



The Judiciary, State of Hawai'i

Testimony to the Thirty-Second State Legislature, 2024 Regular Session

House Committee on Finance
Representative Kyle T. Yamashita, Chair
Representative Lisa Kitagawa, Vice-Chair

Wednesday, February 28, 2024 at 10:00 a.m.
Conference Room 308 and Via Videoconference

by

Rodney A. Maile
Administrative Director of the Courts

Bill No. and Title: House Bill No. 1831, H.D. 1, Relating to Crisis Intervention.

Purpose: Establishes the behavioral health crisis center pilot program. Authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county. Appropriates funds for the pilot program. Effective 7/1/3000. (HD1)

Judiciary's Position:

The Judiciary supports the intent of this measure. The establishment and use of behavioral health crisis centers will improve the government response to individuals suffering from serious mental illness, particularly for those who may become, or already are, involved in the criminal justice system. Access to, and the provision of, mental health care and services is integral to diverting those individuals who, but for their mental health crisis, would not be involved with the criminal justice system. Taken together with other bills designed to address the mental health needs of individuals at other intercept points—such as HB2159, HD2 and HB2451, HD2—these bills will help to close the proverbial revolving door by building a comprehensive government response that addresses each intercept point.

Thank you for the opportunity to testify on this measure.



HB1831 HD1
RELATING TO CRISIS INTERVENTION
House Committee on Finance

February 28, 2024

10:00 AM

House Conference Room 308

The Office of Hawaiian Affairs (OHA) **SUPPORTS** HB1831 HD1, which would establish a behavioral health crisis center pilot program within the Department of Health to provide crisis intervention services at two locations; one on the island of O‘ahu and one on a neighbor island. **This crucial legislation addresses the pressing issue of individuals experiencing mental health or substance use disorder crises and their involvement with the criminal justice system.**

OHA believes that Native Hawaiians deserve access to mental health and substance use disorder crisis interventions that are culturally sensitive and community-oriented. The pilot program's emphasis on collaboration with law enforcement agencies, courts, mental health providers, and community stakeholders offers a holistic approach needed to address the root causes of these crises.

OHA has long worked to address the social determinants of health outcomes. We have worked diligently alongside our Hawaiian communities to pursue policies and investments that reverse the negative indicators that occur when social determinants of health for Hawaiians are not addressed. Native Hawaiians are the largest population of incarcerated individuals in the state.¹ Native Hawaiians are three times less likely to receive treatment regarding mental health services.² Native Hawaiians are more likely to experience substance abuse, being one of the highest users of illicit substances.³ Native Hawaiians have the highest rate of homeless services use.⁴ Native Hawaiians are overrepresented among the homeless in Hawai‘i.⁵ This pilot program holds promise to begin to address some of these unacceptable realities for Hawaiians.

¹ *Mental and behavioral health - Native Hawaiians/pacific islanders*. Office of Minority Health. (2019). <https://www.minorityhealth.hhs.gov/mental-and-behavioral-health-native-hawaiianspacific-islanders>

² *Id.*

³ Daniels, Sheri-Ann P et al. "Conceptualizing a New System of Care in Hawai‘i for Native Hawaiians and Substance Use." *Hawai‘i journal of health & social welfare* vol. 81,12 Suppl 3 (2022): 43-51.

⁴ *Id.*

⁵ Partners In Care, *2022 Point In Time Count*, p.7.



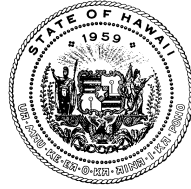
HB1831 HD1
RELATING TO CRISIS INTERVENTION
House Committee on Finance

The unique challenges faced by the people of Hawai'i, particularly those suffering from mental health issues, substance use disorders, or homelessness, require a compassionate and effective approach. The proposed crisis centers will hopefully show the promise of providing vital resources to redirect individuals to appropriate healthcare services, breaking the cycle of repeated arrests and court appearances. We specifically appreciate the provision ensuring services are provided regardless of the client's ability to pay as it is essential in fostering inclusivity and ensuring that everyone, regardless of financial status, can access the care they need.

OHA defers to the Department of Health on costs and implementation. We believe that piloting innovative, collaborative programs to support mental health crises is a worthy investment. However, we recognize the constraints of our state budget given the costs borne from the Maui fires.

OHA appreciates the opportunity to testify and urges the committee to **PASS** HB1831 HD1. Mahalo nui for the opportunity to testify on this important issue.

