

**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

P. O. Box 3378  
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**Testimony in SUPPORT of S.B. 2735  
RELATING TO THE BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS**

SENATOR JARRETT KEOHOKALOPE, CHAIR  
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/7/2022

Hearing Time: 1:00 p.m.

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

3 **Department Testimony:** The Adult Mental Health Division (AMND) 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, of high quality, and accessible. The AMND 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, in collaboration with state agency partners through the task force and  
11 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of  
12 short-term behavioral health stabilization services throughout the state creates unnecessary  
13 burdens on emergency departments, law enforcement, and individuals living with behavioral  
14 health issues. Long-term mental health recovery and community reintegration can be achieved  
15 through appropriate clinical intervention and consistent flow through a care continuum based  
16 on clinical need and level of care.

1 All calls to the Department of Health (DOH) Hawaii CARES crisis line, (808) 832-3100 and  
2 1 (800) 753-6879 are answered by trained local behavioral health staff, 24 hours a day, 7 days a  
3 week. Callers within the region that includes Hawaii who dial the National Suicide Prevention  
4 Lifeline's (NSPL) telephone number, 1 (800) 273-TALK (8255) are routed to the DOH Hawaii  
5 CARES crisis line. Nationally, in July 2022, the NSPL number will become "988." There will be  
6 no change for the DOH Hawaii CARES crisis line, except for the use of the shortened three digit  
7 number for receiving NSPL calls.

8 Admission to the AMHD's short-term behavioral health Stabilization Bed Units (SBUs) is  
9 coordinated through the DOH Hawaii CARES crisis line. Use of these short-term behavioral  
10 health SBUs can improve behavioral health status and overall health outcomes, support the  
11 recovery process, and decrease the likelihood of individuals needing to be hospitalized or  
12 incarcerated. These beds are designed to assist individuals who do not meet medically  
13 necessary criteria for acute hospitalization, but need behavioral health support to: 1) stabilize  
14 the individual's mental health and substance use conditions, and 2) assess and link the  
15 individual to appropriate long-term behavioral health services and treatment to allow for more  
16 successful community tenure. Services are provided 24/7 to support individuals who are  
17 decompensating and are at risk of needing a higher level of care, including hospitalization. The  
18 average length of admission to a short-term behavioral health SBU is between three to 14 days.  
19 For example, an individual in need of mental health and/or substance use disorder stabilization,  
20 may be admitted to a short-term behavioral health SBU and linked to intensive case  
21 management where a case manager arranges for wrap-around services, including support  
22 provided by a Hawaii Certified Peer Specialist.

23 Through a Request for Proposal (RFP), the AMHD is seeking to expand the number of  
24 short-term behavioral health SBUs from 19 SBUs on Oahu and Hawaii Island combined. The  
25 AMHD is prepared to increase its SBU capacity up to 40 beds statewide. The increase in the  
26 number of beds was estimated based on the number of calls received through the DOH Hawaii

1 CARES crisis line as well as an anticipated increase related to the COVID-19 pandemic and its toll  
2 on mental health. The annual cost for these additional beds is estimated at \$5,500,000.

3 The Legislature's support for expanding AMHD's short-term behavioral health  
4 stabilization beds statewide, including sub-acute stabilization services, to sustain existing  
5 program operations is extremely beneficial. The cost of these beds per night are less than one  
6 third the cost of hospitalization if the individual were to decompensate further and need to be  
7 hospitalized. For this reason, we believe short-term behavioral health stabilization beds have  
8 both health and fiscal benefits for the state.

9 All community efforts combined will enhance the state's current care continuum by  
10 helping to reduce unnecessary emergency department admissions, promoting jail diversion  
11 opportunities, and better assisting individuals with behavioral health issues to be appropriately  
12 triaged through a statewide coordinated care continuum.

13 **Offered Amendments:** None.

14 Thank you for the opportunity to testify.

15 **Fiscal Implications:** The Department humbly requests that this measure be considered as a  
16 vehicle to provide this needed funding so long as it does not supplant the priorities and  
17 requests outlined in the Governors executive budget request.

