



The Judiciary, State of Hawai'i

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

Senate Committee on Ways and Means

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice-Chair

Senate Committee on Judiciary

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice-Chair

Friday, April 5, 2024 at 10:15 a.m.
Conference Room 211 and Via Videoconference
by

Rodney A. Maile
Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: House Bill No. 1831, HD1, SD1, 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. Requires reports to the Legislature. Appropriates funds for the pilot program. Effective upon approval. (SD1)

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, HD3 and

Testimony for House Bill No. 1831, HD2, SD1, Relating to Crisis Intervention
Senate Committee on Ways and Means
Senate Committee on Judiciary
Friday, April 5, 2024
Page 2

HB2451, HD2, SD1—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
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April 5, 2024

TESTIMONY TO THE SENATE COMMITTEES ON WAYS AND MEANS AND ON JUDICIARY

House Bill 1831 HD1 SD1 – Relating to Crisis Intervention

The Disability and Communication Access Board (DCAB) supports House Bill 1831 HD1 SD1 – Relating to Crisis Intervention.

This bill establishes the behavioral health crisis center pilot program. It also 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.

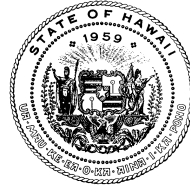
Thank you for considering our position.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Kirby L. Shaw".

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 Ways and Means
and Senate Committee on Judiciary
SUPPORTING HB 1831 HD1 SD1
RELATING TO CRISIS INTERVENTION

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

CHAIRPERSON

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IMMEDIATE PAST

CHAIRPERSON:

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Chairs Dela Cruz and Rhoads, Vice-Chairs Moriwaki and Gabbard, 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 SD1. 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.



HB1831 HD1 SD1
RELATING TO CRISIS INTERVENTION
Senate Committee on Ways and Means
Senate Committee on Judiciary

April 5, 2024

10:15 a.m.

Conference Room 211

The Office of Hawaiian Affairs (OHA) **SUPPORTS HB1831 HD1 SD1**, 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.

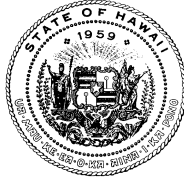


HB1831 HD1 SD1
RELATING TO CRISIS INTERVENTION
Senate Committee on Ways and Means
Senate Committee on Judiciary

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 SD1**. Mahalo nui for the opportunity to testify on this important issue.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Testimony in SUPPORT of HB1831 HD1 SD1
RELATING TO CRISIS INTERVENTION

SENATOR DONOVAN M. DELA CRUZ
SENATE COMMITTEE WAYS AND MEANS

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Friday, April 5, 2024 at 10:15 a.m., Room 211/VIDEO

1 **Fiscal Implications:** The Department of Health (“Department”) requests the approximately \$6.7
2 million as a recurring cost that was included in the Governor’s Supplemental Budget to
3 continue services at the Iwilei Resource Center and any additional funding to expand services,
4 including staff support and open a second site, provided it does not supplant the requests
5 outlined in the Governor's executive budget request.

6 **Department Position:** The Department supports this measure, submits comments and requests
7 amendments for the Committee’s consideration.

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

10 The Department supports this measure that proposes the creation of a pilot project that
11 will result in two Behavioral Health Crisis Centers (BHCC) in Hawai’i. The first site, the Iwilei
12 Resource Center, opened on March 8. BHCCs will be tremendous additions to the crisis
13 continuum. They will have benefits to the community including, but not limited to more people
14 in crisis getting help by creating additional rapid access points for care, reduction in law
15 enforcement time dealing with people in crisis, reduction in use of already over-crowded

1 emergency departments, and cost savings for the community in many areas such as reduced
2 criminalization and reduced use of acute care facilities.

3 **Offered Amendments:**

4 In Section 2, (c)(5), Revise to “Offer a dedicated first responder drop-off area for law
5 enforcement vehicles and ambulances.” Thank you for the opportunity to testify on this
6 measure.

