

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in OPPOSITION to H.B. 1665
RELATING TO THE HEALTH

REPRESENTATIVE RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

Hearing Date: 2/15/2022

Hearing Time: 9:00 a.m.

1 **Department Position:** The Department of Health (“Department”) opposes this measure and
2 offers comments.

3 **Department Testimony:** The Adult Mental Health Division (AMHD) offers the following
4 testimony on behalf of the Department.

5 The Department is committed to protecting and improving the health and environment
6 for all people in Hawaii including assuring that basic mental health care is available,
7 appropriate, high quality, and accessible. The AMHD is responsible for leading, fostering and
8 coordinating a comprehensive mental health system that promotes mental wellbeing through
9 the delivery of dignified, holistic, and culturally relevant mental health care and services.

10 The Department supports enhancing mental health and suicide prevention services
11 statewide, including crisis care; however, we respectfully maintain that this measure is not
12 needed at this time because its purpose is to facilitate the implementation of a 988 lifeline that
13 has already been implemented in our state.

14 The Department has maintained the operations of the statewide telephonic behavioral
15 health crisis call center since it was first created in 2002. All calls to (808) 832-3100 and to
16 1 (800) 753-6879 were then and still are answered by trained local behavioral health staff,
17 24 hours a day, 7 days a week. In 2019, the crisis call center was re-branded as the Department

1 of Health (DOH) Hawaii CARES crisis line. After 2019, this service remains under the oversight
2 of the AMHD and the Child and Adolescent Mental Health Division (CAMHD), but has been
3 operated by a contracted provider and staffed by non-state employees. Callers within the
4 region that includes Hawaii who dial the National Suicide Prevention Lifeline's (NSPL) telephone
5 number, 1 (800) 273-TALK (8255) were and still are routed to the Department's statewide
6 telephonic behavioral health crisis call center. The DOH Hawaii CARES crisis line also receives
7 diverted behavioral health crisis calls from 911. Nationally, in July 2022, the NSPL number will
8 become "988." There will be no change for the DOH Hawaii CARES crisis line, except for the use
9 of the shortened three digit number for receiving NSPL calls.

10 Unlike many other states, Hawaii has an existing 24/7 statewide telephonic behavioral
11 health crisis call center which includes routed calls from the NSPL and diverted behavioral
12 health crisis calls from 911. Hawaii also has an existing statewide crisis care continuum that
13 includes Crisis Mobile Outreach (CMO), Crisis Support Management (CSM), Licensed Crisis
14 Residential Services (LCRS), and short-term behavioral health Stabilization Bed Units (SBU). The
15 Department continues to reach out to local partners to provide education and preparation
16 updates for the statewide 988 transition.

17 With regard to the anticipated call volume following the transition to the NSPL 988 dial
18 code, the DOH Hawaii CARES crisis line is fully operational and prepared to respond to any
19 increase in calls through the 988 dial code. Additionally, the Department is working to
20 administratively support the DOH Hawaii CARES crisis line staff by providing offline
21 administrative consultation, mass media/social media communications, and other marketing
22 and advertising collateral for the general public as well as for callers who are not actively
23 experiencing a behavioral health crisis but who are calling to obtain general information about
24 Hawaii's 988 dial code.

1 As drafted, the Department respectfully opposes this measure. We believe that the
2 intent of the measure is laudable, however, not needed because a 24/7 crisis call center that
3 answers NSPL/988 calls and dispatches CMO teams already exists statewide.

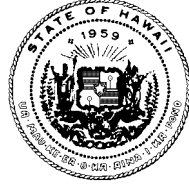
4 The Department humbly requests that this bill be deferred.

5 **Offered Amendments:** None.

6 Thank you for the opportunity to testify.

7 **Fiscal Implications:** Unknown.

DAVID Y. IGE
GOVERNOR



CATHY BETTS
DIRECTOR

JOSEPH CAMPOS II
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 13, 2022

TO: The Honorable Representative Ryan I. Yamane, Chair
House Committee on Health, Human Services, & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 1665 – RELATING TO HEALTH.**

Hearing: February 15, 2022, 9:00 a.m.
Via Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the measure's intent, defers to the Department of Health (DOH), and provides comments.

PURPOSE: The purpose of the bill is to improve the quality of, and access to, behavioral health crisis services; reduce stigma associated with suicide and mental health and substance use conditions; ensure that mental health and substance use disorders are addressed equitably; ensure a culturally and linguistically competent response to behavioral health crises; build a new system of equitable behavioral crisis services that recognizes that, historically, crisis response has placed marginalized communities, including those communities experiencing mental health crises, at a disproportionately high risk of negative outcomes; and comply with the National Suicide Hotline Designation Act of 2020 and the Federal Communication Commission's rules adopted July 16, 2020, to ensure that each resident of, and visitor to, the State receives a consistent level of 988 and crisis behavioral health services regardless of where the individual lives, works, or travels in the State.

