

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**  
**Ka 'Oihana Ho'omalua Kalaima a  
Ho'oponopono Ola**  
1177 Alakea Street  
Honolulu, Hawaii 96813

**TOMMY JOHNSON**  
DIRECTOR

**Melanie Martin**  
Deputy Director  
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**Vacant**  
Deputy Director  
Correctional Institutions

**Sanna Muñoz**  
Deputy Director  
Rehabilitation Services  
and  
Programs

No. \_\_\_\_\_

TESTIMONY ON SENATE BILL 2005  
RELATING TO MENTAL HEALTH  
by  
Tommy Johnson, Director

Senate Committee on Public Safety and Intergovernmental and Military Affairs  
Senator Glenn Wakai, Chair  
Senator Brandon J.C. Elefante, Vice Chair

**AND**

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

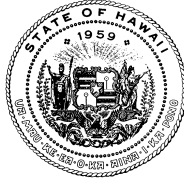
Wednesday, January 24, 2024; 3:00 p.m.  
State Capitol Conference Room 225 and Via Video Conference

Chair Wakai, Chair San Buenaventura, Vice Chair Elefante, Vice Chair Aquino, and  
Members of Both Committees:

The Department of Corrections and Rehabilitation (DCR) supports the intent of Senate Bill (SB) 2005, which seeks to require the department to construct a mental health facility for inmates or detainees with mental health needs.

The DCR thanks the legislature for its interest in this important matter and respectfully requests support for the department's capital improvement project (CIP) for the Halawa Correctional Facility (HCF) seeking \$45 million for a consolidated health care unit section, which includes upgrading our ability to address mental health illnesses. The department's request is part of our overall CIP of \$89.5 million included in the Governor's Executive Budget. With the legislature's support of the department's CIP request we can and will upgrade our medical and mental health treatment services at the existing HCF.

Thank you for the opportunity to provide testimony in support of the intent of SB 2005.



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

**WRITTEN  
TESTIMONY ONLY**

**Testimony in SUPPORT of S.B. 2005  
RELATING TO MENTAL HEALTH**

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

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

Hearing Date, Time and Room Number: Wednesday, January 24, 2024, 3:00 p.m.,  
Room 225/VIDEO

1 **Fiscal Implications:** Undetermined.

2 **Department Position:** The Department of Health (“Department”) supports this measure and  
3 offers comments.

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

6 The Department supports the intent of this measure which proposes that the  
7 Department of Corrections and Rehabilitation (DCR) construct a mental health facility for  
8 inmates or detainees with mental health needs as it aligns with the DCR’s capital improvement  
9 project (CIP) funding request.

10 The Department continues to be available to assist DCR in its efforts to provide mental  
11 health treatment and services at its facilities.

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

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII  
**HAWAII PAROLING AUTHORITY**  
*Ka 'Ākena Palola o Hawai'i*  
1177 Alakea Street, First Floor  
Honolulu, Hawaii 96813

EDMUND "FRED" HYUN  
CHAIR

GENE DEMELLO, JR.  
CLAYTON H.W. HEE  
MILTON H. KOTSUBO  
CAROL K. MATAYOSHI  
MEMBERS

COREY J. REINCKE  
ACTING ADMINISTRATOR

No. \_\_\_\_\_

## TESTIMONY ON SENATE BILL 2005 RELATING TO MENTAL HEALTH

by  
Edmund "Fred" Hyun, Chair  
Hawaii Paroling Authority

Senate Committee on Public Safety and Intergovernmental and Military Affairs  
Senator Glenn Wakai, Chair  
Senator Brandon J.C. Elefante, Vice Chair

and

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

Wednesday, January 24, 2024, 3:00 p.m.  
State Capitol Conference Room 225 and Via Video Conference

Chair Wakai, Chair San Buenaventura, Vice Chair Elefante, Vice Chair Aquino, and Members of both Committees:

The Hawaii Paroling Authority (HPA) offers comments on Senate Bill (SB) 2005, which seeks to require the Department of Corrections and Rehabilitation (DCR) to construct a mental health facility for inmates and detainees with mental health needs.

The HPA thanks the legislature for its interest in this important matter but believes that the needs of the mentally ill can be better served by having the Department of Health design, construct and staff such a facility for improved treatment and transitional services upon clinical release and discharge back into the community.

Thank you for the opportunity to provide testimony regarding SB 2005.



