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OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
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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 WAYS AND MEANS
ON
SENATE BILL NO. 2736, S.D. 1

March 2, 2022
10:15 a.m.
Room 211 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:

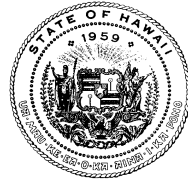
- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support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

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: 3/2/2022

Hearing Time: 10:15 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 WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

Wednesday, Mar 2 2022: 10:15 : 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.

TESTIMONY IN SUPPORT OF SB 2736 SD1

TO: Chair Dela Cruz, Vice-Chair Keith-Agaran, & Members – Senate Committee on Ways and Means

FROM: Trisha Kajimura
Deputy Director - Community

DATE: March 2, 2022 at 10:15 AM

Hawai'i Health & Harm Reduction Center (HHRC) **supports** SB 2736 SD1 which appropriates funds to the Adult Mental Health Division of the Department of Health for a statewide crisis outreach program

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, including:

- A Mobile Medical Unit that visits homeless encampments
- Housing-focused outreach teams in Regions 1 (Lower Salt lake to Pi'ikoi St.)
- LEAD (Let Everyone Advance with Dignity) diversion program in Waikiki
- A Street wound care team that attends to unsheltered individuals primarily in the urban downtown/Chinatown area.

Through these programs, we witness the struggle of people living unsheltered. The crises they experience in the acute stress of unsheltered life include mental health, domestic violence, unmet medical needs, legal system involvement. Attempts to get help are thwarted by barriers to transportation, basic hygiene facilities and lack of identification documents. We encounter and serve people who are living unsheltered with very serious illnesses and conditions such as cancer, uncontrolled diabetes and bone fractures. We focus on building trust with these individuals so that we can help them get the care they need.

The CAHOOTS model mentioned in the bill is one that we have been following and we support this proposal to implement a similar statewide program in Hawai'i so that more people can get appropriate crisis support when they need it.

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

TESTIMONY ON BEHALF OF HAWAI'I PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Donovan Dela Cruz, Vice Chair Gil Keith-Agaran
Senate Committee on Ways and Means

From: Dr. Denis Mee-Lee, Legislative Committee Co-Chair
Hawai'i Psychiatric Medical Association

Time: 10:15 a.m., March 2, 2022

Re: SB 2736, SD1 Relating to Behavioral Health Crisis Outreach Program

Position: **SUPPORT**

Dear Chair, Dela Cruz, Vice-Chair Keith-Agaran and Members of the Committee,

The Hawai'i Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of SB 2736 SD1, which appropriates funds for a statewide crisis outreach program.

HPMA agrees that CAHOOTS (Crisis Assistance Helping Out On The Streets) is a promising model of responding to crises involving mental illness, homelessness, and addiction, using a crisis intervention worker and a medic who is either a nurse or an emergency medical technician, both of whom are trained in de-escalation and crisis intervention methods.

HPMA concurs that, in Hawai'i, such a crisis program could be connected to existing crisis phone lines and the forthcoming 9-8-8 national suicide prevention lifeline.

The urgent need in Hawai'i for quality behavioral health care is significant; SB 2736, SD1 is an important step toward addressing that demand.

Thank you for the opportunity to testify on SD 2736, SD1.

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: Senate Committee on Ways and Means
FROM: Partners In Care (PIC)
Hearing: Wednesday, March 2nd, 2022, 10:15 am via videoconference
Position: **SUPPORT WITH COMMENTS**

Chair Dela Cruz and Members of the Senate Committee on Ways and Means:

Partner 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, 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.

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.



HAWAII MEDICAL ASSOCIATION

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SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Gilbert S.C Keith-Agaran, Vice Chair

Date: March 2nd, 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 have limited options. Law enforcement and emergency medical services (EMS) offer immediate response 24 hours a day, but when activated for psychiatric concerns can 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 programs as one of "three core components of an effective crisis system"⁵. These programs offer a valuable alternative to existing emergency response systems. Their implementation is associated with healthcare cost savings, reductions in emergency department visits and psychiatric admissions, and improved connection to mental health resources^{5,6}. To maximize efficacy, the HMA respectfully requests future consideration for adoption of standards defined in the 85-Percent Enhanced Federal Medical Assistance Percentage, as outlined in Section 9813 of the American Rescue Plan Act as a reference⁷.

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.

Continued

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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2. *Adult Data 2021*. (n.d.). Mental Health America. <https://www.mhanational.org/issues/2021/mental-health-america-adult-data>
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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>.

HMA OFFICERS

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SB-2736-SD-1

Submitted on: 2/25/2022 9:42:36 PM

Testimony for WAM on 3/2/2022 10:15:00 AM

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

Comments:

Support.

TESTIMONY IN STRONG SUPPORT OF SB2736 SD1
Senate Committee on Ways and Means

To: Sen. Donovan M. Dela Cruz, Chair; Sen. Gilbert S. C. Keith-Agaran, Vice Chair; Senate Committee Members on Ways and Means

From: Chelsie Arume

Dear Chair Sen. Donovan M. Dela Cruz, Vice Chair Sen. Gilbert S. C. Keith-Agaran, and Senate Committee on Ways and Means Members:

My name is Chelsie Arume and I am in strong support of SB2736 SD1 to appropriate funds to the Adult Mental Health Division of the Department of Health to support a statewide CAHOOTS-like crisis outreach program. It is becoming evident that law enforcement is not properly trained to handle or respond to mental health crisis situations. There are numerous examples of law enforcement being ill-equipped in these types of situations, but the most recent would be the tragic murder of Linda Johnson, which made headlines earlier this month. Johnson suffered from mental illness and was murdered by another individual who suffered from mental illness and was on conditional release. This is a situation that could have been prevented if both Johnson and her offender received the type of crisis intervention that a CAHOOTS program could offer.

I was previously employed at a residential facility that housed residents with mental illness on conditional release. There were numerous times that staff had to contact law enforcement due to a resident having a mental health crisis. When this happened, it was very clear that the officers who responded did not have the proper training or education to handle these situations. Officers often treated them as criminals instead of seeing them as someone who needed help. I even encountered an officer who did not know what conditional release is. In these situations where I and the other staff were required to call law enforcement, I often felt that I and the current system failed the resident because we were unable to provide them with the correct type of help and response. If a CAHOOTS-like crisis outreach program was implemented in Hawaii, individuals with mental illness would be able to receive the right type of help in crisis situations and could avoid being criminalized all together.

For this reason, I am in strong support to appropriate funds to the Adult Mental Health Division of the Department of Health to support a statewide CAHOOTS-like crisis outreach program. Thank you for your time and for the opportunity to support SB2736 SD1.

Sincerely,

Chelsie Arume