DHS supports continuing to build a full continuum of behavioral health care services in the State. However, notably, Hawaii already has a state-wide crisis line available 24/7 to meet

the new requirements for the 988 behavioral health crisis line. DHS Med-QUEST Division (MQD) has also discussed with DOH's Behavioral Health Administration how MQD can help support these efforts, including funding for these and other necessary behavioral health services. MQD affirms that it will continue to collaborate with DOH on these services.

Thank you for the opportunity to testify on this measure.

Bill: HB1665

Date: February 13, 2022

Position: COMMENTS

We are writing in our individual capacities and not representing the University of Hawaii. We are currently serving as the project director (Victoria Fan, ScD) and clinical director (Leocadia Conlon, PhD, MPH, PA-C) for Hawaii CARES, the 24/7 call center for crisis, mental health, and substance use administered through the University of Hawaii and funded by the State of Hawaii since 2019.

First, we sincerely thank Chair Yamane and the committee for putting forth this bill. We are in support of the intent to address an important need and service for our community, and it helps to move our state forward in implementing the Dial 988 that goes live in a few months in July of this year.

Our recommendations are summarized into three key messages:

- (1) Creation of multiple call centers can negatively impact call quality and increase risk of suicide.
- (2) Consider creating a specific executive director position similar to the 911 structure.
- (3) Conduct an unbiased third-party assessment to inform planning for 988.

1. Creation of multiple call centers can negatively impact call quality

The bill enables and encourages the creation of one or more call centers. We caution against multiple call centers and recommend a single centralized call center.

The biggest risk of creating multiple call centers is potentially worse care because of fragmentation. Worse care can be measured in terms of lower call quality and care quality and delayed referrals, due to fragmented data sharing and care coordination.

Caller history is crucial because it provides context about the specific client case. However, under an arrangement of multiple call centers, if the caller had recently called a different call center but that information was not shared in the same data system, the call center would have incomplete information to best address the client's problem, resulting in potentially worse care.

HIPAA and 42 CFR Part 2 are federal statutes that govern health care data sharing very strictly. These laws pose challenges for data sharing between the multiple call centers which are not on a shared data system. Even the creation of standards or administrative rules cannot easily overcome the challenges of timely data sharing during a crisis call. A centralized call center will address these problems in one fell swoop.

The need to refer from one call center to another call center, for whatever reason, can delay care and exacerbate a caller's suicidal crisis, thereby increasing the risk of suicide. Best practice of receiving a crisis call is to not pass the call to another phone operator, let alone another call center.

The 988 roll-out is expected to increase call volume substantially and with it, the need for greater surge capacity. Surge capacity is better suited through a centralized call center to carefully manage staffing shift schedules for ensuring adequate coverage over 24/7 operations.

In Hawaii, the presence of multiple call centers might seem advantageous by potentially increasing call response capacity. But we believe the risk of fragmentation and worse care greatly outweighs the benefit of potential increased capacity, which can also be done by a centralized call

center. A centralized call center would better serve the state of Hawaii than multiple call centers which are separately administered and operated.

2. Lessons from the 911 Board point a role for a 988 executive director

Lessons from the 911 Board are instructive in guiding how to build a well-functioning call center. The 911 Board is administered from the Department of Accounting and General Services (DAGS), with a executive director for 911 (Courtney Tagupa). The 911 Board as a central entity receives considerable IT operation and assistance from the City and County of Honolulu IT director (Mark Wong) providing support across the state, along with the county dispatch units (public safety answering point) across police, fire, and emergency medical services. Importantly, 911 uses GPS so that the caller is connected directly to the nearest dispatch unit.

In contrast, the National Suicide Prevention Line (NSPL) and the 988 number have taken a different approach. Unlike 911, the calls will **not** be routed based on nearest geographic call center, but rather are based on the **area code of the caller's phone number**. All calls to 988 will first route to the central NSPL line and then the call center based on the caller's phone number area code regardless of caller's geographic location. This feature based on caller's area-code routing is a federally mandated feature which greatly affects design of the Hawaii 988.

This requirement means that someone calling out of state (eg Maine) with an 808 number would get routed to the Hawaii 988. But if there are multiple call centers for Hawaii, it would need to be sorted out how the calls would be split and routed between the two call centers (eg randomly since geographic positioning routing would not be possible). Importantly, all of Hawaii is covered by the 808 area phone call, and there is no distinction between islands or counties. The possibility of fragmenting the 988 number into multiple call centers without a central routing hub in Hawaii has risks for call quality including the need to refer and link to a different call center.

One key lesson from the 911 board is the presence of a specific executive director position for 988 who is a state employee, and in this case it is an employee based in DAGS. Such an executive director can lead and implement the system of care and continuum of care, including smooth referrals and linkages, including between the 988 call center and the crisis dispatch.