National Alliance on Mental Illness Hawaii  
A State Organization of NAMI

TO: The Honorable Glenn Wakai  
Chair, Senate Committee on Public Safety and Intergovernmental and Military Affairs  
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, Senate Committee on Health and Human Services  
The Honorable Henry J.C. Aquino  
Vice Chair, Senate Committee on Health and Human Services

FROM: Trisha Chaung  
Advocacy Manager, NAMI Hawaii

RE: SB 2005 – RELATING TO MENTAL HEALTH

HEARING: January 24, 2024 at 3:00 PM

POSITION: **NAMI Hawaii supports SB 2005**

NAMI Hawaii provides education, support and public awareness so that individuals and families affected by mental illness can build better lives. We believe that *all* people with mental health conditions deserve access to quality mental health treatment. We support public policies and laws that expand and improve mental health care within prison and jail settings, which includes screening, regular and timely access to mental health providers, and access to medications and programs that support recovery. We therefore support SB 2005 and its intent to construct a mental health facility *after* seeking community input.

About two in five people who are incarcerated have a history of mental illness. This is twice the prevalence of mental illness within the overall adult population. Given these rates, America's jails and prisons have become de-facto mental health providers. And yet, 63% of people with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons.

People with mental illness also face additional challenges to navigating life in jail or prison. Behaviors related to their symptoms can put them at risk for consequences of violating facility rules, such as solitary confinement or being barred from participating in programming, which can further hinder their personal recovery and ability to successfully reenter the community.

In the December 30, 2021 *Report on Mental Health Services for Committed Persons*, addressed to the 2022 State Legislature, three key needs were identified: the hiring of more psychologists, weekend/relief coverage, and more evidence-based training for staff. We encourage that when amending SB 2005, the funding designated for and allocated to the construction of a mental health facility will also address these areas of need.

Thank you for the opportunity to provide testimony on SB 2005.



## **SB2005 Mental Health Facility in DCR**

[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, Jan 24, 2024: 3:00 : Room 225 Videoconference

### **Hawaii Substance Abuse Coalition comments on SB2005:**

*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.*

**More development is needed to determine how many offenders have mental health conditions that is significant (not severely mentally ill) in jails and prisons and then decide what is best to address the concerns. The trend of “significant” mental health concerns is growing upward and more services and facilities will be needed that help with rehabilitation.**

While DCR captures data for offenders with severe mentally ill (SMI) problems, more assessments are needed to determine the extent of any diagnosable mental health concerns such as depression, suicide, PTSD, anxiety, bi-polar, and more.

NAMI reports:

1. About 5% are severely mentally ill, but that diagnosis doesn't include other mental health diagnosis.
2. According to studies to estimate state probability factors, the number of people with mental illness history (many not assessed) are about **40% of those incarcerated**.<sup>1</sup>
3. About **63%** with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons.
4. Moreover more than **50%** of individuals who were taking medication for mental health conditions at admission did not continue to receive their medication once in prison.

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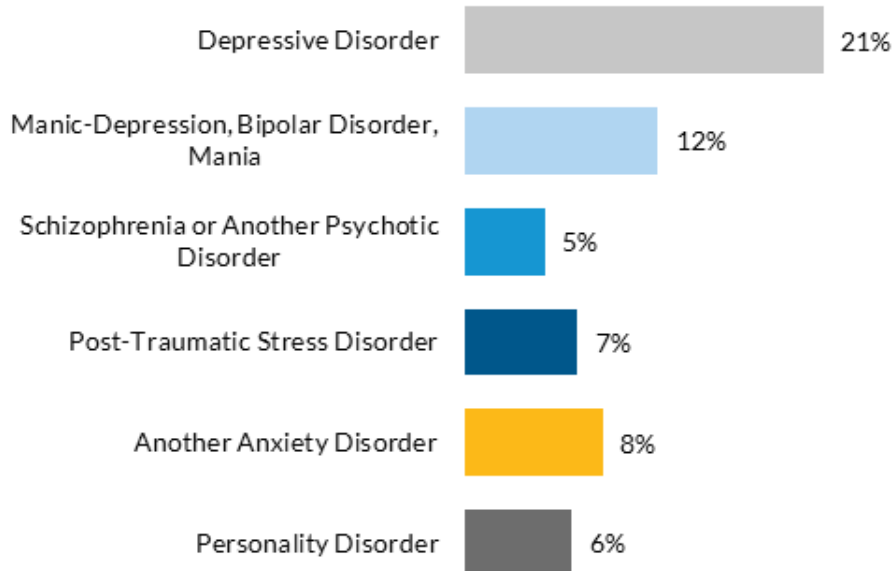
<sup>1</sup> NAMI National Association of Mental Illness: <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Treatment-While-Incarcerated#:~:text=About%20two%20in%20five%20people,within%20the%20overall%20adult%20population.>

What is usually identified and treated:

- Schizophrenia and psychotic illness, which is on average 5%.

