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March 11, 2024

Committee on Public Safety and Intergovernmental and Military Affairs

Sen. Glenn Wakai, Chair

Sen. Brandon J.C. Elefante, Vice Chair

Committee on Health and Human Services

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Chair

415 Sout Beretania Street, Conference Room 225

State Capital

Honolulu, HI 96813

Re: Testimony in Support of H.B. 1831, H.D.1
Hearing: March 13, 2024, 3:00 PM

Dear Chairs Wakai, Elefante, Buenaventura, Aquino and Committee Members:

This letter is in support of the provisions of H.B. 1831, H.D. 1 which would establish a behavioral health crisis center pilot program to redirect persons experiencing a mental health or substance use disorder crisis who are involved with, or are at risk for involvement with, the criminal justice system to the appropriate health care system and services. Specifically, the pilot program establishes two behavioral crisis centers, one on Oahu and the other on a neighbor island, to treat and refer persons in need of mental or physical treatment. The Office of the Public Defender supports this bill to the extent that it does not adversely impact priorities identified in the Executive Supplemental Budget Request for FY2025.

H.B. 1831, H.D. 1 is a significant step towards alleviating the burden on both the criminal justice system and the hospitals diverting those who suffer from substance abuse issues or mental illnesses. These individuals are best served through and crisis intervention and treatment rather than the judicial system and endless hospitalizations, both of which are costly and a temporary panacea. Unless the underlying condition is treated, the behavior will not change. The crisis intervention center is in the unique position to make a lasting difference in treating individuals with the assistance of a multidisciplinary team providing treatment twenty-four hours a day, seven days a week. Further, the crisis center will accept individuals regardless of ability to pay and will not require pre-screening. These are frequent barriers to treatment that the crisis intervention center overcomes.

The crisis center will, *inter alia*, address mental health disorders, substance use issues, screen for suicide or violence risk, engage in comprehensive risk assessment and planning, all of which is extensive and thorough. These assessments and examinations are necessary to identify the issues the individual is dealing with and to determine the appropriate treatment and referrals. This comprehensive approach is the best method to engage and treat this segment of our community. The crisis intervention center will provide substantive and therapeutic intervention making meaningful and lasting results possible.

Thank you for taking these comments into consideration.

Sincerely,
/s/ Taryn Tomasa
Deputy Public Defender



HB1831 HD1
RELATING TO CRISIS INTERVENTION
Senate Committee on Health and Human Services
Senate Committee on Public Safety and Intergovernmental and Military Affairs

March 13, 2024

3:00 PM

Conference Room 225

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 promises 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.

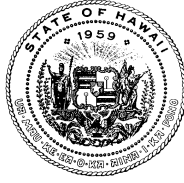


HB1831 HD1
RELATING TO CRISIS INTERVENTION
Senate Committee on Health and Human Services
Senate Committee on Public Safety and Intergovernmental and Military Affairs

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. 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 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.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov



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

SENATOR JOY A. SAN BUENAVENTURA
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

SENATOR GLENN WAKAI, CHAIR
SENATE COMMITTEE ON PUBLIC SAFETY AND
INTERGOVERNMENTAL AFFAIRS AND MILITARY SERVICES

Wednesday, March 13, 2024 at 3:00 p.m., Room 225/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 supports this measure and submits comments for the
5 Committee’s consideration.

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

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

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

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

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

8 The Department also respectfully requests language be inserted into Section 334-59,
9 HRS, that would allow for transport or release, as appropriate, to a licensed psychiatric facility
10 or other facility designated by the director. This language is necessary to fully utilize the BHCC
11 for its intended purpose.

12 Subsection (a)(1): If a law enforcement officer has reason to believe that a person is
13 imminently dangerous to self or others, the officer shall call for assistance from ~~the~~ a mental
14 health emergency ~~workers~~ worker designated by the director. Upon determination by the
15 mental health emergency ~~workers~~ worker that the person is imminently dangerous to self or
16 others, the person shall be transported by ambulance or other suitable means[,] to a licensed
17 psychiatric facility or other facility designated by the director for further evaluation and
18 possible emergency hospitalization...

