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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
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Written Comments

SB732 SD1 RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM

Charlotte A. Carter-Yamauchi, Director
Legislative Reference Bureau

Presented to the Senate Committee on Ways and Means

Tuesday, March 2, 2021, 9:30 a.m.
Via Videoconference

Chair Dela Cruz and Members of the Committee:

Good morning Chair Dela Cruz and members of the Committee. My name is Charlotte Carter-Yamauchi and I am the Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written **comments** on S.B. No. 732, S.D. 1, Relating to the Non-Violent Response Team Pilot Program.

The purpose of this measure is to direct the Legislative Reference Bureau to conduct a study examining the efficacy of the Hawaii CARES program offered by the Department of Health's Behavioral Health Administration Adult Mental Health Division. More specifically, the measure requires the Bureau to conduct a study that includes:

- (1) A summary of the responses and interventions made by the Hawaii CARES program during the past five years, including intervention responses to incidents related to mental health, substance abuse, suicide threats, as well as providing conflict resolution and welfare checks on the island of Oahu;
- (2) Whether any of the responses and interventions involved an armed response;
- (3) A financial report for the preceding five fiscal years;
- (4) Input from the Department of the Health, Department of Human Services, Honolulu Police Department, and Department of Budget and Finance; and

- (5) A requirement that the Bureau submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2022.

The Bureau takes no position on this measure but submits the following comments for your consideration.

First off, we would like to note that the measure's title may be too restrictive to encompass a proposed study of the Hawaii CARES program, as this program does not seem to be a pilot program, but rather an ongoing, permanent program of the Department of Health. Information gleaned from the Department of Health's website indicates that:

- (1) Hawaii CARES combines two former statewide services: the ACCESS Line and the Crisis Line of Hawaii;
- (2) The ACCESS Line was launched in 2002, and provided phone counseling and support to residents in crisis as well information on mental and behavioral health services;
- (3) In 2015, ACCESS was renamed Crisis Line of Hawaii, and expanded to support residents 24/7; and
- (4) In 2019, the CARES line opened with a primary focus on substance use.

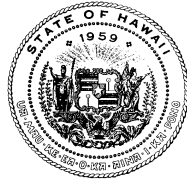
Consequently, it seems that the Hawaii CARES program has been in existence in some form since 2002. If the Hawaii CARES program is an ongoing, permanent program, the measure as currently drafted could be deemed in violation of Article III, section 14 of the Hawaii State Constitution.

Further, although not explicitly framed as a performance evaluation, the measure does require the study to focus on the efficacy of the Hawaii CARES program, which is, in effect, a measure of performance. Pursuant to section 23-4, Hawaii Revised Statutes, "*[t]he [A]uditor shall conduct postaudits of the transactions, accounts, programs, and performance of all departments, offices, and agencies of the State and its political subdivisions.*" Consequently, by law, executive agency performance evaluations fall under the purview of the Auditor.

With regard to the study required of the Bureau, we note that the Bureau has no specific expertise or particular experience in matters relating to mental health, substance abuse, suicide threats, provision of conflict resolution services or welfare checks, or program evaluation. Based on the information being requested, it would seem more appropriate for the Department of Health's Adult Mental Health Division to provide an annual, ongoing report of its Hawaii CARES program since it has been conducting this program in some iteration

since 2002, and already should at least possess the data, statistics, cost information, and inherent expertise to provide context to all the relevant information being requested. Regarding the study requirement to obtain input from the Department of the Health, Department of Human Services, Honolulu Police Department, and Department of Budget and Finance, since the Hawaii CARES program seems to be an ongoing, permanent program, it seems more immediately beneficial to establish a permanent advisory group that contains the aforementioned agencies to provide ongoing input to assist the Department of Health with improving the efficacy of the Hawaii CARES program.

Thank you again for the opportunity to submit written comments.



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DEPARTMENT OF HEALTH
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**WRITTEN
TESTIMONY ONLY**

**Testimony in OPPOSITION to S.B. 732 S.D. 1
RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM**

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

Hearing Date: 3/2/2021

Hearing Time: 9:30 a.m.

1 **Department Position:** The Department of Health (“Department”) offers comments and
2 wonders if efforts set forth by this measure may be broadened, or otherwise deferred to next
3 session.

4 **Department Testimony:** The subject matter of this measure intersects with the scope of the
5 Department’s Behavioral Health Administration (BHA) whose statutory mandate is to assure a
6 comprehensive statewide behavioral health care system by leveraging and coordinating public,
7 private and community resources. Through the BHA, the Department is committed to carrying
8 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
9 person-centered.

10 Currently, the BHA’s Adult Mental Health Division (AMHD) coordinates crisis services
11 statewide which includes an array of options. The Hawaii CARES Program is the state’s “one
12 stop shop” entry point to access the Department’s behavioral health services, including crisis
13 services. As part of its array of crisis services, Hawaii CARES staff receive crisis calls through a
14 statewide 24-hour a day, 7-day a week behavioral health call center.