**Other than schizophrenia and psychotic illness, what is not well assessed is:**

## Prisoners' mental health issues



Source: US Department of Justice,  
Bureau of Justice Statistics 2007

URBAN INSTITUTE

**Many prisons and jails are not equipped to address the needs of this population<sup>2</sup>.**

1. The most promising programs are structured [continuation of care starting in the prison \(6 months before release\) to reentry into the community setting](#).
2. Also multidisciplinary teams to help mentally ill ex-offenders adapt to life outside of prison without having to go back and forth between multiple different agencies to receive services. (For example, an [effective multidisciplinary team might include a mental health case manager, a psychiatrist, a substance abuse counselor, a community corrections officer, and a residential housing manager](#).)
3. There is also great potential in the [expansion of Medicaid](#) eligibility and enrollment for this population.
4. Recommend expanding diversion programs like [mental health courts](#) in jurisdictions throughout the country as per the existing research by the Justice Policy Center.
5. Finally, the data remains clear about one thing: individuals with mental illness are still largely overrepresented in the criminal justice system, with such high numbers that their

<sup>2</sup> Urban Institute: The revolving door: mental illness, incarceration, inadequate care, and inadequate evidence  
Miriam Becker-Cohen, KiDeuk Kim, April 7, 2015 <https://www.urban.org/urban-wire/revolving-door-mental-illness-incarceration-inadequate-care-and-inadequate-evidence>

care and treatment is not just a humanitarian concern; it is a [critical economic issue](#) with broad societal implications.

[The Court Services Offender Supervision Agency](#) (CSOSA)<sup>3</sup> in Washington, D.C., recognizes the **importance of integrating mental health needs with community** to create successful outcomes for offenders with a history of mental illness.

1. One of the first steps is to **create a partnership to develop more reentry systems**, which would include more comprehensive assessments, engagement with case management, and connection with community-based providers.
2. **Expanding assessments is a great starting place.** The lack of communication and information sharing is one of the greatest barriers to successful reentry.
3. **While work has progressed, more collaborative efforts between corrections agencies, community-based organizations, and community partners** have supported the development of a growing network and reentry community are needed to be developed.

We appreciate the opportunity to provide testimony.

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<sup>3</sup> COSA The Court Services and Offender Supervision Agency (CSOSA) endeavors to be a model community supervision agency that is recognized for positively impacting public safety. <https://www.csosa.gov/>



Committees: Committees on Public Safety and Intergovernmental and Military Affairs and Health and Human Services  
Hearing Date/Time: Wednesday, January 24, 2024 at 3:00pm  
Place: Conference Room 225 & Videoconference  
Re: Testimony of the ACLU of Hawai'i in OPPOSITION to SB 2005 RELATING TO MENTAL HEALTH

Dear Chairs Wakai and San Buenaventura, Vice Chairs and Committee Members:

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") **opposes SB 2005** Relating to Mental Health which requires the Department of Corrections and Rehabilitation to construct a mental health facility for inmates or detainees with mental health needs.

The ACLU of Hawai'i is committed to Reimagining Public Safety. We advocate for the State to shift spending priorities away from mass criminalization and incarceration that disparately impacts the poor, Native Hawaiians and Pacific Islanders, LGTBQ+ and people with disabilities, towards evidence-based investments in housing, education, employment, health and human services in our communities. This systems-change approach through data driven strategies will address the drivers of incarceration and significantly reduce the incarcerated population in Hawai'i. In turn, this will resolve the issue of overcrowding and avert the purported justification for building new jails and prisons without compromising public safety.

### **Incarceration Worsens Symptoms of Mental Illness**

Despite the fact that jails and prisons cost more and are less effective than community-based treatment, many state governments have slashed mental health budgets over the years to incarcerate more people and build more jails and prisons. The result has been more public demonization and oppression of the mentally ill – people with disabilities.

Seminal research, compiled by Prison Policy Initiative<sup>1</sup>, confirms that our jails and prisons do a poor job of providing for health care needs of people with mental illness. Indeed, the literature repeatedly concludes that Incarceration can trigger and worsen symptoms of mental illness. Furthermore, those effects can last long after someone leaves jail and prison gates.

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<sup>1</sup> <https://www.prisonpolicy.org/blog/2021/05/13/mentalhealthimpacts/>



As the World Health Organization explains, “There are factors in many prisons that have negative effects on mental health, including: overcrowding, various forms of violence, enforced solitude or conversely, lack of privacy, lack of meaningful activity, isolation from social networks, insecurity about future prospects (work, relationships, etc.), and inadequate health services, especially mental health services.”