The executive director should be someone who has a planning, public administration or health care administration background with a strong understanding of health informatics, telephone systems, electronic health record systems, operations and logistics, and systems thinking to plan, design, develop, and implement a new system of care. Behavioral health specialization would be helpful but is not necessary, if the executive director can contract or hire a clinical director.

3. An unbiased third-party assessment would better inform planning

Since 2002, the Department of Health has taken three vastly different approaches to administering the crisis call center:

1. **Contracting a non-profit vendor** Helping Hands from 2002 as Access Line
2. **Directly supervise civil service exempt employees** operating the call center as part of the Department of Health from 2015 as Crisis Line and converted to 24/7
3. **Contracting the University of Hawaii** from 2019 under Hawaii Revised Statutes Chapter 103D/F and further expanding coverage for substance use treatment referrals as part of the continuum of care.

The current situation should be reviewed carefully before making major recommendations for organizational changes – especially since 988 will be implemented in a few months, i.e. July of 2022.

An independent third-party assessment would inform planning, including any changes in vendor or contracting multiple vendors. The assessment should diagnose the historical performance successes and deficiencies and convene and engage key stakeholders from past and present operations (including the University), providers across medical services, behavioral health and public safety, front-line call center staff, and community members to provide feedback and nuance of the services delivered and the need in the community. There are many barriers in the current organizational and administrative structure that have yet to be fully realized and addressed – beyond the scope and far too detailed for this testimony.

It is worth noting, however, that the National Suicide Prevention Line had commented that Hawaii had never been accredited since its inception over the last 20 years, so this bill's accreditation mandate is extremely important. Over the last year, the University of Hawaii call center operating Hawaii CARES has been deeply engaged in the planning, training, and preparation of the 988 roll-out, liaising with the 911 Board, participating in National Suicide Prevention Line 988 training, and laying the groundwork for call center accreditation.

Further, the Prevent Suicide Hawaii Taskforce administered by the Department of Health could be an existing platform that could be utilized to conduct such a third-party unbiased and independent assessment. There is also a Mental Health Taskforce separate from the Prevent Suicide Hawaii Taskforce that could be relevant as well.

In our view, the call center administered by University of Hawaii and funded by the Department of Health has greatly strengthened the training and quality of calls, by implementing a weekly training curriculum for continuing education of call operators – the University's core business for workforce development while providing an essential service contributing to the well-being of Hawaii's people.

The call center also significantly expanded the number of staff in support of the call center, which was a critical bottleneck. Without enough bodies to pick up calls, calls can get turned down. But in 2020 and 2021, the University of Hawaii administered call center responded to its highest and second highest ever call volume received – an indication that the surge capacity efforts paid off. It is further evidence that it is possible to increase staffing with a single call center.

The roll-out of 988 and the expected increase in call volume will translate to an even larger need for surge capacity and higher staffing for the call center. Now is the time to increase surge capacity for the crisis call center.

HB-1665

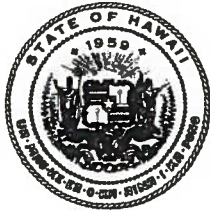
Submitted on: 2/13/2022 7:52:18 PM

Testimony for HHH on 2/15/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Samantha Bailo	Individual	Support	No

Comments:

As a Case Manager at Care Hawaii I support this bill, giving our citizens more access to emergency services that could be life saving.



DISABILITY AND COMMUNICATION ACCESS BOARD

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February 15, 2022

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

House Bill 1665 - Relating to Health

The Disability and Communication Access Board (DCAB) supports House Bill 1665, Relating to Health.

DCAB supports the expansion of the Department of Health's Behavioral Health Crisis Services System.

People with disabilities who are suicidal or have emotional distress can immediately receive crisis intervention services and onsite response services using mobile crisis teams, and access to these services is critical to saving lives.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

Kristine Pagano
for KIRBY L. SHAW
Executive Director

HB-1665

Submitted on: 2/14/2022 10:22:10 AM

Testimony for HHH on 2/15/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Randolph Hack	Individual	Support	No

Comments:

When Congress approved the 988 plan, their intent was to have a telecommunications fee in each state support the various services. Please insert this in the bill I am a retired mental health worker and found that funding is variable for mental health and crisis services. I have experienced near total defunding of the agency that I ran due to lack of funding, and total defunding of other needed agencies.

There needs to be a small fee (say 20 cents/month) on telecommunications users as a permanent dedicated source of funding for 988 and crisis services. Indeed when government funding is cut due say to lack of revenue, the need for 988 will increase At least four state legislatures have passed the dedicated fee. There are already fees for 911 and relay services for the hearing and speech impaired.

Please include this in the bill. Mahalo.

HB-1665

Submitted on: 2/14/2022 10:58:11 AM

Testimony for HHH on 2/15/2022 9:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Dara Carlin, M.A.	Individual	Support	No

Comments:

Stand in Support