



DISABILITY AND COMMUNICATION ACCESS BOARD

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February 22, 2024

TESTIMONY TO THE SENATE COMMITTEE ON WAYS AND MEANS

Senate Bill 2345 SD1 – Relating to Crisis Intervention

The Disability and Communication Access Board (DCAB) supports Senate Bill 2345 SD1 – Relating to Crisis Intervention.

This bill requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and crisis intervention officers. Requires the Department of Health to certify crisis intervention officers. Defines "crisis intervention officer".

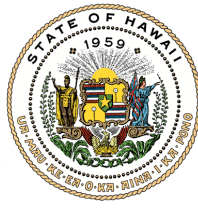
This bill will help individuals suffering from a mental health or substance-abuse crisis receive appropriate responses from crisis intervention officers and treatment for their conditions. This treatment could reduce or eliminate the individual's reoccurring involvement with the criminal justice system.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



JORDAN LOWE
DIRECTOR

MICHAEL VINCENT
Deputy Director
Administration

JARED K. REDULLA
Deputy Director
Law Enforcement

SYLVIA LUKE
LT GOVERNOR
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LAW ENFORCEMENT

Ka 'Oihana Ho'okō Kānāwai

715 South King Street
Honolulu, Hawaii 96813

TESTIMONY ON SENATE BILL 2345, SENATE DRAFT 1
RELATING TO CRISIS INTERVENTION

Before the Senate Committee on Ways and Means

Thursday, February 22, 2024; 10:05 a.m.

State Capitol Conference Room 211, Via Videoconference

WRITTEN TESTIMONY ONLY

Chair Dela Cruz, Vice Chair Moriwaki, and members of the Committee:

The Department of Law Enforcement (DLE) **strongly supports** Senate Bill 2345, Senate Draft 1 and offers an amendment for consideration by the Committee.

This bill 1) requires the DLE to coordinate crisis intervention training for state and county law enforcement agencies and crisis intervention officers, 2) requires the Department of Health to coordinate the certification and training of crisis intervention officers by the DLE, 3) defines "crisis intervention officer," and 4) establishes positions and makes an appropriation.

The law enforcement goals of this bill are significant to all sectors of our community. Courts and legislative bodies have made it clear that our law enforcement officers are required to take a closer look when they arrive on scene, if they can safely do so, with the goal of better understanding any interaction, encounter, or response for the purpose of helping those who may be in crisis, suffering from some form of crisis or impairment whether physical, developmental, cognitive, psychological, mental health, or substance disorder influencing their behavior. When they can safely do so, officers do their best to look at the entire picture of the encounter when formulating what action needs to be taken. Training like this is a vital component to safe community-oriented policing.

The DLE strongly supports this bill this bill which helps our law enforcement agencies with the court and legislative mandates to train officers to respond and help those they encounter who may be suffering from some form of crisis or impairment whether physical, developmental, cognitive, psychological, mental health, or substance disorder influencing their behavior. However, the current version of this bill removed the ability for specially trained crisis intervention officers to make a determination that a person is imminently dangerous to themselves or others and have them transported to a licensed psychiatric facility or designated behavioral health crises center for further evaluation. The current version requires a law enforcement officer who has reason to believe that a person is imminently dangerous to themselves or others to call for a mental health emergency worker. From a law enforcement perspective, removal of this provision does not change the current law enforcement landscape when working with members of our community in crisis. Officers are expected to be trained to work with those in crisis, but they are limited in available options if a mental health emergency worker is not available—either the individual in crisis is arrested and taken into custody or they remain in the community—both options that are not ideal or desirable in these situations.

SB2345 is one of many bills introduced this session to address what has been a growing yet under-served population in our community living with conditions that increase the likelihood of crisis in their lives. Many of these other bills were introduced to serve specific key roles in addressing the underlying community concerns addressed by these bills and intended to work in concert rather than solo. Some of these bills include:

- SB2246 Relating to Crisis Intervention to establish an expanded crisis intervention and diversion activities program within the department of health to expand existing crisis intervention and diversion activities to divert persons in crisis from the criminal justice system to the health care system.
- SB3139 and HB2450 Relating to Crisis Services which are administration measures to establish a crisis intervention and diversion services program within the Department of Health to expand existing crisis intervention and diversion

services to divert persons in crisis from the criminal justice system to the health care system.