COMMUNITY ALLIANCE ON PRISONS

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

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COMMITTEE ON WAYS AND MEANS

Senator Donovan Delacruz, Chair

Senator Sharon Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Friday, April 5, 2024

10:15 AM

Room 211 & Videoconference

STRONG SUPPORT FOR HB 1831 HD1, SD1 - CRISIS INTERVENTION

Aloha e Chairs Delacruz and Rhoads, Vice Chairs Moriwaki and Gabbard, 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 March 25, 2024.

We are always mindful that 857 - 40% of the male prison population of 2,166 - 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, SD1** 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 Iwilei. 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..

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>

This program will help the many needs of 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>



HB1831 HD1 SD1 Crisis Intervention Centers Pilot with DOH

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Friday, April 5, 2024 10:15 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 SD1

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 to treatment** such as “co-occurring” substance abuse and mental health treatment so they can recover from their illness.

HSAC applauds the amendment to have the DOH contract to start a pilot behavioral crisis center on Oahu and one on a neighbor island.

- And the amendment to allow police to transport a person to a crisis center instead of a licensed psychiatric center.

HSAC agrees with the DOH that funding be \$6.7M for the center in Iwilei and \$3M for another county.

1. **Stabilization is a good first step to then refer to an evidence-based treatment program and/or housing with support.**
2. 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.
3. 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.



Hawai'i

Committee: Ways & Means and Judiciary
Hearing Date/Time: Friday, April 5, 2024, at 10:15am
Place: Conference Room 211 & Via Videoconference
Re: **Testimony of the ACLU of Hawai'i with Comments on HB1831 HD1 SD1 Relating to Crisis Intervention**

Dear Chairs Dela Cruz and Rhoads, Vice Chairs Moriwaki and Gabbard, and Members of the Committees:

The ACLU of Hawai'i **submits comments on HB1831 HD1 SD1.**

Part 1 – Support for Behavioral Health Crisis Center 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.

At the Breaking Cycles Symposium¹ last fall, the Hawai'i Correctional System Oversight Commission highlighted the following data:

- 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.

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

As noted in the **Hawai'i Health and Harm Reduction Center's report on Hawaii's Sequential Intercept Model (January 2024)**, best practices requires identifying, and establishing diversion opportunities away from the criminal legal and into appropriate community based settings. One

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

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.

of the gaps in services within our community is the lack of 24/7 “drop off” centers to assist persons experiencing mental health and substance use disorder crisis.

We support this measure as it would establish a behavioral health crisis center pilot program, and provide structures to engage with residents suffering from mental health and/or substance abuse disorders and provide necessary essential care.

Part II – **Opposition** to Forced Placement in 24/7 Behavior Health Crisis Centers

ACLU of Hawai'i supports the voluntary placement of individuals in 24/7 behavior health crisis centers in the community .

As drafted, the bill implicates liberty interests with minimal procedural safeguards.

Rather than forcing people into 24/7 behavior health crisis center, ACLU supports 24 hour Mental Health Urgent Care for voluntary mental health assessments. Under this model, individuals can come in or be accompanied by family or friends for immediate mental health assessment/care at no cost.

This harm reduction approach method will help individuals to receive assessments and services prior to involvement with the criminal justice system.

"Crisis Stabilization" should occur only after medical clearance at a medical hospital and after behavioral health assessment and proper legal requirements are met for further behavioral health holds.

