) The ACCESS Line was launched in 2002, and provided phone counseling and support to residents in crisis as well information on mental and behavioral health services;
- (3) In 2015, ACCESS was renamed Crisis Line of Hawaii, and expanded to support residents 24/7; and
- (4) In 2019, the CARES line opened with a primary focus on substance use.

Consequently, it seems that the Hawaii CARES program has been in existence in some form since 2002. If the Hawaii CARES program is an ongoing, permanent program, the measure as currently drafted could be deemed in violation of Article III, section 14 of the Hawaii State Constitution.

Further, although not explicitly framed as a performance evaluation, the measure does require the study to focus on the efficacy of the Hawaii CARES program, which is, in effect, a measure of performance. Pursuant to section 23-4, Hawaii Revised Statutes, "*[t]he [A]uditor shall conduct postaudits of the transactions, accounts, programs, and performance of all departments, offices, and agencies of the State and its political subdivisions.*" Consequently, by law, executive agency performance evaluations fall under the purview of the Auditor.

With regard to the study required of the Bureau, we note that the Bureau has no specific expertise or particular experience in matters relating to mental health, substance abuse, suicide threats, provision of conflict resolution services or welfare checks, or program evaluation. Based on the information being requested, it would seem more appropriate for the Department of Health's Adult Mental Health Division to provide an annual, ongoing report of its Hawaii CARES program since it has been conducting this program in some iteration since 2002, and already should at least possess the data, statistics, cost information, and

inherent expertise to provide context to all the relevant information being requested. Regarding the study requirement to obtain input from the Department of the Health, Department of Human Services, Honolulu Police Department, and Department of Budget and Finance, since the Hawaii CARES program seems to be an ongoing, permanent program, it seems more immediately beneficial to establish a permanent advisory group that contains the aforementioned agencies to provide ongoing input to assist the Department of Health with improving the efficacy of the Hawaii CARES program.

Thank you again for the opportunity to submit written comments.



Young Progressives Demanding Action  
P.O. Box 11105  
Honolulu, HI 96828

March 13, 2021

**TO: HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT**  
**RE: Testimony in Support of SB732 SD2**

Dear Representatives,

Young Progressives Demanding Action **supports SB732 SD2**. However, we urge this committee to consider amending this draft of the bill so that it once again implements a pilot program instead of just calling for a study. There is plenty of evidence available from other jurisdictions that demonstrates the clear benefits of a non-violent response program. There is absolutely no reason to wait on this.

Diverting non-violent calls for service away from a law enforcement and toward the Department of Health would be a profound change in how we, as a society, respond when someone calls for assistance. It's a key part of addressing our structural inequities. It would enable a more effective system of safety that works for communities and keeps them safe while reducing levels of costly mass incarceration.

Changing our response for non-violent calls will do two critical things:

- Address the specific need that motivated the person to call for assistance with the most effective response; and
- Free up our police officers to focus on the situations that require a response from armed and trained officers, such as violent crimes, investigations, and the work that they were hired to do to keep the community safe.

There may still some non-violent calls that police will respond to, like burglaries that have occurred or auto theft and break-ins, but there are many non-violent calls for service that don't need an armed police response.



Our police officers are not mental health professionals. They are not medically-trained, and they are not social workers or child development specialists. It's a failure of our overall public safety and human services system that we expect them to be. Our state should develop a systematic response plan to improve direct connection to community-based service providers. Innovative approaches, such as San Francisco's Street Medicine behavioral health professionals and Street Violence Intervention project are the kinds of alternative approaches to public safety that we need in Hawai'i. These models have been proven to be both effective and sustainable.

Mahalo for the opportunity to testify,

Will Caron  
Board President & Secretary  
[action@ypdahawaii.org](mailto:action@ypdahawaii.org)

# Hawai'i Psychological Association

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## COMMITTEE ON LEGISLATIVE MANAGEMENT

Rep. Dale T. Kobayashi, Chair  
Rep. John M. Mizuno, Vice Chair

Monday March 15, 2021 - 2:00pm - videoconference

### **Support of SB732 SD2 RELATING TO NON-VIOLENT RESPONSE TEAM PILOT PROGRAM**

HPA strongly supports the collaborative pilot program originally proposed in this bill, under the auspices of the Department of Health, for a “non-violent response team to provide mobile crisis intervention response to incidents related to mental health, substance abuse, suicide threats, as well as providing conflict resolution and welfare checks in lieu of an armed response on the island of Oahu.”

The Senate Health Committee, in this SD1, had revised it instead to direct the Legislative Reference Bureau to conduct a study on the efficacy of the Department of Health’s CARES program, which apparently serves the same function as the pilot program proposed in the original bill.

While we support careful program evaluation and prudent allocation of public funds and resources, we believe the purpose of this bill – to improve our government’s response to matters relating to mental illness and substance abuse; and to reduce the ineffectiveness of law enforcement in these situations – will not be advanced by a study in the ways most needed by the state. We have a burgeoning mental health and substance abuse crisis, partly as a result of the pandemic, its economic aftermath, and the drain and tax it has had on necessary social safety nets; thus, HPA believes more immediate and substantive steps must be taken now.

