

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of S.B. 2736
RELATING TO CRISIS OUTREACH PROGRAMS

SENATOR JARRETT KEOHOKALOLE, 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 (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 CAHOOTS AMHD Crisis Outreach

COMMITTEE ON HEALTH

Senator Jarrett Keohokalole, Chair

Senator Rosalyn H. Baker, Vice Chair

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

Hawaii Substance Abuse Coalition supports SB2736:

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

¹ Psychiatric Times:CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention 2021
<https://www.psychiatrictimes.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))

- 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.**
- 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.

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
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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 HEALTH
ON
SENATE BILL NO. 2736

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

RELATING TO CRISIS OUTREACH PROGRAMS

The Department of Budget and Finance (B&F) offers comments on Senate Bill (S.B.) No. 2736.

S.B. No. 2736 appropriates \$1,700,000 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.

SB-2736

Submitted on: 2/4/2022 7:29:23 PM

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

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

Comments:

We are in support.

TESTIMONY IN SUPPORT OF SB 2736

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

Hawai'i Health & Harm Reduction Center (HHRC) **supports** SB 2736 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.

SB-2736

Submitted on: 2/5/2022 6:41:17 PM

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

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

Comments:

Stand in Support.

LATE

SB-2736

Submitted on: 2/7/2022 10:22:15 AM

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

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Aliman Sears	Testifying for CER	Support	No

Comments:

SB 2736, Relating to Crisis Outreach Programs.

COMMUNITY EMPOWERMENT RESOURCES (CER) IS IN SUPPORT:

CER, is 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 with the various QUEST insurance providers. We have extensive experience and expertise in the area of social services (15 years in Hawaii) as an agency helping the mentally ill homeless to get needed medical and psychiatric care, helping this population 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*

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 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



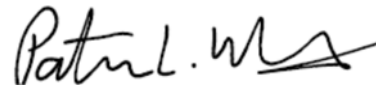
Danielle Bergan
Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce



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



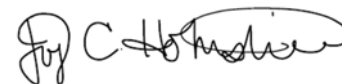
Madeleine Hiraga-Nuccio
Co-Chair, Prevent Suicide Kaua'i Taskforce



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-2736

Submitted on: 2/6/2022 4:52:58 PM

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



Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kathleen Merriam	Individual	Support	No

Comments:

Aloha, I am so pleased to have the chance to share with you why I support crisis outreach programs. I have utilized this service many times...both professionally and in the community for friends/family. I know first hand how critical this kind of service is for our the mental health continuum of care. I believe we are often judged by how we take care of our most marginalized, most fragile, most disabled people. We must be able to get to them and provide care. Reaching out is the way, helping folks access services...this is what saves lives.

Often I am asked what someone can do for a loved one that is very ill and displaying symptoms that they don't understand. The fact that our mental health system can provide outreach and can go to the place, where the person is, makes all the difference. This is a great service to family members, businesses, community members, and most importantly, the individual with the mental health condition.

Passing this bill says #Mental Health Matter which is what is needed now more than ever. Mahalo for your leadership in mental health and your support.