DAVID Y. IGE  
GOVERNOR



CRAIG K. HIRAI  
DIRECTOR

GLORIA CHANG  
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM  
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
OFFICE OF THE PUBLIC DEFENDER

**STATE OF HAWAII**  
**DEPARTMENT OF BUDGET AND FINANCE**  
P.O. BOX 150  
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE  
BUDGET, PROGRAM PLANNING AND  
MANAGEMENT DIVISION  
FINANCIAL ADMINISTRATION DIVISION  
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

**WRITTEN ONLY**  
TESTIMONY BY CRAIG K. HIRAI  
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE  
TO THE SENATE COMMITTEE ON HEALTH  
ON  
SENATE BILL NO. 2735

**February 7, 2022**  
**1:00 p.m.**  
**Via Videoconference**

**RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS**

The Department of Budget and Finance (B&F) offers comments on Senate Bill (S.B.) No. 2735.

S.B. No. 2735 appropriates \$5,500,000 in general funds in FY 23 to the Department of Health for behavioral health crisis stabilization beds.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.



*The Judiciary, State of Hawai'i*

**Testimony to the Thirty-First Legislature  
2022 Regular Session**

**Senate Committee on Health**  
Senator Jarrett Keohokalole, Chair  
Senator Rosalyn H. Baker, Vice Chair

Monday, February 7, 2022, 1:00 PM  
Hawai'i State Capitol  
VIA VIDEOCONFERENCE

**WRITTEN TESTIMONY ONLY**

by:

Shirley M. Kawamura  
Deputy Chief Judge, Criminal Administrative Judge,  
Circuit Court of the First Circuit

Melanie M. May  
Deputy Chief Judge  
District Court of the First Circuit

Trish K. Morikawa  
Circuit Judge, Mental Health, Drug, and Veterans Treatment Courts  
Circuit Court of the First Circuit

Kenneth J. Shimosono  
District Judge, Mental Health Calendar  
District Court of the First Circuit

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**Bill No. and Title:** Senate Bill No. 2735, Relating to Behavioral Health Crisis Stabilization Beds.

Senate Committee on Health  
Senate Bill No. 2735, Relating to Behavioral Health Crisis Stabilization Beds  
Monday, February 7, 2022

**Purpose:** Appropriates funds to the Adult Mental Health Division of the Department of Health to support increased behavioral health crisis stabilization beds.

**Judiciary's Position:**

The Judiciary provides the following testimony in support of Senate Bill No. 2735 which appropriates funds to increase the number of behavioral health crisis stabilization beds. These additional stabilization beds will aid in fulfilling the requirements of Act 26 (2020) and other requirements of Chapter 704 of the Hawai'i Revised Statutes. In addition, they would provide alternatives for patients while their cases are pending, as well as upon final disposition of their cases. It also has the potential to divert those suffering mental health crises from the criminal justice system.

Thank you for the opportunity to testify on this measure.

**SB-2735**

Submitted on: 2/4/2022 7:28:51 PM

Testimony for HTH on 2/7/2022 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:

We are in support.





## TESTIMONY IN SUPPORT OF SB 2735

TO: Chair Keohokalole, Vice-Chair Baker, & Members – Senate Committee on Health  
FROM: Trisha Kajimura  
Deputy Director - Community  
DATE: February 7, 2022 at 1:00 PM

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Hawai'i Health & Harm Reduction Center (HHRC) **supports** SB 2735 which appropriates funds to the Adult Mental Health Division of the Department of Health to support increased behavioral health stabilization beds.

HHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many of our program participants live with mental health issues and co-occurring disorders such as substance use. In addition to specialized healthcare services, we provide homeless outreach and housing support services to individuals who suffer from inadequate mental health care. We have also been providing stabilization services through a contract with the Adult Mental Health Division of the Department of Health since December 2021. The need for this service in our community is high and adequate funding would make this service accessible to more of Hawai'i's communities.

The "Involuntary Hospitalization Task Force" of 2019, formed by Act 90 and Act 263 of the 2019 Legislature, identified subacute stabilization residential services as a gap in the continuum of the behavioral healthcare system. Filling this gap means that appropriate care can be provided to people experiencing a mental health crisis who do not need emergency department or inpatient hospitalization levels of care. This prevents the unnecessary expense of higher than needed levels of care and together with other services breaks the cycle of patients going from the street to the emergency room and back to the street.