- HB1831 Relating to Crisis Intervention to establish a behavior health crisis center pilot program within the Adult Mental Health Division of the Department of Health.
- SB2567, SB2552, and HB1773 Relating to Dementia to address training of law enforcement to recognize and work with those suffering from Alzheimer's disease, Dementia, or cognitive disorders which are being rolled into the crisis intervention training bills.
- SB2556 and HB1954 Relating to Community Outreach Court to establish a community outreach court to work with the homeless and many of our community who are in some form of crisis when they have encounters with law enforcement to provide a solid successful option than the traditional criminal justice system.

The DLE strongly supports this bill but recommends that this bill be amended to return the ability for specially trained crisis intervention officers to determine if a person is imminently dangerous to themselves or others and have them transported to a licensed psychiatric facility or designated behavior health crises center for further evaluation. In the alternative, at a minimum, these specially trained crisis intervention officers need the ability to have these people transported to a designated behavioral health crisis center for further evaluation without the need to call for a mental health emergency worker.

One possible amendment to the bill to address this may include the following:

Amend Section 2 of the bill to read as follows:

SECTION 2. Chapter 353C, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§353C- Crisis intervention training; crisis intervention officers. The department shall coordinate crisis intervention training for state and county law enforcement agencies and for crisis intervention officers

as defined in section 334-1. The department and county law enforcement agencies shall identify one or more nationally recognized crisis intervention organizations able to provide training and certification for crisis intervention officers."

Amend Section 3 of the bill to read as follows:

SECTION 3. Section 334-1, Hawaii Revised Statutes, is amended by adding a new definition to be appropriately inserted and to read as follows:

"Crisis intervention officer" means a law enforcement officer who has been trained pursuant to section 353C- to recognize and communicate with a person in crisis or suffering from some form of impairment, whether from dementia, Alzheimer's disease, or any physical, developmental, cognitive, psychological, or substance disorder influencing their behavior."

Remove Section 4 of the bill.

Amend Section 5 of the bill by renumbering it and amending subsection 334-59(a)(1) to read as follows:

(1) If a law enforcement officer has reason to believe that a person is imminently dangerous to self or others, the officer shall call for assistance from the mental health emergency workers designated by the director~~[]~~ or a crisis intervention officer. Upon determination by the mental health emergency workers that the person is imminently dangerous to self or others, the person shall be transported by ambulance or other suitable

means[7] to a licensed psychiatric facility or designated behavioral health crisis center for further evaluation and possible emergency hospitalization. If a crisis intervention officer has probable cause to believe that the person is imminently dangerous to self or others, the person shall be transported by ambulance or other suitable means to a designated behavioral health crisis center for further evaluation and possible emergency hospitalization.

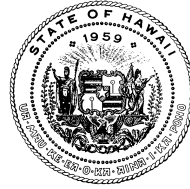
A law enforcement officer may also take into custody and transport to any facility designated by the director any person threatening or attempting suicide. The officer shall make application for the examination, observation, and diagnosis of the person in custody. The application shall state or shall be accompanied by a statement of the circumstances under which the person was taken into custody and the reasons therefor, which shall be transmitted with the person to a physician, advanced practice registered nurse, or psychologist at the facility.

The Section 7 appropriation amount should be \$500,000.

The Section 8 appropriation amount should be \$163,000.

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

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
SUPPORTING SB 2345 SD1
RELATING TO MENTAL HEALTH**

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IMMEDIATE PAST

CHAIRPERSON:

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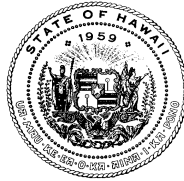
February 22, 2024 at 10:05 a.m. in Rm211 and via video

Chair Rhoads, Vice-Chair Gabbard, and Members of the Committee:

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

The State Council on Mental Health members unanimously support the intent of SB2345 SD1. In supporting this measure, the Council is looking for a continuum of care that can honestly respond to the treatment and recovery of individuals who have a mental illness. Recognizing that law enforcement officers are often the first people who can help individuals with mental illness and are in crisis, past and present Council members persistently advocated for crisis intervention teams (CIT) and CIT training across the State. The Council supports adequate funding for these components of the continuum of care.