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
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**WRITTEN
TESTIMONY
ONLY**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
SUPPORTING HB 1831 HD1
RELATING TO CRISIS INTERVENTION**

February 28, 2024 at 10:00 a.m. in Rm 308 and via video

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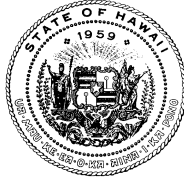
Chair Yamashita, Vice-Chair Kitagawa, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii advisory commission on drug abuse and controlled substances and county service area boards on mental health and substance abuse.

The State Council on Mental Health strongly supports HB1831 HD1. A significant gap in the continuum of care will be addressed by establishing behavioral health crisis centers. Hawaii is picking up lessons from the Arizona model in setting this up. In supporting this measure, the Council is looking for a continuum of care that can honestly respond to the treatment and recovery of those who are suffering from mental illness. It looks forward to a reduction in the emergency room cost burden and further de-stigmatization of mental illness.

Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



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**Testimony in SUPPORT of HB1831 HD1
RELATING TO CRISIS INTERVENTION**

REPRESENTATIVE KYLE T. YAMASHITA, CHAIR
HOUSE COMMITTEE ON FINANCE

Wednesday, February 28, 2024, at 10:00 a.m., Room 308/VIDEO

1 **Fiscal Implications:** The Department of Health (“Department”) requests funding for this
2 measure be considered as a vehicle to expand services, including staff support, provided it does
3 not supplant the requests outlined in the Governor's executive budget request.

4 **Department Position:** The Department submits comments for the Committee’s consideration.

5 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following
6 testimony on behalf of the Department.

7 The Department supports this measure which proposes the creation of a pilot project
8 which will result in two Behavioral Health Crisis Centers (BHCC) in Hawai’i. BHCCs will be
9 tremendous additions to the crisis continuum. They will have benefits to the community
10 including, but not limited to more people in crisis getting help by creating additional rapid
11 access points for care, reduction in law enforcement time dealing with people in crisis,
12 reduction in use of already over-crowded emergency departments, and cost savings for the
13 community in many areas such as reduced criminalization and reduced use of acute care
14 facilities.

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

16 **Offered Amendments:** Paragraph 2(b) should be deleted and be replaced by:

1 The pilot project shall establish two behavioral health crisis centers from which to treat
2 and direct patients pursuant to the pilot program, one to be located in Honolulu and a second
3 one to be on Oahu or on a neighbor island. The department of health shall determine the most
4 appropriate sites for the behavioral health crisis centers. The department of health may lease
5 or acquire property for the establishment of these behavioral health crisis centers.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
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February 28, 2024

TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

House Bill 1831 HD1 – Relating to Crisis Intervention

The Disability and Communication Access Board (DCAB) supports House Bill 1831 HD1 – Relating to Crisis Intervention.

This bill establishes the behavioral health crisis center pilot program. Authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county.

People with mental health issues are often caught up in the criminal justice system, which is unfair to the individuals and stresses the resources of the criminal justice system. A crisis intervention program that attempts to intervene, divert, and treat these individuals is beneficial in multiple ways.

Thank you for considering our position.

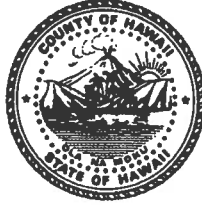
Respectfully submitted,

KIRBY L. SHAW
Executive Director

Mitchell D. Roth
Mayor

Deanna S. Sako
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Susan K. Kunz
Housing Administrator

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February 26, 2024

TESTIMONY FOR COMMENT IN SUPPORT OF HOUSE BILL 1831, HD1
A BILL FOR AN ACT RELATED TO CRISIS INTERVENTION
COMMITTEE ON FINANCE
Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

Hearing Date: Wednesday, February 28, 2024, at 10:00 AM
Place of Hearing: Conference Room 308 & Videoconference

Aloha Honorable Chairs Yamashita and Kitagawa, and members of the Committee on Finance,

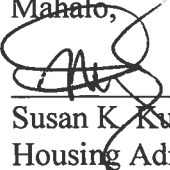
On behalf of the Office of Housing and Community Development of the County of Hawai'i, I am providing testimony in **support of House Bill 1831, HD1**, which establishes the behavioral health crisis center pilot program, authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county, and appropriates funds for the pilot program.