15 Crisis services aim to increase the likelihood of community tenure and to reduce the risk
16 of recidivism or rehospitalization. The AMHD contracts with providers who specialize in
17 behavioral health crisis services. When an individual contacts the Hawaii CARES Program and

1 indicates a need for community-based behavioral health support, Hawaii CARES staff assist the
2 individual by linking them to appropriate crisis services including crisis mobile outreach (CMO),
3 crisis support management (CSM), Law Enforcement Assisted Diversion (LEAD), and short-term
4 stabilization beds. In addition, the AMHD contracts with a statewide provider whose Mental
5 Health Emergency Workers (MHEW) are available to assist law enforcement when there is a
6 need to determine if an individual meets the criteria for involuntary hospitalization.

7 In October, 2019, the BHA contracted with the University of Hawaii to administer the
8 Hawaii CARES Program which provides crisis services to individuals living with substance use
9 challenges. In July, 2020, the Hawaii CARES Program under our direction merged with the Crisis
10 Line of Hawaii to begin providing expanded and comprehensive crisis services to individuals
11 who live with mental health, substance use, or co-occurring behavioral health challenges.

12 The Department continues to work closely with Hawaii CARES staff and contracted crisis
13 service providers to ensure continued collaboration with the BHA, AMHD, the Alcohol and Drug
14 Abuse Division (ADAD) and other partner agencies including Department of Human Services
15 (DHS), Department of Public Safety (PSD), and Judiciary, as well as community-based and
16 inpatient psychiatric and behavioral health service providers. Coordination across departments
17 is required in order to maintain a comprehensive continuum of care.

18 We believe that directing the Legislative Reference Bureau (LRB) to conduct a study to
19 examine the efficacy of these services and other supports provided through the Hawaii CARES
20 Program and the former Crisis Line of Hawaii for services provided during the past five years
21 would be more effective if evaluated within the context of the broader questions such as;

- 22 • “How well have we done in linking and syncing the various existing resources and
23 components of the care continuum?”,
- 24 • “To what extent do we need to continue to formalize implementation of a
25 coordinated system that brings all these parts together?”, and,

- 1 • “At this point and in the current economic environment, does it make more sense
2 to focus our attention on enhancing and linking what is already in place than to
3 implement more pilot programs?”

4 Additionally, we would ask that if moved forward that the committee consider
5 broadening the scope of this measure to consider the above questions in light of the following:

- 6 1. The Hawaii CARES Program has only been operating for less than two years and only
7 has been contracted by the Department to provide crisis services to individuals who
8 live with mental health, substance use, or co-occurring challenges since July 1, 2020.
9 2. The statewide contract for MHEW services is also newly executed. The Queen’s
10 Health Systems is administrator of this service.
11 3. While the Hawaii CARES Program would have data that describes crisis services
12 arranged through its behavioral health call center, utilization data for crisis service is
13 maintained by each contracted behavioral health crisis service provider. For
14 example, the Honolulu Police Department (HPD) maintains its database for
15 individuals who are arrested and held in its Central Receiving Division (CRD).

16 The Hawaii CARES Program has been collecting data about crisis interventions and
17 responses and the Department is ready and willing to present this information as well as share
18 an update on the BHA’s efforts to develop a publicly viewable data dashboard so that timely
19 data can be shared transparently about the Department’s behavioral health programs and
20 outcomes.

21 Please see attached for a description of the crisis services coordinated through the
22 Hawaii CARES Program.

23 **Offered Amendments:** None.

24 Thank you for the opportunity to testify on this measure.



The Hawaii CARES Program is Hawaii's statewide 24-hour a day, 7-day a week behavioral health call center. It is a program administered by the University of Hawaii at Manoa, Myron B. Thompson School of Social Work (MBTSSW). Funding is provided by the Hawaii State Department of Health (DOH), Behavioral Health Administration (BHA).

Oahu	832-3100
Neighbor Islands	1-800-753-6879
E-mail	hicares@hawaii.edu
Text	text ALOHA to 741741
Website	https://hicares.hawaii.gov

Crisis services are available statewide by contacting the Hawaii CARES Program and include, but are not limited to the following:

Crisis Mobile Outreach (CMO)

- Opportunity for immediate crisis intervention and de-escalation, including a thorough assessment of risk, mental status and medical stability, and exploration of service options in the community.
- Assessment and intervention services are provided to adults in an active state of crisis.
- Provided in a variety of settings including the individual's home, emergency department, etc.

Crisis Support Management (CSM):

- Time-limited support and intervention services to individuals in crisis who are not linked with current services or who are not currently linked to a behavioral health case manager.
- Assistance provided to return the individual to a pre-crisis state and if applicable, linkage to necessary community-based services and supports.