19 Subsection (a)(3): Any licensed physician, advanced practice registered nurse, physician
20 assistant, or psychologist who has examined a person and has reason to believe the person is:

- 21 (A) Mentally ill or suffering from substance abuse;
22 (B) Imminently dangerous to self or others; and
23 (C) In need of care or treatment;

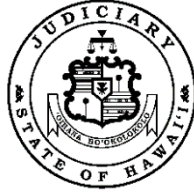
1 may direct transportation, by ambulance or other suitable means, to a licensed
2 psychiatric facility or other facility designated by the director for further evaluation and
3 possible emergency hospitalization...

4 Subsection (d): Emergency hospitalization. If the psychiatrist or advanced practice
5 registered nurse with prescriptive authority and who holds an accredited national certification
6 in an advanced practice registered nurse psychiatric specialization who performs the
7 emergency examination has reason to believe that the patient is:

- 8 (1) Mentally ill or suffering from substance abuse;
9 (2) Imminently dangerous to self or others; and
10 (3) In need of care or treatment, or both;

11 the psychiatrist or advanced practice registered nurse with prescriptive authority and who
12 holds an accredited national certification in an advanced practice registered nurse psychiatric
13 specialization shall direct that the patient be hospitalized on an emergency basis or cause the
14 patient to be transferred to another psychiatric facility or other facility designated by the
15 director for emergency hospitalization, or both...

16 Subsection (e): Release from emergency hospitalization. If at any time during the period
17 of emergency hospitalization the treating physician determines that the patient no longer
18 meets the criteria for emergency hospitalization and the examination pursuant to section 334-
19 121.5 has been completed, the physician shall expediently discharge the patient. If the patient
20 is under criminal charges, the patient shall be returned to the custody of a law enforcement
21 officer. In any event, the patient shall be released within forty-eight hours of the patient's
22 admission to a psychiatric facility^[7] or other facility designated by the director, unless the
23 patient voluntarily agrees to further hospitalization, or a proceeding for court-ordered
24 evaluation or hospitalization, or both, is initiated as provided in section 334-60.3...



The Judiciary, State of Hawai'i

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

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Henry J. Aquino, Vice-Chair

Senate Committee on Public Safety and Intergovernmental and Military Affairs

Senator Glenn Wakai, Chair

Senator Brandon J.C. Elefante, Vice-Chair

Wednesday, March 13, 2024 at 3:00 p.m.
Conference Room 225 & Videoconference

by

Rodney A. Maile

Administrative Director of the Courts

Bill No. and Title: House Bill No. 1831, HD1, 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, HD3—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.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • TTY (808) 586-8162 • Fax (808) 586-8129

March 13, 2024

TESTIMONY TO THE SENATE COMMITTEES ON HEALTH AND HUMAN SERVICES, AND PUBLIC SAFETY AND INTERGOVERNMENTAL AND MILITARY AFFAIRS

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.

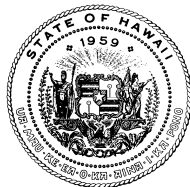
People with mental health issues are often caught up in the criminal justice system, which is unfair to the individuals and stresses the resources of the criminal justice system. A crisis intervention program that attempts to intervene, divert, and treat these individuals is beneficial in multiple ways.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

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
HONOLULU, HAWAII 96801-3378

**WRITTEN
TESTIMONY
ONLY**

STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on Public Safety and
Intergovernmental and Military Affairs
and Senate Committee on Health and Human Services
SUPPORTING HB 1831 HD1
RELATING TO CRISIS INTERVENTION

March 13, 2024 at 3:00 p.m. in Rm 225 and via video

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CHAIRPERSON:

Richard I. Ries PsyD, MSEd

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Marian Tsuji, Deputy Director
Behavioral Health Administration

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doh.hawaii.gov

Chairs Wakai and San Buenaventura, Vice-Chairs Elefante and Aquino, and Members of the Committees:

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.

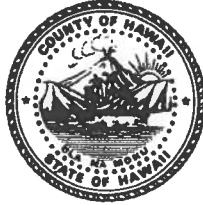
The State Council on Mental Health strongly supports HB1831 HD1. A significant gap in the continuum of care will be addressed by establishing behavioral health crisis centers. Hawaii is picking up lessons from the Arizona model in setting this up. In supporting this measure, the Council is looking for 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.