Redirecting persons experiencing a mental health crisis or substance use disorder who are involved with, or at risk for involvement with, the criminal justice system to the appropriate health care system and service will improve the government's overall response and better serve those needing care.

As Dr. Chad Koyanagi, medical director of crisis continuum for DOH's Adult Mental Health Division, stated during a Feb. 5 informational briefing, establishing behavioral health crisis centers will be a tremendous addition to the crisis care continuum that will fill a critical gap in the crisis continuum, decrease utilization of law enforcement time, decrease use of acute psychiatric resources, result in higher patient satisfaction, and create an additional entry point into the behavioral health care system.

Thank you for the opportunity to provide testimony in **support** of this measure.

Mahalo,



Susan K. Kunz
Housing Administrator





HB1831 HD1 Crisis Intervention Centers Pilot with DOH Hawaii Substance Abuse Coalition supports HB1831 HD1:

ALOHA CHAIRS, VICE CHAIRS, 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 and recovery-oriented services.

HSAC Supports HB1831 HD1

HSAC agrees that many people who suffer from drugs, alcohol or mental illness are cited or arrested when it would be **better to provide crisis services for stabilization and then refer or help them to start treatment so they can recover from their illness.**

[HSAC applauds the amendment to have the DOH contract to start behavioral crisis centers in every county.](#)

Since the efforts of mental health providers working with law enforcement to support a crisis intervention program on Oahu has been successful, a pilot program for a behavioral health **crisis center operated by the Department of Health is a great plan:**

1. To redirect persons with mental health issues or substance abuse issues to a healthcare center system
2. To provide treatment – **hopefully treatment is using evidence-based therapies, which is much more than stabilization, given that stabilization is a good first step to then provide or refer to an evidence-based treatment program.**
3. To acquire or lease one on Oahu and one on a neighbor island.
4. To screen, assess, admit for stabilization and redirect a person to the most appropriate and least restrictive setting available regardless of the person's ability to pay.
5. Meet all the criteria for a crisis drop off center.

Since this idea has strong evidential support across the nation:

- **HSAC recommends this pilot project be extended past December, 2026.**

We appreciate the opportunity to provide testimony.

HB-1831-HD-1

Submitted on: 2/26/2024 3:47:36 PM

Testimony for FIN on 2/28/2024 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

This is a great idea. It is exactly what we need.

COMMUNITY ALLIANCE ON PRISONS

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COMMITTEE ON FINANCE

Representative Kyle Yamashita , Chair

Representative Lisa Kitagawa, Vice Chair

Wednesday, February 28, 2024

10:00AM

Room 308 & Videoconference

STRONG SUPPORT FOR HB 1831 HD1 - CRISIS INTERVENTION

Aloha Chair Yamashita, Vice Chair Kitagawa and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for thirty years. This testimony is respectfully offered on behalf of the 3,849 Hawai'i individuals living behind bars¹ and under the "care and custody" of the Department of Corrections and Rehabilitation on February 19, 2024. We are always mindful that 858 - 44% of the male prison population of 1,963 - are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons (CAP) appreciates this opportunity to testify in **STRONG SUPPORT of HB 1831 HD1** to establish the behavioral health crisis center pilot program, appropriates funding for the pilot, and authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county.

CAP's experience working with imprisoned people informs our testimony as many people have behavioral, mental and/or physical health issues, and many need and are willing to go to treatment for their mental health and substance use. The need is growing for more community services, especially in those chronically underserved communities where the needs are great.

¹ **DPS/DCR Weekly Population Report, February 19, 2024.**

<https://dcr.hawaii.gov/wp-content/uploads/2024/01/Pop-Reports-Weekly-2024-02-19.pdf>

² **Breaking Cycles Symposium:** Re-envisioning a Health, Housing, and Corrections Continuum
HI Correctional System Oversight Commission presentation, October 2023.

³ **Behavioral Health Crisis Stabilization Centers: A New Normal**

Verletta Saxon, Dhruvodi Mukherjee, Deborah Thomas

<https://www.mentalhealthjournal.org/articles/behavioral-health-crisis-stabilization-centers-a-new-normal.pdf>

Data² shared at the Breaking Cycles Symposium show that

- 75% of the Hawai'i jail population are imprisoned for the lowest felony (Class C), misdemeanors, petty misdemeanors, and violations.
- 49% of the 566 new bookings (from Jan – May 2023), 278 individuals required mental health treatment and care.
- 30% of OCCC imprisoned persons were homeless immediately prior to arrest.

