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**STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE**

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

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 HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, &
HOMELESSNESS
ON
SENATE BILL NO. 2736, S.D. 1

**March 18, 2022
9:30 a.m.
Room 329 and Videoconference**

RELATING TO CRISIS OUTREACH PROGRAMS

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2736, S.D. 1, appropriates an unspecified amount in general funds in FY 23 to the Department of Health for a statewide crisis outreach program.

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:

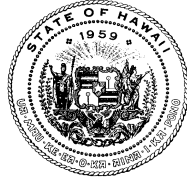
- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support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



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Testimony in SUPPORT of S.B. 2736 S.D. 1
RELATING TO CRISIS OUTREACH PROGRAMS

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

Hearing Date: 3/18/2022

Hearing Time: 9:30 a.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 (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, of 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 strongly supports this measure to enhance the Department’s existing
11 statewide crisis care continuum that includes a statewide 24/7 Department of Health (DOH)
12 Hawaii CARES crisis line, Licensed Crisis Residential Services (LCRS), short-term behavioral
13 health Stabilization Bed Units (SBU), Crisis Mobile Outreach (CMO), and Crisis Support
14 Management (CSM). Additionally, the AMHD operates the 24/7 Mental Health Emergency
15 Worker (MHEW) program which is a statewide service that 1) provides consultative services to
16 law enforcement officers when they are in contact with an individual with a behavioral health

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

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

11 With regard to the anticipated call volume following the transition to the NSPL 988 dial
12 code, the DOH Hawaii CARES crisis line is fully operational and prepared to respond to any
13 increase in calls through the 988 dial code.

14 The Department strongly supports this bill as drafted. If a nurse, paramedic or
15 Emergency Medical Technician (EMT) is added as a member of the Hawaii CMO team model,
16 we believe there will be an increase in diversion from emergency departments which will result
17 in an increase in the state's capacity to provide care to individuals who require emergency
18 department services. Adding a nurse, paramedic or EMT as a CMO team member will broaden
19 the teams' ability to meet the needs of the individual in crisis. For example, basic medical
20 triage, First Aid, and behavioral health crisis care could be efficiently provided by a CMO nurse,
21 paramedic or EMT include without needing to have the individual receive these services from
22 emergency department staff.

23 **Offered Amendments:** None.

24 Thank you for the opportunity to testify.

- 1 **Fiscal Implications:** The Department humbly requests that this measure be considered as a
- 2 vehicle to provide this needed funding so long as it does not supplant the priorities and
- 3 requests outlined in the Governor's Executive Budget request.



SB2736 SD1 CAHOOTS AMHD Crisis Outreach

COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair

Rep. Adrian K. Tam, Vice Chair

Friday, Mar 18 2022: 9:30 : Videoconference

Hawaii Substance Abuse Coalition supports SB2736 SD1:

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.

What is it?

CAHOOTS is a mobile crisis-intervention program that was created in 1989 as a collaboration between White Bird Clinic and the City of Eugene, Oregon. Its mission is to improve the city's response to mental illness, substance abuse, and homelessness.

- Because of their direct lines of communication to the police and familiarity with police procedures, CAHOOTS staff are able to respond to **high acuity mental health crisis scenarios in the field** beyond what is typically allowed for mental health service providers, which often facilitates positive outcomes¹
- Today, prehospital [mental health crisis](#) response is considered substantially underdeveloped and in need of innovative ideas.

Police Results for Eugene:

CAHOOTS does not handle requests that involve violence, weapons, crimes, medical emergencies, or similarly dangerous situations.²

- Some calls require both CAHOOTS and law enforcement to be called out initially, and sometimes CAHOOTS calls in law enforcement or law enforcement calls in CAHOOTS,
- **About 60% of all calls to CAHOOTS are for homeless people.**

¹ Psychiatric Times: CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention 2021
<https://www.psychiatrytimes.com/view/cahoots-model-prehospital-mental-health-crisis-intervention>

² Wikipedia: CAHOOTS Crisis Response: [https://en.wikipedia.org/wiki/CAHOOTS_\(crisis_response\)](https://en.wikipedia.org/wiki/CAHOOTS_(crisis_response))

- In 2019, **CAHOOTS responded to 13% of all emergency calls** for service made to the Eugene Police Department.