Mitchell D. Roth
Mayor

Deanna S. Sako
Managing Director

Robert H. Command
Deputy Managing Director



Susan K. Kunz
Housing Administrator

Harry M. Yada
Assistant Housing Administrator

County of Hawai'i
Office of Housing and Community Development

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March 11, 2024

TESTIMONY FOR COMMENT IN SUPPORT OF HOUSE BILL 1831, HD1
A BILL FOR AN ACT RELATED TO CRISIS INTERVENTION
COMMITTEE ON PUBLIC SAFETY
AND INTERGOVERNMENTAL AND MILITARY AFFAIRS

Sen. Glenn Wakai, Chair

Sen. Brandon J.C. Elefante, Vice Chair

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice Chair

Hearing Date: Wednesday, March 13, 2024, at 3:00 PM

Place of Hearing: Conference Room 225 & Videoconference

Aloha Honorable Chairs Wakai, Elefante, San Buenaventura, and Aquino, and members of the Committee on Public Safety and Intergovernmental and Military Affairs,

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.

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,

A handwritten signature in black ink, appearing to read "Susan K. Kunz", written over a horizontal line.

Susan K. Kunz
Housing Administrator



COMMUNITY ALLIANCE ON PRISONS

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

Phone/E-Mail: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy SanBuenaventura, Chair

Senator Henry Aquino, Vice Chair

COMMITTEE ON PUBLIC SAFETY AND INTERGOVERNMENTAL AND MILITARY AFFAIRS

Senator Glenn Wakai, Chair

Senator Brandon Elefante, Vice Chair

Wednesday, March 13, 2024

3:00 PM

Room 225 & Videoconference

STRONG SUPPORT FOR HB 1831 HD1 - CRISIS INTERVENTION

Aloha e Chairs SanBuenaventura and Wakai, Vice Chairs Aquino and Elefante, and Members of the Committees!

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. We were excited to hear Rep. Belatti talk about the opening of the behavioral health crisis center in Kapolei. There are too many of our neighbors contending with a myriad of physical and mental health issues, while struggling with poverty, illiteracy, homelessness, unemployment, etc.. This program will help the many needs of

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>

our neighbors through a collaborative approach that includes many entities and disciplines. Let's help our friends and neighbors live in harmony. Sometimes offering a helping hand can lift a person out of crisis just knowing that they are not alone - that someone is there for them.

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 the greatest.

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 at HCCC (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 witness and 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.***

Let's put our people first and help those contending with a myriad of unaddressed health issues that have now 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 in crisis find their way so they can move forward in their lives. Our community is full of beautiful, compassionate, and caring people. This is ***Aloha in Action!***

Mahalo for hearing testimony on this important bill for our friends and neighbors!

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

HB-1831-HD-1

Submitted on: 3/8/2024 7:16:53 PM

Testimony for HHS on 3/13/2024 3:00:00 PM

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

Comments:

This is exactly what we need more of. It is a key component of the mental health delivery system that will help people get the care they need.



HB1831 HD1 Crisis Intervention Centers Pilot with DOH

[COMMITTEE ON PUBLIC SAFETY AND INTERGOVERNMENTAL AND MILITARY AFFAIRS](#)

Senator Glenn Wakai, Chair

Senator Brandon J.C. Elefante, Vice Chair

[COMMITTEE ON HEALTH AND HUMAN SERVICES](#)

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, March 13, 2024 3:00 Room 225 Videoconference

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 a pilot behavioral crisis center 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.

This idea has strong evidential support across the nation.

We appreciate the opportunity to provide testimony.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

The Honorable Glenn Wakai, Chair
The Honorable Brandon J.C. Elefante, Vice Chair

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

Date: March 13, 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.

Helping Hawai'i Live Well

Testimony to the Senate Committees on Health and Human Services & Public Safety and Intergovernmental and Military Affairs HB1831; March 13th, 2024, 3:00pm

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Aloha Chairs San Buenaventura and Wakai, and Vice Chairs Aquino and Elefante, and all members of the committees.

Mental Health America of Hawaii is in strong support of HB1831 HD1 relating to crisis intervention. This bill establishes and appropriates funds for a behavioral health crisis center pilot program through the Department of Health.