Stabilization, which typically allows for 14-day stays is much more than just beds. It allow individuals with mental health concerns from a variety of circumstances (homelessness, post or pre substance abuse treatment, re-entry from incarceration, post-inpatient care) a safe place to connect with longer-term supports including medical care, housing and case management.

Thank you for the opportunity to testify in support of this bill.



**Testimony to the Senate Committee on Health  
Monday, February 7, 2022; 1:00 p.m.  
Via Videoconference**

**RE: SENATE BILL NO. 2735, RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS.**

Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2735, RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS.

By way of background, the HPCA represents Hawaii's FQHCs. FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would appropriate \$5,500,000 in general funds for fiscal year 2022-2023 for behavioral health crisis stabilization beds.

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in violent crime, domestic violence, and the explosion of substance abuse and addiction in Hawaii and across our Nation. Also, due to years of budget cuts and the reduction of essential services, our "social safety net" is in tatters.

This bill seeks to help address this situation by providing additional resources for the most severe types of situations where emergency personnel are able to triage and provide medical assistance to the ill who pose a danger to themselves and to others. Because of this, we commend this Committee and the Legislature for recognizing this need and urge your support for the measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiPCA.net.



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

[www.hawaii psychology.org](http://www.hawaii psychology.org)

Phone: (808) 521 -8995

## COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Monday, February 7, 2022 - 1:00pm - via videoconference

### **Testimony in Support of SB2735 RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS**

The Hawai'i Psychological Association (HPA) supports SB2735 to increase funding for Department of Health Adult Mental Health Division for more behavioral health crisis stabilization beds.

The pandemic has had devastating effects not only to our public health system and economies, but to our collective mental health. The disruptions COVID created in our personal lives have brought many in our community to the brink of emotional collapse. The need for mental health services could not be more apparent or pressing, particularly in the rural and underserved areas of the State. By focusing efforts and funding on crisis stabilization facilities represents a targeted approach for conditions directly created and/or exacerbated by the pandemic.

Moreover, the state Council on Revenues recently forecast a 15% increase in the state's general fund for the fiscal year. HPA thus greatly appreciates this measure to improve access to quality mental health care that everyone in Hawaii deserves.

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

Sincerely,

Raymond A Folen, Ph.D., ABPP.  
Executive Director



## **SB2735 Fund Crisis Beds for AMHD**

### **COMMITTEE ON HEALTH**

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

Friday, Feb 7 2022: 1:00 pm : Videoconference

## **Hawaii Substance Abuse Coalition supports SB2735:**

*ALOHA 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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies.*

**Crisis Stabilization Units (CSU)** are small inpatient facilities of less than 16 beds **for people in a mental health crisis whose needs cannot be met safely in residential service settings.**<sup>1</sup> CSUs try to stabilize the person and get him or her back into the community quickly.

1. **A 24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one providing assessments, screening, triage, preliminary counseling, and information and referral services.
2. **Offers immediate attention to resolving the crisis in a less intensive setting** than a hospital.
3. **Serves as drop-off centers for law enforcement** to reduce unnecessary arrests.
4. **Mobile crisis teams intervene** wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel.
5. **Act as gatekeepers for inpatient hospitalization** and
6. **Connect an individual with community-based programs** and other services.

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<sup>1</sup> National Alliance on Mental Illness (NAMI) 2015 <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Crisis-Service-FS.pdf>

CSU are also very effective for suicide prevention and reducing the fragmentation of mental health care.

Crisis mental health care in the United States is inconsistent and inadequate per SAMHSA. Our country's approach to crisis mental health care must be transformed.<sup>2</sup>

*We cannot afford to pay the exorbitant price of not offering crisis care:*

1. The human cost of emotional pain of families struggling to access care;
2. The opportunity cost of lost community contribution as mental illness represents our nation's largest source of disability;
3. The costs of law enforcement and the justice system teams dedicating a disproportionate amount of resources to address issues that result from a person's untreated crisis; and
4. The ever-escalating cost of inpatient healthcare for individuals who are unable to access needed community-based services in a timely manner.

CSU can bridge the unacceptable gap in our continuum of care using national best practice guidelines.