Because public became aware of the program, **many of the calls made are requests for CAHOOTS service and not ones to which police would normally respond.**

- In 2019, **83% of the calls to which CAHOOTS responded were for either "Welfare Check", "Transportation", or general public assistance**, none of which are traditionally handled by EPD.

Best for Mental Health Support

CAHOOTS, to a large extent, operates as a free, confidential, alternative, or auxiliary to police and EMS.

- Those services are overburdened with psych-social calls that they are often ill-equipped to handle. CAHOOTS staff rely on their persuasion and de-escalation skills to manage situations, not force.
- CAHOOTS can help with referrals to crisis beds instead of ER and can also help with referrals to substance use disorder treatment.

Future Federal Funding.

Programs based on the CAHOOTS model are being launched in numerous cities, including Denver, Oakland, Olympia, Portland, Maine, and others.

- [Federal legislation](#) could mandate states to create [CAHOOTS-style programs](#) in the near future. (Senators Ron Wyden of Oregon and Catherine Cortez Masto of Nevada have proposed a bill that would give states \$25 million to establish or build up existing programs.)

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

PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB2736, SD1 RELATING TO CRISIS OUTREACH PROGRAMS

TO: House Committee on Health, Human Services, and Homelessness

FROM: Partners In Care (PIC)

Hearing: Friday, March 18, 2022, 9:30 am

Position: **SUPPORT**

Aloha Chair Yamane and Members of the House Committee on Health, Human Services and Homelessness:

Partners In Care (PIC), is a coalition of more than 60 non-profit homelessness providers, advocates, government and other concerned organizations working together to end homelessness. PIC stands in **support** of **SB 2736, SD1**.

This will would expand the Adult Mental Health's Division's Crisis Mobile Outreach (CMO) teams to include medical personnel. This would be helpful in reducing the necessity for the person in crisis to be brought to the Emergency Department for medical care. These CMO teams are a critical component of the array of mental health services of the AMHD, particularly in meeting the needs of persons experiencing homelessness, who are often in crisis due to their mental health challenges, substance use problems, and physical health problems, all magnified by the stress of living, impoverished, on the streets. CMOs can connect directly to crisis case management and licensed crisis residential shelters. They can also communicate 24/7 with the DOH Hawaii CARES crisis line that can connect the individual to other appropriate services.

Thank you for the opportunity to testify on this measure. Please do not hesitate to contact us if you have any questions.



HAWAII MEDICAL ASSOCIATION

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SENATE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Representative Ryan I. Yamane, Chair

Representative Adrian K. Tam, Vice Chair

Date: March 18th, 2022

From: Hawaii Medical Association

Elizabeth England MD, Vice Chair, HMA Legislative Committee

Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

**Re: SB2736 SD1, Crisis Outreach Program; Department of Health; Appropriation
Position: Support with comments**

The Hawaii Medical Association is deeply concerned about the impact of mental illness across the state. According to the National Alliance for the Mentally Ill (NAMI), Hawai'i lost 176 lives to suicide in a single year¹. Despite the high rate of suffering and death associated with mental health disorders, an astounding 67% of affected adults in Hawai'i do not receive proper treatment². This is the highest rate of any state in the country. The situation is even worse for our keiki. Prior to the outbreak of COVID, over 70% of children in Hawai'i suffering from a major depressive episode did not receive treatment³. During the pandemic, widespread isolation and social distancing has strained an already overburdened system. Calls to the Hawai'i Crisis Text Line increased by 54% in April 2020, indicating that an even higher proportion of patients are not receiving the mental health care that they need⁴.