Professor Craig Haney, an expert on the psychological effects of imprisonment and prison isolation, explains, “At the very least, prison is painful, and incarcerated persons often suffer long-term consequences from having been subjected to pain, deprivation, and extremely atypical patterns and norms of living and interacting with others.” And as Dr. Seymour L. Halleck has observed, “The prison environment is almost diabolically conceived to force the offender to experience the pangs of what many psychiatrists would describe as mental illness.”

In 2017, the Bureau of Justice Statistics (BJS) released the report, [Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates 2011-12](#). BJS has made some changes to its data collection, making comparisons to earlier reports difficult, but the takeaway is the same a decade to its prior report: **U.S. prisons and jails are filled with people who have a current or past mental health problem, and facilities are still not meeting the demand for treatment.**

Here are some BJS highlights:

- *Only a third of incarcerated people experiencing serious psychological distress were receiving treatment*
- Half of people incarcerated in prisons and two-thirds of people in jails had either current “serious psychological distress” or a history of mental health problems.
- Only about a third of those reporting serious psychological distress were currently receiving treatment, and only a slightly greater share of people with a history of mental health problems was currently being treated.

In short, while correctional facilities are warehousing people with mental health problems, they lack the capacity to adequately meet the needs of those in their care.

### **Data Driven Strategies Have Proven Effective in Reducing Jail and Prison Populations**

The Legislature has created multiple task forces, the Hawai'i Correctional System Oversight Commission, and the Criminal Justice Research Institute for the purpose of examining the state's criminal justice system. The H.C.R. 85 Task Force recommended that the State immediately halt plans for the costly new jail to replace OCCO until

meaningful changes to our criminal legal system have been implemented.<sup>2</sup> Requiring DCR to build a mental health facility completely is completely antithetical to shifting the State's corrections system to a rehabilitative and therapeutic model. Moreover, it is fiscally irresponsible. **The Oversight Commission estimated that “each bed in the new jail would cost taxpayers \$380,000 and the cost of housing a large number of pretrial detainees statewide is over \$180,000 per day.”**<sup>3</sup>

As outlined in *Blueprint for Smart Justice Hawai'i*<sup>4</sup>, Hawai'i can dramatically reduce its incarcerated population by implementing just sensible reforms:

- Invest in alternatives to incarceration that divert people from jails and prisons.
- Prioritize criminal pretrial justice reform and end Hawai'i's overreliance on cash bail.<sup>5</sup>
- End the expansion of the criminal code and supporting decriminalization.
- Eliminate mandatory minimum sentences.
- Reduce parole and probation revocations through reforms that would prohibit incarceration for technical violations and an earned time credit to incentivize compliance with community supervision conditions.<sup>6</sup>

Other states have achieved substantial reductions in its incarcerated populations through data-driven policy reforms, high profile leadership, bipartisan support, inter-branch collaboration, and community engagement. These decarceration strategies were successful in New Jersey, Connecticut, Michigan, Mississippi, Rhode Island, New York, California, and South Carolina, as outlined in "*Decarceration Strategies: How 5 States Achieved Substantial Prison Population Reductions*" (2018) and "*Fewer Prisons, Less Crime: A Tale of Three States*" (2014) by The Sentencing Project.

Before moving ahead with plans for new jails, prisons and mental health facilities, Hawai'i must dramatically change its approach to corrections. This starts with reforming our pretrial system. Pretrial incarceration is one of the major drivers of overcrowding in Hawai'i's jails.

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<sup>2</sup> See, Final Report of House Concurrent Resolution No. 85 Task Force Summary, available at [https://www.oha.org/wp-content/uploads/HCR85Summary\\_FINALv2.pdf](https://www.oha.org/wp-content/uploads/HCR85Summary_FINALv2.pdf); Hawai'i Correctional System Oversight Commission, 2020 Annual Report (December 2020), available at <https://ag.hawaii.gov/wp-content/uploads/2021/01/HCSOC-Final-Report.pdf>.

<sup>3</sup> Hawai'i Correctional System Oversight Commission, 2020 Annual Report (December 2020).

<sup>4</sup> [https://www.acluhi.org/sites/default/files/SJ-Blueprint-HI\\_1.pdf](https://www.acluhi.org/sites/default/files/SJ-Blueprint-HI_1.pdf)

<sup>5</sup> *Hawaii's Accused Face an Unequal Bail System: As Much Justice As You Can Afford*, ACLU Smart Justice, ACLU Hawaii (January 2018). <https://www.acluhi.org/sites/default/files/2018/01/aclu-of-hawaii-bail-report.pdf>

**Currently, roughly 56 to 78% of people in Hawai'i's jails (excluding furlough status) are pretrial status,**<sup>7</sup> meaning they have not been convicted of any crime and are merely awaiting trial, most often because they cannot afford the amount of bail set in their case. While recent changes to pretrial practices and COVID releases are steps in the right direction, there is a long way to go before Hawai'i can claim to have substantially ended its reliance on cash bail and reformed its pretrial system.