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

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<sup>2</sup> SAMHSA: National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit 2020  
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

**SB-2735**

Submitted on: 2/6/2022 12:00:55 PM

Testimony for HTH on 2/7/2022 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Marya Grambs	Testifying for Partners in Care	Support	No

Comments:

Partners in Care, Oahu's continuum of care offering a range of services to people experiencing homelessness, strongly supports SB2735. The beds will bridge a vital gap between emergency room care and longer-term treatment for individuals with mental health and substance abuse issues to help reduce repetitive ER visits and chronic homelessness.

The current model of care for those severely mentally ill homeless people is all too often to be briefly treated at the ER and released back to the streets, where they are often too ill to function and instead return, over and over again, to the E.R. or jail for petty misdemeanors. This one of the reasons that over 100 of our homeless residents die on our streets each year, at an average age of only 54.

Crisis stabilization beds are an important alternative to the E.R., costing significantly less and enabling the E.R. to be freed up for emergencies. The stabilization beds provide a period of time, in a residential setting, for medication treatment to stabilize the person, while intensive case management services focus on finding appropriate placement. These beds are a steppingstone to longer-term care in the community, the “missing link” to the resources that currently exist to support some of the most vulnerable people in our community.

The goal is to create a more connected and coordinated continuum of care so that people can get the care they need when they need it, and not tax emergency departments which cannot provide the interim stabilization period needed by many individuals in order to be placed in long term housing and break the cycle of streets-ER- jail.

Thank you for the opportunity to testify on this measure. Partners in Care urgest you to pass SB2735.

**SB-2735**

Submitted on: 2/5/2022 6:40:38 PM

Testimony for HTH on 2/7/2022 1:00:00 PM

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

Comments:

Stand in support.

**SB-2735**

Submitted on: 2/7/2022 10:18:01 AM  
Testimony for HTH on 2/7/2022 1:00:00 PM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Aliman Sears	Testifying for CER	Support	No

Comments:

IN SUPPORT: Community Empowerment Resources (CER), a local 501(c)(3) nonprofit providing case management, psychiatric, and crisis services to the mentally ill population, via contracts with the State of Hawaii Department of Health, and via contracts with various QUEST insurance providers, has considerable expertise in the area of social services and extensive experience (15 years) as an agency helping the mentally ill homeless to live fuller lives. CER fully supports this important legislation.





**Prevent Suicide Hawai'i Taskforce**  
*Hawaii's Statewide Public-Private Network  
promoting hope, help, and healing  
and passing life forward in our local communities*



February 7, 2022

**LATE**

Chair Jarrett Keohokalole  
Vice Chair Rosalyn H. Baker  
Senate Committee on Health  
Hawai'i State Legislature  
415 South Beretania Street  
Honolulu, HI 96813

**RE: SUPPORT for SB 2529, SB 2735, and SB 2736**

***Senate Committee on Health - hearing on February 7, 2022 at 1:00 p.m. via videoconference***

- *SB 2529 – relating to behavioral health services*
  - *Appropriates funds for fiscal year 2022-2023 to accommodate the anticipated increase in the volume of calls to Hawaii CARES Crisis Helpline following the transition of the National Suicide Prevention Lifeline's dial code to "9-8-8" on July 16, 2022.*
- *SB 2735 – relating to behavioral health crisis stabilization beds*
  - *Appropriates funds to the Adult Mental Health Division of the Department of Health to support increased behavioral health crisis stabilization beds.*
- *SB 2736 – relating to crisis outreach programs*
  - *Appropriates funds to the Department of Health for a statewide crisis outreach program*

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Chair Keohokalole, Vice Chair Baker, and distinguished members of the Senate Committee on Health:

The undersigned members of the Steering (Leadership) Committee of the Prevent Suicide Hawai'i Taskforce wish to send our support for SB 2529, SB 2735, and SB 2736. As you may know, the Taskforce is the State's network for public-private collaboration and coordination with respect to suicide prevention. Originally convened in 1999, it is the longest-standing collaborative of its kind. The Taskforce is also author of the Hawai'i Suicide Prevention Strategic Plan, requested by and reported to the Legislature: <https://health.hawaii.gov/injuryprevention/files/2019/02/Prevent-Suicide-Hawaii-Taskforce-Strategic-Plan-by-2025.pdf>.