Establishing behavioral health crisis centers on O`ahu and other islands is becoming increasingly necessary in Hawai'i. It's become 'the new normal' as this article from the Journal of Mental Health and Clinical Psychology³ discusses and collaboration is the key to the success of these centers. We need to break the silos and stand back to see the embrace the wisdom of collaboration. Sharing expertise and knowledge can only help all of us participate in building stronger, healthier, and more just communities.

"Crisis Intervention is provided by multiple entities which can include police, hospitals, nurses, ambulatory services, behavioral health and many other professionals (James & Gilliland, 2001; Mukherjee & Saxon, 2017). When we combine the cumulative knowledge, skills, and ability of partners that serve individuals in psychiatric crisis we achieve a panoply of interdisciplinary skillsets that address the needs of a comprehensive integrated behavioral healthcare system.

...

Building a team that can collaborate and address the systematic and personal challenges of those experiencing a behavioral health crisis creates a more effective system that increases service delivery while reducing the overall health care cost for those in crisis. When collaboration among agencies and individuals is performed it reaches into political, local, state wide, federal, bureaucratic systems to create an environment where the voice of those who are suffering from psychiatric crisis can be heard (James & Gilliland, 2001).

Conclusions

Crisis Stabilization Centers are a viable alternative to Emergency Department behavioral health treatment. Research has shown that models such as 23-hour stabilization, the Living Room Model and Crisis Stabilization Centers have been shown to be effective at treating individuals in crisis and are cost effective. While communities create effective partnerships with federal, state and local administrative bodies they lack resources and funding to provide consistent treatment and improve on service delivery. At a time when the need for behavioral health service is in the national spotlight, behavioral health agencies and hospital systems are seeing the importance of new community-based crisis service delivery models and are addressing individuals in crisis."

The growing economic divide had caused so many people with ancestral ties to this `aina to leave their homeland in order to create a more stable life for their families as they see pieces of their homeland being sold off to people with no connection to Hawai'i nei.

We leave you with the Conclusion⁴ of a report by Vera Institute of Justice

*Many community partners clearly have a role to play in supporting safe responses to people in crisis that center their dignity and long-term health outcomes. This report highlights important strategies and approaches to help communities navigate ways to reduce police involvement in situations involving someone in behavioral health crisis. Reducing police involvement **in crisis response hinges on a robust and flexible crisis continuum that enables access to effective and appropriate treatments, services, and supports for a wide range of clients. Ultimately, creating alternatives to police responses will connect people in the community with the services they need, reduce arrest rates and the potential for violent police encounters, and promote the health and safety of community members.***

The growing economic divide had caused so many people with ancestral ties to this `aina to leave in order to create a more stable life for their families as they see pieces of their homeland being sold off to people with no connection to all that is unique and sacred Hawai`i nei.

Let's put our people first and help those contending with a myriad of health issues that have become public health issues that we, as a society, must all address. Community Alliance on Prisons earnestly hopes that you support these centers to help families and communities across Hawai`i nei. And we mahalo the heroes who work every day to help people and give them the hope that they can move forward in their lives.

Mahalo for accepting testimony on this important bill. Community Alliance on Prisons respects the hard decisions that the committee must make, and we thank you for taking on this formidable task!

⁴ **Behavioral Health Crisis Alternatives**, Shift from Police to Community Alternatives
<https://www.vera.org/behavioral-health-crisis-alternatives>



Hawaii Medical Association

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COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice Chair

Date: February 28, 2024
From: Hawaii Medical Association
Elizabeth England, MD
Chair, HMA Public Policy Committee

Re: **HB1831 HD1; RELATING TO CRISIS INTERVENTION** Position: **Support**

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 "regional crisis call center, crisis mobile team response and crisis receiving and stabilization facilities as the "three core components of an effective crisis system"⁵. Research assessing the impact of 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 consider meeting all of the following standards to qualify for the 85-Percent

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2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

Enhanced Federal Medical Assistance Percentage as outlined in Section 9813 of the American Rescue Plan Act:

1. “Consist of a 24/7 multidisciplinary team that includes one or more behavioral health care professionals or paraprofessionals with behavioral health expertise. Multidisciplinary teams can consist of nurses, social workers, psychiatrists, peer support specialists, or other behavioral health specialists.
2. Provide screening and assessment; stabilization and de-escalation; and coordination with and referrals to health and social support services in a timely manner.
3. Ensure staff is trained in trauma-informed care, de-escalation, and harm reduction strategies.
4. Maintain relationships with relevant community providers, such as primary care providers, behavioral health providers, crisis respite providers, community health care facilities, and managed care organizations.
5. Maintain privacy and confidentiality of information consistent with federal and state requirements.”⁷

Properly funding a comprehensive behavioral health crisis stabilization system for Hawaii will save lives. Thank you for allowing the Hawaii Medical Association to testify **in support** of this measure.