In the absence of a comprehensive crisis stabilization system, patients experiencing a mental health crisis face limited options. Law enforcement and emergency medical services (EMS) offer immediate response 24 hours a day, but often lead to excessive costs, delays in care, and/or inadequate treatment⁴. Emergency departments (ED) are appropriate for severely mentally ill patients (i.e. acutely psychotic or actively threatening themselves or others), but are not designed for prolonged treatment over 8-12 hours.

The Substance Abuse and Mental Health Services Association (SAMHSA) identified mobile crisis units as one of "three core components of an effective crisis system"⁵. Research assessing the impact of mobile crisis units has found these programs to be associated with healthcare cost savings, reductions in emergency department visits and psychiatric admissions, and improved connection to mental health resources. However, variation in success of individual programs and complications with their implementation, such as inadequate capacity for the case load and delayed response times^{6,7}. To increase potential funding and ensure quality of care, the HMA recommends that the crisis outreach program meet the standards to qualify for the 85-Percent Enhanced Federal Medical Assistance Percentage as outlined in Section 9813 of the American Rescue Plan Act⁷.

Mobile crisis outreach programs are integral to creating a life-saving comprehensive behavioral health crisis stabilization system for Hawaii. Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



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REFERENCES

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2. *Adult Data 2021.* (n.d.). Mental Health America. <https://www.mhanational.org/issues/2021/mental-health-america-adult-data>
3. *Youth data 2022.* (n.d.). Mental Health America. <https://www.mhanational.org/issues/2022/mental-health-america-youth-data>
4. *Child & Adolescent Mental Health Division.* (n.d.). State of Hawaii Department of Health. <https://health.hawaii.gov/camhd/>
5. The Substance Abuse and Mental Health Services Administration. (n.d.). *Crisis Services: Meeting Needs, Saving Lives | SAMHSA Publications and Digital Products.* US Department of Health and Human Services. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>
6. *Assessing the Impact of Mobile Crisis Teams: A Review of Research.* (n.d.). Retrieved March 1, 2022, from <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Mobile%20Crisis%20Team%20Evaluations.pdf>.
7. *Mobile Crisis Teams: A State Planning Guide for Medicaid-Financed* (n.d.). Retrieved March 1, 2022, from <https://www.tacinc.org/resource/state-planning-guide-for-medicaid-financed-mobile-crisis-response>.

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PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB2736, SD1 RELATING TO CRISIS OUTREACH PROGRAMS

TO: House of Representatives, Committee on Health, Human Services, & Homelessness

FROM: Partners In Care (PIC)

Hearing: Friday, March 8th, 2022, 9:30 am via videoconference

Position: **SUPPORT**

Chair Yamane, Vice Chair Tam, and Members of the House Committee on Health, Human Services, & Homelessness:

Partners In Care, Oahu's Continuum of Care, stands in support of **SB 2736, SD1 with comments**.

This will would expand the Adult Mental Health's Division's Crisis Mobile Outreach (CMO) teams to include medical personnel. This would be helpful in reducing the necessity for the person in crisis to be brought to the Emergency Department for medical care. These CMO teams are a critical component of the array of mental health services of the AMHD, particularly in meeting the needs of persons experiencing homelessness, who are often in crisis due to their mental health challenges, substance use problems, physical health problems, magnified by the stress of living, impoverished, on the streets. CMOs can connect directly to crisis case management and licensed crisis residential shelters. They can also communicate 24/7 with the DOH Hawaii CARES crisis line that can connect the individual to other appropriate services.

Our comment is: This appears to be duplicative of the C/C Honolulu's CORE program, which similarly includes a crisis outreach worker and a medical staff. We would ask if the AMHD is going to be prioritizing the use of these CMO's in areas not covered by CORE?

Thank you for the opportunity to testify on this measure. Please do not hesitate to contact us if you have any questions. Aloha.