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.

PRO BONO LEGAL COUNSEL

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The lack of access to mental health and substance abuse care is a national crisis that has impacted Hawai'i and its vulnerable patient populations. These citizens with mental health issues are overly represented in the criminal justice system and the medical clinics and emergency departments, none of which are able to provide the evidence based care required for treatment and recovery. Our "first responders" and the general medical community are not trained to handle these complex problems and have only been called into action due to necessity. The establishment of two Behavioral Health Crisis Centers (BHCC) in Hawai'i will be a start towards assessing and guiding these individuals to appropriate treatment for mental health and substance abuse. With BHCC's outreach identifying and directing these patients to appropriate treatment, there will be resources saved in law enforcement, emergency services and general medical clinics and hospitals. People in need of mental health services will not only be diverted from inappropriate placements but will have a genuine opportunity for recovery in programs designed to address their specific mental health problems. It is for these reasons that the MHAH supports this legislation and encourages the legislators to approve and fund this important pilot program.

Mahalo,



Bryan L. Talisayan
Executive Director



Hawaii Medical Association

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COMMITTEE ON PUBLIC SAFETY AND INTERGOVERNMENTAL AND MILITARY AFFAIRS

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Date: March 13, 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

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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 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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5. The Substance Abuse and Mental Health Services Administration. (n.d.). Crisis Services: Meeting Needs, Saving Lives | SAMHSA Publications and Digital Products. US Department of Health and Human Services. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>
6. Assessing the Impact of Mobile Crisis Teams: A Review of Research. (n.d.). Retrieved March 1, 2022, from <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Mobile%20Crisis%20Team%20Evaluations.pdf>.

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To: The Honorable Glenn Wakai, Chair
The Honorable Brandon J.C. Elefante, Vice Chair
Senate Committee on Public Safety and Intergovernmental and
Military Affairs

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

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

Hearing: Wednesday, March 13, 2024, 3:00 PM, Conference Room 225

RE: **HB1831, HD1 Relating to Crisis Intervention**

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

March 12, 2024

Senate Committee on Health and Human Services & Public Safety and Intergovernmental and Military Affairs

Hearing Time: 3:00 PM

Location: State Capitol Conference Room 225

Re: SB1831 HD1, RELATING TO CRISIS INTERVENTION

Aloha e Chair Wakai and San Buenaventura, Vice Chair Elefante and Aquino, 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. 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.

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 homelessness 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.

TESTIMONY IN SUPPORT OF HB 1831, HD 1

TO: Chair Wakai, Vice Chair Elefante, & PSM Committee Members
Chair San Buenaventura, Vice Chair Aquino, & HHS Committee Members

FROM: Nikos Leverenz
Grants & Advancement Manager

DATE: March 13, 2024 (3:00 PM)

Hawai'i Health & Harm Reduction Center (HHRC) **strongly supports** HB 1831, HD 1, which establishes a behavioral health crisis center pilot program and authorizes the Department of Health to establish or contract with behavioral health crisis centers.

HHRC is a member of [Partners in Care](#), a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within O'ahu's continuum of care for homeless persons. To the extent that this will provide those experiencing a mental health crisis, including those who are unsheltered, with an alternative to engagement in the criminal legal system this bill will provide a pre-arrest alternative that can more adequately meet their acute and longer term health needs.

In January 2024, [HHRC released a report on Hawai'i's Sequential Intercept Model](#) to identify opportunities for improving diversion away from the criminal legal system and into more appropriate community settings. "Drop off" centers were among the needs identified.

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 impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.



LATE

Committee: Public Safety and Intergovernmental and Military Affairs & Health and Human Services
Hearing Date/Time: Wednesday, March 13, at 3:00pm
Place: Conference Room 415 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i in SUPPORT of HB1831 HD1 Relating to Crisis Intervention with Proposed Amendment**

Dear Chairs Wakai and San Buenaventura, Vice Chairs Elefante and Aquino, and Members of the Committees:

The ACLU of Hawai'i **supports HB1831 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.

Currently, we arrest and incarcerate far too many people who are experiencing houselessness, crisis and serious mental health challenges. Instead, we need to invest in data driven strategies that divert people from our criminal legal system.