The ACLU of Hawai'i believes that Hawai'i's families will continue to bear the human and financial cost of incarceration until we implement meaningful, community-based solutions and alternatives to incarceration. Countless research, from university-based studies to reports from street-level service providers, find time and time again that approaches that use community-based solutions to address harm and violence, have exponentially better outcomes. Outcomes that keep families intact, assist loved ones to overcome the hardships of substance use, reduce the likelihood of repeated harm, increase community stability—rather than locking people up.

Prior to authorizing any new jail, prison or “mental health facility,” the Legislature should implement the recommendations of Legislative Task Forces and Commissions that it created for the purpose of proposing changes to our corrections system, and heed the calls of community members and criminal justice reform experts and health care professionals who advocate for comprehensive systems of care in our communities.

For the above reasons, the ACLU of Hawai'i respectfully requests that you defer this measure and instead invest in data-driven systems, services and programs that divert people with mental health needs from the carceral system.

Thank you for the opportunity to testify.

Sincerely,

**Carrie Ann Shirota**

Carrie Ann Shirota  
Policy Director  
ACLU of Hawai'i  
[cshirota@acluhawaii.org](mailto:cshirota@acluhawaii.org)

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[www.acluhawaii.org](http://www.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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<sup>7</sup> State of the System: An Overview of Hawaii's Corrections System, The Hawaii Correctional System Oversight Commission Presentation, Breaking Cycles Symposium (October 2023)  
<https://drive.google.com/file/d/14yogsr4GaOF1cy5VkvOVbKrurtL4OHBUw/view>

**SB-2005**

Submitted on: 1/21/2024 4:08:44 AM

Testimony for PSM on 1/24/2024 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
David Fukuzawa	Individual	Support	Written Testimony Only

Comments:

Dear Honorable Legislative Members:

I am writing this testimony in support of bill SB2005. As a retired Substance Abuse Professional - Level 5 of the late Department of Public Safety, Corrections Division, I strongly support this measure. The Department of Corrections and Rehabilitations has needed this type of facility for years now. We cannot keep sending people who are in corrections or should be in corrections, but because of their extreme mental health needs are sent to State Hospital or are placed in general population in our correctional institutions. I have had to work with many offenders who were severely mentally ill with substance abuse issues. Sometimes, they don't take their medications because they don't like how they feel. As a result the offenders begin to decompensate and worsen in their mental condition and become a risk to themselves and their fellow inmates. I hope the legislature will appropriate enough funds to make a more than adequate facility in our state that is built in a timely manner (less than 5 years for construction and begin operation). WE still haven't even built a new correctional facility, and I was on planning teams to plan and construct from the times when Ben Cayetano and Linda Lingle were still in office. We had plenty of opportunities to construct. WE need to bite bullit for a change and just do it. Not take 30 years to make someting. By the time that is done, it is obsolete and our construction costs are 20x what they started out to be. (ex - Honolulu Rail system.)

Sincerely,

David J Fukuzawa, SAS-5 (Retired)

**SB-2005**

Submitted on: 1/22/2024 6:06:56 PM

Testimony for PSM on 1/24/2024 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Michael EKM Olderr	Individual	Support	Written Testimony Only

Comments:

If we truly want to rehabilitate the people we arrest and make the island safer we have to treat these people like human beings. Giving them access to a mental health facility is the first step in them regaining a sense of dignity and respect that the justice system had stolen from them.

**SB-2005**

Submitted on: 1/22/2024 6:58:19 PM

Testimony for PSM on 1/24/2024 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cards Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cards Pintor

**ROBERT K. MERCE**

2467 Aha Aina Place  
Honolulu, Hawai'i 96821

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Email: [mercero01@hawaii.rr.com](mailto:mercero01@hawaii.rr.com)

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January 23, 2024

TO: Committee on Public Safety and Intergovernmental and Military Affairs

RE: SB 2005 Relating to Mental Health

HEARING: Wednesday, January 24, 2024

TIME: 3:00 p.m.

ROOM: 225 and Videoconference

POSITION: Oppose and Comments

Chair Wakai, Vice Chair Elefante, and members of the committee:

Hawaii, like most other states, has struggled to find a way to deal with a significant number of people in the community who suffer from mental illness. This problem has existed since the 1960's when the federal government adopted a policy of moving mental health patients out of state-run asylums and into federally funded community health centers. It was a well-intentioned policy, given the deplorable conditions in most state mental hospitals, but it didn't work because the community-based centers were never built. Mental health professionals also underestimated the difficulty of coordinating care for the mentally ill. As a result, many mentally ill people went untreated and ended up living on the streets where, due to their paranoid delusions, manic episodes, and illness-driven aggressive behavior, they often ended up in jail because there is no other place to put them. This is a chronic problem that persists to the present day.