March 17, 2022
Chair Ryan I. Yamane
Vice Chair Adrian K. Tam
House Committee on Health,
Human Services & Homelessness
Hawaii State Legislature
415 South Beretania Street
Honolulu, Hi 96813

From: Steve Terada, Master's in Public Health student at the University of Hawai'i at Mānoa

Re: Support for SB 2736 SD 1

Chair Yamane, Vice Chair Tam and Distinguished Members of the Committee on Health,
Human Services & Homelessness:

Thank you for hearing this bill and continuing to seek different ways of relieving the enormous mental illness burden carried by the people of Hawai'i. **I strongly support SB 2736 SD 1.** If this bill is enacted, crisis outreach teams will go out to many of the approximately 36,000 people in our state who do not receive treatment for their mental disorders.¹ The outreach teams would de-escalate crisis situations and guide the suffering to proper care while putting family members' minds at ease. The teams would also contribute to reducing re-incarceration of the mentally ill and using our jails as de-facto mental hospitals, and relieve some of the burden placed on our police officers to manage non-violent mental health crisis situations. In the following section I explain my reasons for supporting SB 2736 SD 1.

(MOBILE) CRISIS OUTREACH TEAMS - IN CONTEXT

CRISIS OUTREACH TEAMS

Crisis outreach teams, also well-known as mobile crisis outreach teams, meet individuals during their moments of crisis and provide immediate behavioral health services. Imagine people undergoing a mental health crisis not having to go into a center or office to receive help. Crisis outreach mobility is unique, and if SB 2736 SD 1 is enacted Hawai'i's program will be modeled after the successful CAHOOTS Crisis Outreach Program in Eugene, Oregon. CAHOOTS has a great reputation nationwide and its mission includes responding to mental illness, substance abuse, and homelessness. The text in SB2736 SD 1 describes CAHOOTS' encouraging public safety and emergency medical cost savings, including ambulance transport and emergency rooms services, in the Eugene-Springfield metropolitan area of about 385,000 people.

ECOSYSTEM

Hawai'i is making progress toward building a mental health ecosystem. State government, legislators, the judiciary, law enforcement and other mental health stakeholders are engaged and making it a priority. Thirty-nine mental health bills were introduced in this legislative session. This level of prioritization is required because the need is acute: from September to October of 2021 32.5% of adults in Hawai'i reported symptoms of anxiety and depression.² The World Health Organization (WHO) March 2022 Scientific Brief³ describes COVID-19 as increasing global major depressive and anxiety disorders by 25-27%, and we must expect that residents in our state will not be shielded from a significant increase in mental illness due to the pandemic.

CONTINUUM

A continuum of mental health programs and services is needed in Hawai'i because mental illness is not static. Stage 1 is the period of risk before symptoms. Stage 2 is the long approach to a first episode, where strange voices may be heard but a person can still function. Stage 3 is the acute first episode; Stage 4 is to be disabled with pervasive and chronic psychosis.⁴ A mental health ecosystem must engage and support the mentally ill at the stage they are at, where they are at. This requires different programs and services, some unique, that hopefully will not conflict with each other. Hawai'i has police crisis intervention teams, Hawaii CARES crisis hotline programs, and other forms of crisis support management that are a part of the mental health crisis continuum and they must be coordinated with the mobile outreach teams to minimize overlap and redundancy.

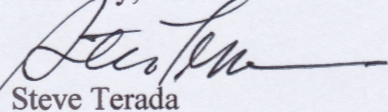
JAIL DIVERSION

During the state's mental health summit at the Hawai'i State Supreme Court in 2019, the Department of Public Safety (DPS) reported that in 2017-2018 pretrial detainees with mental illness stayed a cumulative 12,000 days at DPS before they were sent to the Hawai'i State Hospital. Each day costs approximately \$198. Jail diversion is based upon the logic that people who are mentally ill and commit an offense have done so because of their mental illness. Diversion seeks to reduce the incarceration of mentally ill because proper treatment in jails is difficult to obtain. There are numerous pre-booking and post-booking jail diversion models, and it must be emphasized that their goals are different. The mobile crisis outreach team concept is a pre-booking alternative using civilian responders and is meant to minimize police contact and keep the mentally ill out of jail. A Crisis Intervention Team concept being used in Honolulu will typically send the police out as first contact. There are dozens of different models in use across the United States, but communities are expanding use of mobile crisis intervention teams. Last year's American Rescue Plan Act created a new financial incentive for 24/7 mobile crisis teams through Medicaid. The new Medicaid incentive is modeled after the CAHOOTS program.