Please first allow us to convey a heartfelt THANK YOU for continuing to serve as champions for mental health and suicide prevention in Hawai'i. As you know, one person dies by suicide every two days in Hawai'i. As we often say, "This is an issue that does not discriminate" – suicide unfortunately affects all groups, communities, and disciplines. In addition, the immense stigma around mental health and suicidality increases the challenge that faces us when encouraging people to seek help when needed.

These three bills represent important advancements with respect to strengthening Hawaii's mental health and suicide prevention systems, and align with goals set forth in the Taskforce's Strategic Plan.

- **SB 2529** addresses needs related to our local crisis call center, including the imminent transition to full use of the 9-8-8 calling code. While Hawai'i is actually ahead of the curve in terms of already having the national system tied into our local call center, ongoing supports are needed to ensure the center operates at its fullest potential, especially as call volume increases once the new calling code is heavily advertised.
- **SB 2735** meets an important need for individuals that may be in crisis, but do not meet the level of acuity to be seen in an emergency department or inpatient setting. What's more, outpatient/community settings are sometimes more conducive to supporting the individual (e.g., offering a calmer, less traumatic experience during a time of immense vulnerability).
- **SB 2736** addresses one of our more vulnerable populations, our houseless/unsheltered communities. We know you agree that addressing the mental health of these individuals and families benefits not only our health system, but also our entire system of care including human services and economy, education, etc.

**Finally, the only minor comment the Taskforce wishes to offer is to ensure the benefits of these services are made accessible to all of our people, including our rural and neighbor island communities.** We fully appreciate that many projects begin or are centered on O'ahu, given many of the major providers and agencies are located in Honolulu, but we support any plans/intention to ensure services do eventually reach a statewide audience.

Should you have questions or require additional information, or any resources related to suicide prevention, please do not hesitate to reach out to us. Dr. Jeanelle Sugimoto-Matsuda is the Taskforce's advocacy coordinator, and can be reached at [junesugi88@gmail.com](mailto:junesugi88@gmail.com) or (808) 291-9930.

Thank you, once again, for prioritizing suicide prevention in our local communities; promoting hope, help and healing; and most importantly, *PASSING LIFE FORWARD.*

With Deepest Aloha,



Gina Kaulukukui  
Current Co-Chair, State PSHTF



Deborah Goebert, DrPH  
Current Co-Chair, State PSHTF



Jeanelle Sugimoto-Matsuda, DrPH  
Immediate Past Co-Chair, State PSHTF  
Taskforce Advocacy Coordinator



Brent Oto, MA, CPS  
Immediate Past Co-Chair, State PSHTF  
Taskforce military representative



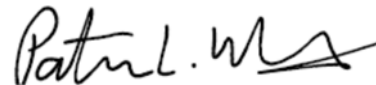
Danielle Bergan  
Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce



Kristin Mills, MS, MA  
Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce



Madeleine Hiraga-Nuccio  
Co-Chair, Prevent Suicide Kaua'i Taskforce



Patricia Wistinghausen  
Co-Chair, Prevent Suicide Kaua'i Taskforce



H. Yolisa Duley, PhD  
Co-Chair, Hawai'i Island Prevent Suicide Taskforce



Joy Hohnstine  
Co-Chair, Hawai'i Island Prevent Suicide Taskforce



Pua Kaninau-Santos, MSW  
Liaison, O'ahu Prevent Suicide Hawai'i Taskforce

**SB-2735**

Submitted on: 2/6/2022 4:44:10 PM

Testimony for HTH on 2/7/2022 1:00:00 PM



<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kathleen Merriam	Individual	Support	No

Comments:

Aloha Senators,

I have worked in the mental health field for 37 years, 18 have been spent here in Hawaii. I believe that the least restrictive environment is the most effective approach to caring for individuals with mental illnesses. Hawaii has recently implemented "stabilization beds" which are a alternative to placing someone in the hospital. This kind of option is not only less expensive but its more humane. Staff are trained for these kinds of crisis situations which is also beneficial. Providing a stable environment is key but we only have a few of such beds. How can that be with the numbers of people that need such services? We can look around and see the high need for more mental health care. Please put more funds into this kind of program because it does work and it does save lives. It's not the answer but its a part of the puzzle. The puzzle of a broken system that often is disconnected. Supporting these kinds of places helps the individual make steps to being more connected; to move forward in their recovery. Mahalo for considering increasing something that is working.