Establishing behavioral health crisis centers would provide structures to engage with residents suffering from mental health and/or substance abuse disorders and provide necessary essential care.

At the Breaking Cycles Symposium¹ last fall, it was shown 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.

¹ **Breaking Cycles Symposium:** Re-envisioning a Health, Housing, and Corrections Continuum HI Correctional System Oversight Commission presentation, October 2023.

Of note, Native Hawaiians are the largest population of incarcerated individuals in the state.² Native Hawaiians are three times less likely to receive treatment regarding mental health services.³ Native Hawaiians are more likely to experience substance abuse.⁴ Native Hawaiians have the highest rate of homeless services.⁵ Native Hawaiians are overrepresented among the homeless in Hawai'i.⁶

Proposed Amendment

While we appreciate the Department of Health's expertise in this arena, we believe Hawai'i Island would be best served as the location for the second crisis pilot center. As the next most populated island after O'ahu, and also the most rural, it makes sense in our view that the other center allocated in this bill should be placed in Hilo, Hawai'i. This would help to meet the needs of community members who are experiencing crisis and would divert them from the criminal legal system and HCCC – the most severely overcrowded jail in Hawai'i with inhumane and unconstitutional conditions of confinement.

For all these reasons, we urge you to support **HB1831 HD1 with the proposed amendment.**

Sincerely,

Carrie Ann Shirota

Carrie Ann Shirota
Policy Director
ACLU of Hawai'i
cshirota@acluhawaii.org

The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai'i has been serving Hawai'i for over 50 years.

² *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>

³ Id.

⁴ 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.

⁵ Id.

⁶ Partners In Care, *2022 Point In Time Count*, p.7.

LATE

HB-1831-HD-1

Submitted on: 3/12/2024 11:19:29 PM

Testimony for HHS on 3/13/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Liam Chinn	Testifying for Reimagining Public Safety in Hawai'i Coalition	Support	Written Testimony Only

Comments:

I fully support passage of HB1831. What we are currently witnessing is Hawai'i is not an issue of law and order, but rather a public health crisis that cannot be solved by policing and incarceration. This bill assigns the appropriate professionals to engage with residents suffering from mental health and/or substance abuse disorders. This ensures that such individuals receive the care and services they need, which will also keep them out of the justice system where they do not belong. Hawai'i, like all states in America, is decades behind on building community based infrastructure for mental health and substance abuse, and the proposed drop off centers are a much needed step forward. The bill indicates that DOH will make the decision about which island aside from Oahu the other pilot center will be located. However, I strongly urge Representatives to directly engage with DOH in that decision, and advocate for Hawai'i Island, and Hilo in particular which outside of Oahu has the most significant needs related to homelessness, substance abuse, and mental health. This is supported by the fact that according to Department of Safety data from 2022, 40% of all people in jail on Hawai'i island are homeless. Please pass HB1831.



Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON PUBLIC SAFETY & INTERGOVERNMENTAL & MILITARY AFFAIRS

Senator Glenn Wakai, Chair

Senator Brandon J.C. Elefante, Vice Chair

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

March 13, 2024 3:00 P.M. Conf Rm 225 & via Video conference

Testimony in Strong Support on HB1831 HD1 RELATING TO CRISIS INTERVENTION

The Hawai'i Psychological Association (HPA) strongly supports HB1831 HD1; which establishes within the Department of Health a behavioral health crisis center pilot program; and the authority to contract with behavioral health crisis centers in each county.

Behavioral Crisis Centers are a much-needed step in developing a system of diversion towards pathways that will treat the underlying conditions that contribute to the criminal behaviors. Without a functioning crisis center and properly trained mental health emergency workers, like the ones outlined in this measure, our state is crippled of the ability to divert those with treatable mental health and substance use disorders to effective programming.

Mental Illness Should Not be Criminalized

There is a disproportionate number of individuals with severe mental health conditions who are incarcerated - Up to a 1/3 of those incarcerated have serious mental illness.

People with mental illness are 10x more likely to be incarcerated than they are to be hospitalized. The justice system is often the de facto entry point for individuals with mental health disorders, substance use disorders, or both.

Diversion programs reduce recidivism. People who participate in diversion programs are less likely to re-offend than those who are incarcerated. This is because diversion programs help people address the underlying causes of their criminal behavior, which reduces the risk of future offending.