Honolulu Police Department (HPD) Central Receiving Division Services (CRD) Nursing Services:

- Advanced Practice Registered Nurses (APRNs) work in the HPD CRD for up to 80 hours per week to coordinate care needs with the individual's assigned behavioral health case manager (if linked), conduct nursing assessments, review medications and if applicable, obtain and administer medications, make recommendations to the court and provide the court with community treatment alternatives to hospitalization.
- Data is also collected on the frequency of arrests involving individuals with a mental health diagnosis and rates of homelessness among persons arrested.



Mental Health Emergency Workers (MHEW):

- MHEWs are law enforcement officers are trained with the skills needed to efficiently interact with individuals who are in an active state of crisis and individuals determined to need behavioral health support.
- MHEWs provided consultation and liaison support statewide through the Queen’s Medical Center, 24-hours per day, 7-days per week.
- For complex clinical cases where consultation involves detainees and inmates (e.g. via the MH-9 process) and to coordinate the transfer of detainees and inmates from state correctional facilities to the Hawaii State Hospital when acute psychiatric hospitalization is necessary, MHEWs collaborate with the DOH BHA’s Adult Mental Health Division (AMHD) and with the Department of Public Safety (PSD).

Short-Term Stabilization Beds:

- Sub-acute behavioral health short-term stabilization services are provided to adults who are identified as being at risk for homelessness, are already homeless, or are in an active state of crisis.
- Services provided include intensive case management, daily meals, nursing services, medication management, housing placement and other community-based support resources.



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

From: Sondra Leiggi-Brandon, Director, Behavioral Health Services, The Queen's Medical Center

Colette Masunaga, Director, Government Relations & External Affairs, The Queen's Health Systems

Date: March 2, 2021

Re: Comments SB732, SD1: Relating to the Non-violent Response Team Pilot Program

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comment on SB732 SD1, which directs the legislative reference bureau to conduct a study on the efficacy of the Hawaii CARES program. While we appreciate the intent of the measure, Queen's believes that a systematic approach to examining the continuum of care for mental health and substance abuse would provide sizeable insights for the community.

We currently contract with Department of Health (DOH) to administer the statewide Mental Health Emergency Worker (MHEW) program, which aims to strengthen the continuum of care for patients by effectively screening individuals in crisis and triage them to receiving sites and services as needed. Since Queen's became the administrator of the MHEW program, we have responded to nearly 4,000 calls from law enforcement, with 75% resulting in a triage decision to the emergency department. While Queen's is proud of the progress our MHEW team has made in implementing a statewide system, we would note the continued constraints in being able triage patients by their level of need to the appropriate facility due to lack of resources within the community for alternative receiving sites and services.

We thank the committee for the opportunity to offer comments on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

SB-732-SD-1

Submitted on: 2/26/2021 3:54:07 PM

Testimony for WAM on 3/2/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca Gardner	Individual	Support	No

Comments:

I strongly support this bill. I would prefer the original version. This is a timely matter and we can't afford to wait for a study.



**WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTY-FIRST LEGISLATURE, 2021**

ON THE FOLLOWING MEASURE:

S.B. NO. 732, S.D. 1, RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM.

BEFORE THE:

SENATE COMMITTEE ON WAYS AND MEANS

DATE: Tuesday, March 2, 2021 **TIME:** 9:30 a.m.

LOCATION: State Capitol, Room 211, Via Videoconference

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Michelle Nakata,
Deputy Attorney General, at 587-3050)

Chair Dela Cruz and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments on this measure.

The purpose of this bill is to direct the Legislative Reference Bureau to conduct a study examining the efficacy of the Hawaii CARES program administered by the Department of Health's behavioral health administration adult mental health division. Among other things, the study requires examination of the responses and interventions made by the Hawaii CARES program related to mental health, substance abuse, suicide threats, conflict resolution, and welfare checks on the island of Oahu.

This bill may be subject to constitutional challenge. Section 1 of this bill would require a study of the Hawaii CARES program, but the title of this bill is "RELATING TO THE NON-VIOLENT RESPONSE TEAM PILOT PROGRAM." Section 14 of article III of the Constitution of the State of Hawai'i provides that "[e]ach law shall embrace but one subject, which shall be expressed in its title." The Hawaii CARES program, an existing Department of Health program, is not a non-violent response team pilot program and in this regard, a study of the Hawaii CARES program is not appropriately described in the title of this bill. To avoid a potential constitutional challenge based on the single-subject requirement of section 14 of article III of the State Constitution, the Department

recommends that another bill with an appropriate title be utilized, such as a bill entitled
“RELATING TO HEALTH.”

Thank you for the opportunity to submit these comments.