The Hawaii Department of Public Safety has reported that each year about 700 individuals diagnosed as severely and persistently mentally ill are admitted to OCCC, and 450 to 600 of them will, at one time or another, be on suicide watch. At any given time, between 9.5 and 12% of the OCCC population is deemed mentally ill, and on average these people cycle through the jail about once every four months, with some cycling through once every six weeks.<sup>1</sup> **These individuals, who often have a long history of arrests, are not criminals,** they are mentally ill, and belong in a community-based therapeutic setting where they can get the

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<sup>1</sup> HCR 85 Task Force on Prison Reform, "Creating Better Outcomes, Safer Communities, Final Report of the HCR 85 Task Force on Prison Reform to the Hawaii Legislature, 2019 Regular Session," December 2018. Online at [https://www.courts.state.hi.us/wp-content/uploads/2018/12/HCR-85\\_task\\_force\\_final\\_report.pdf](https://www.courts.state.hi.us/wp-content/uploads/2018/12/HCR-85_task_force_final_report.pdf)

long-term care they need. **They do not belong in a medium to minimum security prison euphemistically referred to as “mental health facility.”**

We must also recognize that mental health facilities must be planned, designed, and operated **by mental health professionals, not by correctional professionals** who do not have the knowledge, training, or expertise to manage, much less plan and design, mental health facilities.

There are models for improving community mental health by diverting individuals with serious and persistent mental illness (SPMI) (e.g. schizophrenia, bipolar disorder, and major depression), or co-occurring SPMI and substance use disorders, away from the criminal justice system and into comprehensive community-based treatment and support programs. The State should focus on these efficient, cost-effective solutions for the treatment and support of justice-involved individuals with a history of mental illness and noncompliance. Dr. Michael Champion, Governor Green’s Senior Advisor on Mental Health and Corrections, was instrumental in developing one such program, the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), located in Miami-Dade County, Florida. Hawaii should focus on this type of program which will reduce the jail population and get justice-involved mentally ill people the help they need and deserve.

SB 2005 calls for “**a community partnering meeting to receive community input and comments regarding the proposed location, size, programming, and other matters pertaining to the mental health facility.**” Genuine “community partnering” requires a lot more than a single meeting. The planning of all future correctional and mental health facilities should include a **stakeholder advisory committee** that is a **full partner** in the planning process and remains involved in the development of the facility from the conceptual phase to the time the facility is built and the doors open.

A few weeks ago, the Hawaii Health and Harm Reduction Center released *the 2024 Oahu Sequential Intercept Model*, or SIM Report. The Report brings together the ideas, assessments, comments, and recommendations of 45 mental governmental and private mental health stakeholders who met for a full day in July, 2023, to identify resource gaps in mental health services and provide a foundation for community and legislative priorities to reduce the number of people with mental illness in carceral settings. The participants identified many community needs that included a wide range of services ranging from mental health drop-off centers to bail reform, but there was no mention of the need for a new carceral mental health facility. On the contrary, the recommendations were to focus on diverting mentally ill individuals away from the criminal justice system and improving community-based treatment.



Simply put, Hawaii does not need what will certainly be an incredibly expensive medium to low security correctional center that incarcerates mentally ill individuals. What we need is a comprehensive plan to improve community mental health by, among other things, diverting mentally ill individuals away from the criminal justice system. We also need state-of-the art mental health environments within the new jail to replace OCCC, and within our prisons, and those environments and settings must be planned, designed, and staffed by mental health professionals.

Thank you for allowing me to testify on this bill.

**SB-2005**

Submitted on: 1/23/2024 2:27:35 PM

Testimony for PSM on 1/24/2024 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Raelyn Reyno Yeomans	Individual	Oppose	Remotely Via Zoom

Comments:

I am submitting testimony in STRONG opposition to SB2005. The community is in dire need of residential and outpatient mental health treatment at all levels. The community needs step down residential services for the mentally ill who are coming out of incarceration, the Hawai'i State Hospital, and stabilization beds throughout our state's hospital systems.

Instead, this bill places an emphasis and diversion of scarce resources to the Dept of Corrections which insures that individuals needing mental health treatment and residential services will only receive them when they are put into jail or prison.

We need residential beds, expanded case management, a system of Conservatorship/Guardianship, and more mental health providers. All of this must be available prior to the point of incarceration.