Diversion programs promote public safety. By reducing recidivism, diversion programs help to make our communities safer. People who are receiving treatment are less likely to engage in criminal behavior, which benefits everyone.

The crisis centers can provide much needed access to care

Diversion programs provide much-needed treatment. Incarceration does not address the underlying mental health or substance use issues that contribute to criminal behavior. Diversion programs offer a path to treatment and recovery, which can help people get their lives back on track.

Diversion programs are more cost-effective than incarceration.

In the long run, it is less expensive to invest in diversion programs than it is to incarcerate people with mental health or substance use disorders.

Comment on a Coordinated Legislative Approach to Criminal Justice and Mental Health

A coordinated, comprehensive and integrated behavioral health system is desperately needed to achieve the appropriate diversion of individuals with mental health disorders and substance use disorders to proper and effective care. Many bills this session target the intersection of mental illness and criminal justice, but focus on just one component. In order to have a comprehensive systemic approach, our legislation should also be comprehensive and systematic.

This bill (along with SB3139) creates a crisis intervention program to address the initial crisis. Without a crisis center to divert individuals to and a program to oversee and monitor, it will not work. Without properly trained staff, it will not work.

We also need specially trained and designated law enforcement officers to identify and divert those with mental illness to the crisis center (SB2345); the brick and mortar crisis center itself (HB1831); the Assisted Community Treatment (ACT) program that will manage and monitor the process and put the systems in place to identify those in the legal system that are in need of treatment (SB3141); and the handling of involuntary hospitalizations and authorization for screenings for ACT (HB2159).

Each of these measures needs adequate funding to make it all happen, which overall is a cost savings for the government and the public. There will be a marked reduction in recidivism, which also benefits overall public safety and quality of life for all.

As for individuals, these measures – with adequate and appropriately targeted funding – will provide services that actually helps.

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

Sincerely,



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

REFERENCES

Fader, T. & Kelly E. (2020). *Just and well: Rethinking how states approach competency to stand trial*. The Council of State Governments Justice Center. <https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf>

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National Center for State Courts. (2023). *State Courts Leading Change: Report and Recommendations*. National Judicial Task Force to Examine State Courts' Response to Mental Illness. https://www.ncsc.org/_data/assets/pdf_file/0031/84469/MHTF_State_Courts_Leading_Change.pdf

HB-1831-HD-1

Submitted on: 3/8/2024 6:45:31 PM

Testimony for HHS on 3/13/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carolyn Eaton	Individual	Support	Remotely Via Zoom

Comments:

Aloha, Chairs San Buenaventura and Wakai, Vice Chairs Aquino and Elefante and members of the Committees,

My name is Carolyn Eaton and I am a Honolulu resident. I strongly support passage of this bill which will create pilot programs in the counties to support people in crisis employing responders more appropriate than law enforcement. This is a measure which should save lives.

HB-1831-HD-1

Submitted on: 3/10/2024 1:00:05 PM

Testimony for HHS on 3/13/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Will Caron	Individual	Support	Written Testimony Only

Comments:

Please support HB1831 HD1.

HB-1831-HD-1

Submitted on: 3/11/2024 8:31:50 AM

Testimony for HHS on 3/13/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carla Allison	Individual	Support	Written Testimony Only

Comments:

My name is Carla Allison and I live in Honolulu. I strongly support establishing and funding a behavioral health crisis center pilot program in each of Hawaii's counties as provided for in HB1831. Behavioral health crisis centers create a more effective system of increasing service delivery while reducing the overall health care cost for those in crisis. Those experienced in working with imprisoned people witness the many people with behavioral, mental and/or physical health issues who are willing to go to treatment for their mental health and substance use. Please support HB1831 so Hawai'i can divert our people from jail by providing the services and treatment they need and want. Mahalo for your time and consideration.

HB-1831-HD-1

Submitted on: 3/11/2024 12:23:40 PM

Testimony for HHS on 3/13/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Isis Usborne	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Wakai, Vice Chair Elefante, and Members of the Committee,

Please support this vital bill.

Mahalo,

- Isis Usborne, 96815

Student at William S. Richardson School of Law