FINAL COMMENTS

This is not our first attempt at enacting a mobile crisis intervention team bill. In the 30th legislative session, SB 732 proposed a two-year pilot program for mobile crisis intervention in Hawai'i. The State Department of Health (DOH) testified against the bill arguing that the mobile crisis teams were redundant and unnecessary. Since then, it has been made clear that the mobile crisis response team called for in SB 2736 SD 1 would be a unique and needed intervention in Hawai'i, and the DOH now supports the concept and program. **Let us enact this bill and get help out to our mentally ill!**

Sincerely,



Steve Terada

¹ & ² Kaiser Family Foundation using U.S. Health & Human Services' Substance Abuse and Mental Health Services Administration 2018-2019 data at <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/hawaii>

³ WHO Scientific Brief. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

⁴ Insel, T. (2022). *Healing: Our path from mental illness to mental health*. Penguin Press.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Ryan Yamane and Members of the Committee on Health, Human Services, & Homelessness

From: Dr. Denis Mee-Lee, Legislative Committee Chair
Hawaii Psychiatric Medical Association

Time: 09:30 a.m., March 18, 2022

Re: SB 2736, SD1 Relating to Behavioral Health Crisis Stabilization Beds

Position: **SUPPORT**

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of legislation to implement 988 in Hawaii.

As the 10th leading cause of death in the United States and the second leading cause of death (after accidents) for people aged 10 to 34, suicide is a serious public health problem. An estimated 1.3 million adults attempt suicide each year, according to the Centers for Disease Control and Prevention (CDC). More than one in five people who died by suicide had expressed their suicide intent. Yet, suicide is preventable. Knowing the risk factors and recognizing the warning signs for suicide can help prevent suicide.¹

In 2020, Congress designated 988 as the new three-digit number for mental health and suicide crises and directed states to develop the infrastructure to work with call centers, similar to 911. 988 is an opportunity to revolutionize crisis response by creating a sustainable infrastructure that includes:

- 24/7 crisis call centers (someone to talk to)
- Mobile crisis teams (someone to respond)
- Crisis stabilization programs (somewhere to go)

Developing all three prongs of this system and properly sustaining this infrastructure is crucial for transforming the way we respond to crises here in Hawaii. 988 will save lives. The Hawaii Psychiatric Medical Association looks forward to working in a collaborative manner with the legislature, regulatory bodies, and other organizations, to assist in the development of 988 in Hawaii.

Thank you for the opportunity to testify; we are available to answer any questions.

¹ <https://www.psychiatry.org/patients-families/suicide-prevention>



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For a Healthy Hawai'i

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COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

Friday, March 18, 2022 - 9:30am - via videoconference

Testimony in Support of SB2736 SD1 RELATING TO CRISIS OUTREACH PROGRAMS

The Hawai'i Psychological Association (HPA) strongly supports SB2736 SD1 which appropriates funding to the Department of Health Adult Mental Health Division for a crisis intervention program modeled after a wildly successful and popular program called CAHOOTS (Crisis Assistance Helping Out On The Streets) in Eugene, Oregon.

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 interventions represents a more appropriate, effective, and targeted approach to addressing incidents and concerns stemming from mental illness.

Moreover, this program promises to save the state millions of dollars in more costly emergency services responses – which may not be appropriate in circumstances needing skilled and appropriate mental health intervention.

This Committee may recall the very tragic loss of lives of two honorable, dedicated Honolulu police officers: Tiffany Enriquez and Kaulike Kalama, and the destruction of five homes in the Diamond Head area in early 2020, when a 69-year-old man with a history of mental illness, stabbed one civilian, shot these officers and set his neighborhood on fire. This man, plagued with a mental disorder, had engaged in a series of troubling conduct requiring police interactions over years prior to this tragedy. Had a program like CAHOOTS been in place, all those lives and that property may have been saved.

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

Sincerely,

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