Proposed Amendment

For these reasons, we urge you to support **HB1831 HD2 SD1 Part I, and strike section II that would authorize forced placement into 24/7 behavior health crisis centers.**

Sincerely,

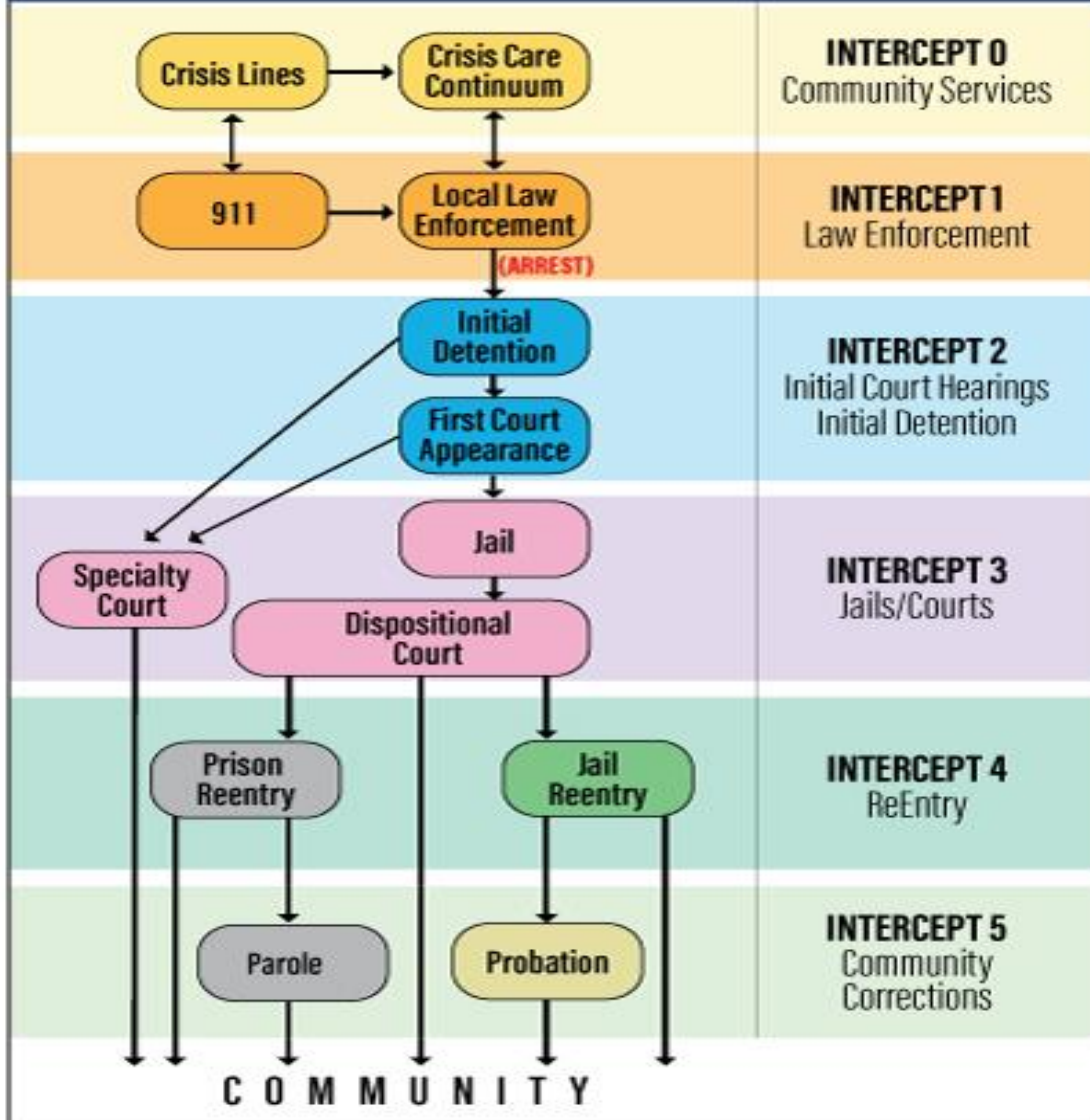
Carrie Ann Shirota

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.