REFERENCES

1. Resources – National Alliance for Mental Illness Hawaii. (n.d.). Retrieved February 20, 2022, from <https://namihawaii.org/resources/>
2. Adult Data 2021. (n.d.). Mental Health America. <https://www.mhanational.org/issues/2021/mental-healthamerica-adult-data>
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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>
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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>.

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2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

Helping Hawai'i Live Well

**Testimony to the House Committee on Consumer Protection & Commerce
February 28th, 2024, 10:00am
HB1831 HD1 Relating to Crisis Intervention**

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Aloha Chair Yamashita, Vice Chair Kitagawa, and members of the House Committee on Finance.

Mental Health America of Hawaii is in strong support of HB1831 HD1 which establishes the behavioral health crisis center pilot program, a pilot project that establishes Behavioral Health Crisis Centers.

PRO BONO LEGAL COUNSEL

Paul Alston

Mental Health America of Hawai'i (MHAH), an affiliate of the renowned national organization, is a highly regarded 501(c)(3) non-profit organization serving the State of Hawai'i. For nearly 80 years, MHAH has been fulfilling its mission "to promote mental health & wellness through education, advocacy, service, and access to care" through its vision of 'mental wellness for all.' We endeavor to reduce the shame and stigma of mental illness and improve the overall care, treatment, and empowerment of those with or at risk for mental health challenges across all stages of life in Hawai'i.

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Evidence shows that crisis centers like those proposed improve mental health clinical outcomes, reduces burden on emergency rooms, and improves cost efficacy by directing those with acute mental illness to appropriate facilities.

We strongly urge you to pass this legislation, and we are grateful for the opportunity to submit written testimony.

Respectfully,



Bryan L. Talisayan
Executive Director



To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, February 28, 2024, 10:00 AM, Conference Room 308

RE: **HB1831, HD1 Relating to Medical Transportation**

AlohaCare appreciates the opportunity to provide testimony in **support of HB1831, HD1**. This measure establishes and appropriates funds for a Behavioral Health Crisis Center Pilot Program and authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 84,000 Medicaid and dual-eligible health plan members on all islands. Approximately 40 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare appreciates the whole-person care approach of this measure, acknowledging persons experiencing mental health issues, substance use disorders, or homelessness require a compassionate and holistic approach. We are hopeful that the proposed establishment of a pilot project with two Behavioral Health Crisis Centers will be a critical component of the crisis continuum to provide rapid access to appropriate care and support for persons experiencing a behavioral health crisis who might otherwise matriculate through the criminal justice system. Redirecting these persons to appropriate behavioral health care services is aligned with a whole-person care approach, while also supporting systemic improvements, resulting in reductions in unnecessary criminalization, law enforcement resources, emergency room resources, and acute care facility resources.

As a health plan that serves the entire state, we appreciate the HD1 amendment to ensure DOH is authorized to expand access to behavioral health crisis center services in each county.

Mahalo for this opportunity to testify in **support of HB1831, HD1**.

Opportunity Youth Action Hawai‘i

February 28, 2024

House Committee on Finance

Hearing Time: 10:00 AM

Location: State Capitol Conference Room 308

Re: HB1831 HD1, RELATING TO CRISIS INTERVENTION

Aloha e Chair Yamashita, Vice Chair Kitagawa, and members of the Committee:

On behalf of the Opportunity Youth Action Hawai‘i hui, we are writing in **strong support** of HB1831 HD1, relating to crisis intervention. This bill appropriates funds for and establishes the behavioral health crisis center pilot program. This bill also authorizes the Department of Health to establish or contract with behavioral health crisis centers in each county.

Establishing behavioral health crisis centers in every county of Hawaii can properly direct those suffering from mental health issues to the proper services, streamline the care these individuals may need, and provide a safe and supportive network. This, in turn, will benefit the individual and the state by allowing the individual to avoid a detrimental bench warrant and the state to avoid expending resources on pursuing the individual.