As the administrator of the Hawai'i State Hospital states during a presentation to the 10/10/23 State Council On Mental Health (see meeting minutes or the Dept Of Health video recording <https://www.youtube.com/watch?v=hjzDsVSsZ1s>), 50% of the individuals at the State Hospital should be in appropriate step down community beds but there are NONE. Ask social workers at hospitals that have mental health stabilization beds, you will hear the same. Where are persons who have behavioral health issues going for continued mental health treatment and residential care when they leave our prisons and jails? Where is the system of Conservatorship/Guardianship for those who are most impaired within our community?

Please put the focus and resources within our community and keep those suffering from mental illness out of our jails and prisons.

**SB-2005**

Submitted on: 1/23/2024 2:37:09 PM

Testimony for PSM on 1/24/2024 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
donn viviani	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I am Donn Viviani, a Kailua resident. I oppose SB2005. Public-private partnerships can be valuable. However, they blur the lines between the public good and private profit. Something as important as determining the level of care/living conditions for some of our most vulnerable should not have to compete for funds with rent seekers. A public-private partnership is inappropriate in this circumstance

Mahalo

**SB-2005**

Submitted on: 1/23/2024 2:50:17 PM

Testimony for PSM on 1/24/2024 3:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wendy Gibson-Viviani	Individual	Oppose	Written Testimony Only

Comments:

TO: COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL AND MILITARY AFFAIRS

Senator Glen Wakai, Chair, Senator Brandon Elefante, Vice Chair

TO: COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy SanBuenaventura, Chair, Senator Henry Aquino, Vice Chair

RE: SB2005—in Strong Opposition

Hearing: Wednesday, January 24, 2024 at 3:00 PM/ Room 225 and Videoconference

Dear Chairs Wakai and SanBuenaventura, Vice Chairs Elefante and Aquino and Members of the Committees,

I OPPOSE SB 2005 – which REQUIRES that DCR construct a mental health facility

My name is Wendy Gibson-Viviani. I’m an RN who has worked on shaping drug laws in Hawaii for 8 years. I understand that substance use disorders and mental health issues are comorbidities—that people who have mental health issues are more likely to have substance use disorders than those who do not.

Private-public partnerships are not the best way to manage mental health issues for the incarcerated. Serious mental health issues are best addressed in a medical setting rather than in a cookie-cutter style Core Civic/CCA-type of setting, especially in Hawaii.

Core Civic/CCA-style contracts with prisons require that cells remain filled to occupancy. I don’t think it would be any different with a mental health facility. Mass incarceration of people who use drugs was made possible by the failed, racist war on drugs that says that “All illegal drug use is problematic use and users should be incarcerated for possession.”

As we try to undo the harms caused by the failed war on drugs – we need to be moving in the direction of decriminalizing people who have substance use disorders and mental health issues.

Investing in a community mental health system –such as the one that was destroyed during the Gov. Lingle administration era—would be a better use of our taxpayer money. We may not need to incarcerate so many people—and deal with overcrowding, if we can get better mental health services for these folks.

I'm also distressed to learn that the current Director of the Department of Budget and Finance is a former lobbyist for the Core Civic/CCA and is a key player in the development of a new OCCC jail. Is that not a big fat conflict of interest?

Substance abuse and mental health diseases are serious issues that need to be dealt with in a caring, supportive, and culturally competent fashion. I don't believe that will be deliverable goods at any public-private partnership mental health-- jail/prison-type facility.

Thank you for the opportunity to express my opposition to SB 2005.

Wendy Gibson-Viviani RN/BSN

Kailua



## UNITED PUBLIC WORKERS

AFSCME Local 646, AFL-CIO

THE SENATE  
KA 'AHA KENEKOA  
THE THIRTY-SECOND LEGISLATURE  
REGULAR SESSION OF 2024

### 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, January 24, 2024, 3:00 PM  
Conference Room 225 & Videoconference

#### Re: Testimony on SB2005 – RELATING TO MENTAL HEALTH

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

The United Public Workers, AFSCME Local 646, AFL-CIO (“UPW”) is the exclusive bargaining representative for approximately 14,000 public employees, which includes blue collar, non-supervisory employees in Bargaining Unit 1 and institutional, health, and correctional employees in Bargaining Unit 10, in the State of Hawaii and various counties.

UPW **opposes** SB2005, which requires the Department of Corrections and Rehabilitation (“DCR”) to construct a mental health facility for inmates or detainees with mental health needs. This bill also appropriates funds for the proposed project.