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C O M M U N I T Y





THE QUEEN'S HEALTH SYSTEM

To: The Honorable Donovan Dela Cruz, Chair
The Honorable Sharon Moriwaki, Vice Chair
Members, Senate Committee on Ways and Means

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Members, Senate Committee on Judiciary

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

Date: April 5, 2024

Re: Support for HB1831 HD1 SD1: 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 SD1, relating to crisis intervention. The bill seeks to establish the behavioral health crisis center pilot program and authorizes the Department of Health (DOH) to establish or contract with behavioral health crisis centers (BHCC) in each county. Queen's strongly supports the efforts of the Legislature to invest in the BHCC program as they play a critical part of the broader continuum of care that can deliver services to those most in need – both on Oahu but also on the neighbor islands.

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.



To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Sharon Y. Moriwaki, Vice Chair
Senate Committee on Ways and Means

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Senate Committee on Judiciary

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

Hearing: Friday, April 5, 2024, 10:15 AM, Conference Room 211

RE: **HB1831 HD1 SD1 Relating to Crisis Intervention**

AlohaCare appreciates the opportunity to provide testimony in **support of HB1831 HD1 SD1**. 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 amendment to expand and ensure access to behavioral health crisis center services across the state.

Mahalo for this opportunity to testify in **support of HB1831 HD1 SD1**.



Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

April 5, 2024 10:15 A.M. Conf Rm 211 & via Video conference

Testimony in Strong Support on HB1831 HD1 SD1 RELATING TO CRISIS INTERVENTION

The Hawai'i Psychological Association (HPA) strongly supports HB1831 HD1 SD1; 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>

National Center for State Courts. (2022). *National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report*. National Judicial Task Force to Examine State Courts' Response to Mental Illness. https://www.ncsc.org/_data/assets/pdf_file/0022/77143/National-Diversion-Landscape.pdf

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-SD-1

Submitted on: 4/3/2024 10:55:01 AM

Testimony for WAM on 4/5/2024 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|---------------------------|
| Emily Sarasa | Individual | Support | Written Testimony Only |

Comments:

Aloha Chairs and committee members,

I **support HB1831** as a measure to provide necessary care to individuals experiencing mental health crises and divert them from our overburdened criminal legal system.

Mahalo,

Emily Sarasa, 96816

HB-1831-SD-1

Submitted on: 4/4/2024 12:01:04 AM

Testimony for WAM on 4/5/2024 10:15:00 AM

| Submitted By | Organization | Testifier Position | Testify |
|----------------------|---------------------|---------------------------|------------------------|
| Raelyn Reyno Yeomans | Individual | Oppose | Written Testimony Only |

Comments:

I am submiting testimony in Opposition as there are laws which regulate when an individual can be brought in for medical/mental health assessment. Most individuals are brought in to emergency rooms on an MH1 which is clearly defined, not because of some subjective future "risk for involvement with, the criminal justice system".

Anyone showing signs of mental impairment warranting an MH1 transport should go to a medical facility/emergency room to make sure there are no immediate medical issues causing the altered mental status. A police officer or other first responder should not be making medical determinations that an individual does not need to go to the emergency room.

When the individual is medically cleared and a behavioral health assessment is made, then the law requires further steps/findings to continue the hold of an individual. This is the point where certain levels of Crisis Stabilization can take place as long as legal requirements are met.

This bill appears to be trying to divert individuals straight to the Crisis Stabilization Center without having a normal medical screening at an emergency room. In fact, this bill states that no medical clearance is necessary. How can someone be forced into Crisis Stabilization and /or brought in on an MH1 by police without making sure they are not having some type of medical emergency?

This center should be modeled as a 24 hour Mental Health Urgent Care for voluntary mental health assessments so individuals can come in or be accompanied by family/friends for immediate mental health assessment/care at no cost. This would be more proactive and a great way to get individuals help prior to involvement with the criminal justice system. Any "Crisis Stabilization" should occur only after medical clearance at a medical hospital and after behavioral health assessment and proper legal requirements are met for further behavioral health holds.