Opportunity Youth Action Hawai‘i is a collaboration of organizations and individuals committed to reducing the harmful effects of a punitive incarceration system for youth; promoting equity in the justice system; and improving and increasing resources to address adolescent and young adult mental health needs. We seek to improve the continuity of programs and services for youth and young adults transitioning from minor to adult status; eliminate youth houselessness and housing market discrimination against young adults; and promote and fund more holistic and culturally informed approaches among public/private agencies serving youth.

Please support HB1831 HD1.

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THE QUEEN'S HEALTH SYSTEM

To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
Members, House Committee on Finance

From: Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: February 28, 2024

Re: Support for HB1831 HD1: Relating to Crisis Intervention

The Queen's Health System (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 10,000 affiliated physicians, caregivers, and dedicated medical staff 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 testimony in support of HB1831 HD1, relating to crisis intervention. The bill seeks to establish the behavioral health crisis center pilot program and requires the program to cease on December 31, 2026. We applaud the Committee and the House Majority Caucus for taking the bold step toward addressing this critical part of the mental/behavioral health crisis facing our state. This bill would enable and fund the Department's plan for establishing crisis centers in each county and thus, help provide a diversion program to stabilize and evaluate those experiencing a mental health crisis. We see this as a critical and important step in helping to alleviate pressure on our hospital's emergency departments and, importantly, directing those suffering from acute mental illness to the appropriate venue for future care (whether that be further stabilization, assisted community treatment, or in-patient long-term treatment).

We look forward to working with the Department and other stakeholders to support these efforts and urge the Legislature to also invest in the broader continuum of care – including growth in the healthcare workforce, expanded access to assisted community treatment programs and facilities, and refining and improving the coordination of care for patients throughout their stabilization and treatment process.

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

The mission of The Queen's Health System 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.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

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COMMITTEE ON FINANCE

DATE: Wednesday, February 28, 2024

TIME: 10:00 a.m.

PLACE: VIA VIDEOCONFERENCE

Conference Room 308

State Capitol

415 South Beretania Street

SUPPORT FOR HB 1831 HD1 – RELATING TO CRISIS INTERVENTION.

My name is Olivia Chang and I am a Policy Intern for the Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. I appreciate this opportunity to testify **in support** of HB1831 establishing a behavioral health crisis center pilot program under the Department of Health.

A growing body of research shows that using jails and prisons as a mental health care is just not working^{1,2}. Too many of our neighbors end up caught in the carceral system when what they really need is care and treatment to return safely to our community. These community members are often dealing with significant trauma and mental health issues, and we need to have trauma-informed approaches to how we care for them.

Police are ill-equipped to safely and effectively serve people experiencing behavioral health crises³. The dire shortcomings of using police as a default first responder to people with mental illness and substance use disorders are reflected in the disproportionate number killed by police every year and the disproportionate numbers held in jails and prisons⁴. While officers can be trained on de-escalation skills, the mere

¹ <https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-022-00183-9>

² <https://www.psychiatry.org/news-room/apa-blogs/decriminalizing-mental-illness>

³ <https://www.vera.org/behavioral-health-crisis-alternatives>

⁴ Amam Z. Saleh, Paul S. Appelbaum, Xiaoyu Liu et al. "Deaths of People with Mental Illness During Interactions with Law Enforcement," *International Journal of Law and Psychiatry* 58 (2018), 110-116; Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics (BJS), 2017),

presence of armed, uniformed officers with police vehicles often exacerbates feelings of distress and escalate mental health-related situations.

This crisis center will greatly decrease the amount of time that police officers have to spend on the streets dealing with those community members experiencing behavioral health crises, while also reducing the load on state hospital's emergency rooms. By establishing a behavioral health crisis center, we can successfully divert more of our community members away from punitive systems that don't address their real health concerns, and get them mental health and substance abuse treatment they need.

<https://www.bjs.gov/content/pu...>; and Jennifer Bronson, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (Washington, DC: BJS, 2017), <https://www.bjs.gov/content/pu...>.

HB-1831-HD-1

Submitted on: 2/28/2024 5:27:13 AM

Testimony for FIN on 2/28/2024 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jamie Green	Individual	Support	In Person

Comments:

I would like this bill to also be amended for condo short term rental to be stopped I feel it's best for tourist to stay in the hotels and let Locos live in the apartments, condos, and houses