UPW understands that providing mental health services is critical for the rehabilitation of incarcerated individuals who exhibit signs of mental illness. However, we oppose this measure for the following reasons:

- DCR remains understaffed. Due to the large number of vacancies for adult corrections officers (“ACO”) currently assigned to correctional facilities statewide, we do not believe an additional medium-security facility can be appropriately staffed. DCR has taken steps to address staffing challenges, and filling existing and future anticipated vacancies (e.g., retirements) should remain the Department’s focus.
- This measure provides DCR with the ability to enter a public-private partnership (“P3”) to develop the proposed facility. While this bill limits the scope of a P3 to the plan, design, and construction of the mental health facility, we know that these agreements, historically, have resulted in a private entity managing facility operations. This, almost without exception, means that work historically performed by public employees will be outsourced through a service contract.

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- Lastly, UPW believes that the construction of a replacement facility for the Oahu Community Correctional Center (“OCCC”), rather than a new mental health facility, should remain as the Department’s focus.

Mahalo for the opportunity to testify on this measure.

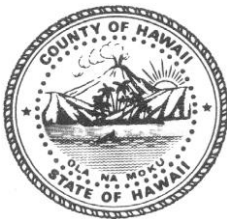
Sincerely,



Kalani Werner  
State Director

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**OFFICE OF THE PROSECUTING ATTORNEY**

**TESTIMONY IN SUPPORT WITH COMMENTS TO  
SENATE BILL NO. 2005**



A BILL FOR AN ACT  
RELATING TO MENTAL HEALTH

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

Thursday, January 24, 2024 at 3:00 p.m.  
State Capitol Conference Room 225  
Via Videoconference  
415 South Beretania Street

Honorable Chairs Wakai and San Buenaventura, Vice-Chairs Elefante and Aquino, and Members of the Committees on Public Safety and Intergovernmental and Military Affairs; and members on the Committee on Health and Human Services. The County of Hawai'i, Office of the Prosecuting Attorney submits the following testimony in support with comments of Senate Bill No. 2005.

This bill was drafted with the intention to support and fund the Department of Corrections and Rehabilitation ("DCR") to construct a mental health facility for inmates and detainees with mental health needs.

Having a correctional facility with a dedicated mental health module will allow those individuals who suffer from mental health issues to be afforded appropriate treatment, medication, and services while in-custody. By affording these individuals with access to the appropriate accommodations and facilities staffed by individuals with the necessary training and expertise our State will enhance public safety, promote successful reintegration, and reduce recidivism.

The Hawai'i Community Correctional Center ("HCCC") is Hawai'i Island's primary correctional facility where most pre-trial and sentenced offenders are housed. HCCC has been consistently the most overcrowded correctional facility in our State for years. According to a



Weekly Population Report released by DCR on January 22, 2024, HCCC had a head count of 289 inmates indicating an occupancy rate of 127.9%. Furthermore, HCCC is not equipped with a dedicated mental health module. As a result, individuals who are deemed by DCR staff to warrant a heightened level of care/needs are transported to the 'Oahu Community Correctional Center ("OCCC") causing further burdens, costs, and inconveniences to DCR staff and the Judiciary. More importantly, transporting and relocating affected individuals may negatively affect their access to counsel, justice, and contribute to further decompensation.

Hawai'i Island is in dire need of new and improved correctional facilities with the infrastructure to both house serious offenders and accommodate rehabilitative care and treatment, including mental health, social services, cultural education, and reintegration assistance for incarcerated individuals to reduce recidivism and promote public safety.

For the foregoing reasons, the Office of the Prosecuting Attorney, County of Hawai'i, supports Senate Bill No. 2005. Thank you for the opportunity to testify on this matter.



**LATE**

**To: Committee on Public Safety, Intergovernmental and Military Affairs and the Committee on Health and Human Services**

**Hearing Date/Time: Wednesday January 24th, 2024 3:00 PM**

**Re: Testimony in Opposition of SB 2005**

**From: Heather Lusk, Hawaii Health and Harm Reduction Center**

Dear Chair Wakai, Chair San Buenaventura, Vice Chairs and members of the committees.

The Hawaii Health & Harm Reduction Center (HHRC) opposes SB 2005 which would require the Department of Corrections and Rehabilitation to construct a mental health facility.

While we appreciate the intent of this measure, which is to provide increased services for people struggling with mental health challenges, the research does not support such a facility being implemented as part of the correctional system. We currently have the Hawaii State Hospital, which is largely forensic in nature, being run by the Hawaii Dept. of Health and health experts. Mental health facilities, whether forensic or not, should be run by mental health professionals in alignment with evidence-based practices. Mental health facilities as part of the correctional system undermines the progress Hawaii has had in separating the behavioral health system and the criminal/legal system.

HHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities. We support increased access to mental health services, but strongly feel these services should be outside the correctional setting.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center