**We therefore recommend the committee amend this bill to recover its original contents, and to also require that psychologists be included in the non-violent response team, which was originally limited to “nurse, paramedic, or emergency medical technician, and crisis workers who have substantial training and experience in the mental health field.”**

Thank you for the opportunity to provide input into this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

**SB-732-SD-2**

Submitted on: 3/13/2021 3:47:34 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jessica dos Santos	Individual	Support	No

Comments:

I support this bill but ask that the original language be reinstated. We want a non-violent response pilot program, not a study.

**SB-732-SD-2**

Submitted on: 3/13/2021 4:53:31 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Matthew Swalinkavich	Individual	Support	No

Comments:

I support this bill BUT please reinstate the original language. I want to see a nonviolent response pilot program- NOT merely a study. I live in downtown Honolulu and have witnessed countless instances in which police were inappropriate as a response to situations requiring an entirely different set of skills and options.

mahalo.

**SB-732-SD-2**

Submitted on: 3/13/2021 6:02:25 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Brandt	Individual	Support	No

Comments:

***I support SB732, but ask that the original bill language be reinstated.***

***We want a nonviolent response pilot program, not a study.***

*Police aren't mental health experts or medically-trained;*

*they aren't social workers or child development specialists and*

*they should not be responding to calls unless there is a genuine public safety issue.*

*Mahalo!*

*Thomas Brandt*

**SB-732-SD-2**

Submitted on: 3/13/2021 7:33:18 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Benton Kealii Pang, Ph.D.	Individual	Support	No

Comments:

Please reinstate the original language of this bill. It's important to implement a nonviolent response pilot program.

**SB-732-SD-2**

Submitted on: 3/14/2021 3:18:17 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Meredith Buck	Individual	Support	No

Comments:

I support SB732 on the condition that the original language is readopted. There needs to be nonviolent response pilot program, not a study on existing response. I would also encourage prioritizing this so that our communities don't have to wait another 30 years before the state considers looking at the problem of mental health crises response. Hawai'i is not an outlier compared to the rest of the nation and we've all seen the headlines in recent years. I'd like to see a bit more proactive approach to finding and implementing solutions versus conducting studies and considering options. Please readjust and pass SB732. Mahalo nui loa.

**SB-732-SD-2**

Submitted on: 3/14/2021 3:32:06 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Raelyn Reyno Yeomans	Individual	Comments	No

Comments:

Please reinstate the original language of this bill. These programs are having much success in other jurisdictions so let's try it here!



**SB-732-SD-2**

Submitted on: 3/14/2021 5:12:54 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Courtney Mrowczynski	Individual	Comments	No

Comments:

I support SB732's **original draft** of the bill - **to create and appropriate funds for a two-year non-violent response team pilot program** for the following reasons:

- Diverting non-violent calls away from law enforcement would enable a more effective system of safety that works for communities and keeps them safe while reducing levels of costly mass incarceration.
- Our police officers are NOT mental health professionals. They are NOT medically-trained, and they are NOT social workers or child development specialists. Our state should develop a systematic response plan to improve direct connection to community-based service providers.
- Innovative approaches, such as San Francisco's Street Medicine behavioral health professionals and Street Violence Intervention project are the kinds of alternative approaches to public safety that we need in Hawai'i. These models have been *proven* to be both effective and sustainable.

It is disheartening that the committee replaced the language from a pilot program to simply just a study, as we have seen is a popular move by committees at the State Legislature every year. There are MANY studies and programs on the mainland that we could learn from that prove the effectiveness of these types of programs and we cannot afford to wait for yet another study to be completed.

**SB-732-SD-2**

Submitted on: 3/14/2021 7:49:50 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Laura Ramirez	Individual	Support	No

Comments:

Aloha,

We ask that the original bill language be reinstated. We want a nonviolent response pilot program, not a study.

Police aren't mental health experts or medically-trained; they aren't social workers or child development specialists and they should not be responding to calls unless there is a genuine public safety issue.

Mahalo!

**SB-732-SD-2**

Submitted on: 3/14/2021 8:05:03 PM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marilyn Mick	Individual	Support	No

Comments:

Aloha,

Diverting non-violent calls for service away from a law enforcement would enable a more effective system of safety that works for communities and keeps them safe while reducing levels of costly mass incarceration.

Our police officers are not mental health professionals. They are not medically-trained, and they are not social workers or child development specialists. It's a failure of our overall public safety and human services system that we expect them to be. Our state should develop a systematic response plan to improve direct connection to community-based service providers.

Innovative approaches, such as San Francisco's Street Medicine behavioral health professionals and Street Violence Intervention project are the kinds of alternative approaches to public safety that we need in Hawai'i. These models have been proven to be both effective and sustainable.

Please support this Bill.

Mahalo, Marilyn Mick, Honolulu

**SB-732-SD-2**

Submitted on: 3/15/2021 11:26:19 AM

Testimony for LMG on 3/15/2021 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ivy Hsu	Individual	Support	No

Comments:

Aloha e Committee Chair and Members,

I would like to testify in support of REINSTATING the original language of this bill, to enact a pilot program for nonviolent responses to public safety issues. Simply engaging in a study at this time will waste time on action that is needed daily. As an educator in urban Kalihi, I see the consequences of our current approach trickling down to our students and schools. We need to start acting now. Mahalo for considering my testimony.