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



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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WRITTEN
TESTIMONY ONLY

LATE

Testimony in SUPPORT of S.B. 2345 SD1
RELATING TO CRISIS INTERVENTION

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

Thursday, February 22, 2024, 10:05 AM, Room 211/VIDEO

1 **Department Position:** The Department of Health (Department) supports this measure and
2 offers comments and amendments.

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

5 The Department supports this measure which proposes to establish the role of crisis
6 intervention officers within state and county law enforcement agencies and requires the
7 Department of Law Enforcement to coordinate their crisis intervention training with other
8 services agencies as appropriate. Officers who are trained in crisis intervention are equipped
9 with additional knowledge, empathy, and improved de-escalation techniques that allow them
10 to more effectively and safely respond to behavioral health emergencies. However, Section 4 of
11 this bill requires the Department to coordinate the certification of crisis intervention officers
12 and the trainers. As this responsibility will place a burden on our workforce, given ongoing
13 recruitment challenges and staffing shortages, and the previous joint committee removed the
14 certification requirement from the definition of "Crisis intervention officer" we kindly request
15 to omit this requirement.

1 AMHD already contracts with The Queen’s Medical Center for the Mental Health
2 Emergency Worker (MHEW) program, designed to comply in accordance with Section 334-
3 59(1), HRS, to provide consultative support for law enforcement officers and promote timely
4 assessments of individuals who may have mental health issues, offering treatment options
5 rather than incarceration. MHEWs authorize involuntary transportation and hospitalization
6 (also referred to as “MH-1”), where a law enforcement officer or ambulance will transport the
7 client to a designated psychiatric receiving facility. In 2023, MHEWs made a total of 2,280 MH-1
8 authorizations for law enforcement statewide. All county police departments in Hawaii have
9 successfully begun offering crisis intervention training to their officers and should serve as
10 models for implementing this type of training among state law enforcement.

11 The Department requests that both county and state law enforcement agencies
12 continue to consult with a MHEW. MHEWs are trained in emergency mental health assessment
13 including signs and risks associated with SMI, substance abuse, suicide, trauma, domestic
14 violence, and problems and risks unique to juveniles and elderly, as well as other issues
15 relevant to the interaction between the person in crisis (also known as PIC) and law
16 enforcement. MHEWs are trained in de-escalation/disarming techniques, have a working
17 knowledge of case law with respect to civil rights protections related to involuntary evaluation
18 and treatment, have completed training in police culture, police psychology, Assisted
19 Community Treatment (ACT), police assisted diversion (PAD), and best practice standards
20 regarding interactions between law enforcement officers and individuals experiencing mental
21 health and substance use related crises. MHEWs are licensed in the state of Hawaii and have
22 practical supervised experience during the onboarding process that includes supervised MHEW
23 calls.

24 **Offered Amendments:** The Department respectfully requests the deletion of section 4 in its
25 entirety to align with the change made by PSM/HHS removing the certification requirement by
26 the Department.

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



**Testimony to the Senate Committee on Ways and Means
Thursday, February 22, 2024; 10:05 a.m.
State Capitol, Conference Room 211
Via Videoconference**

RE: SENATE BILL NO. 2345, SENATE DRAFT 1, RELATING TO CRISIS INTERVENTION.

Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2345, Senate Draft 1, RELATING TO CRISIS INTERVENTION.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would:

- (1) Establish the role of crisis intervention officers within State and county law enforcement agencies; and
- (2) Require the Department of Law Enforcement to coordinate the training of crisis intervention officers for State and county law enforcement agencies and with other appropriate service agencies.

This bill would also take effect on January 1, 2024.

On February 2, 2024, the Senate Joint Committee on Public Safety and Intergovernmental and Military Affairs and Health and Human Services heard Senate Bill No. 2552, a measure that would require the Law Enforcement Standards Board to develop training materials related to the recognition and signs of Alzheimer's disease and related types of dementia, and require law enforcement officers to review training materials for at least one hour per year.

Testimony on Senate Bill No. 2552
Friday, February 2, 2024; 3:00 p.m.
Page 2

After receiving unanimous support in written testimony, the Committee announced that the mandated training for dementia and Alzheimer's disease would be incorporated into Senate Bill No. 2345, another measure on that same agenda.

In that regard, the HPCA continues to support mandated law enforcement training for dementia and Alzheimer's disease. According to the Center for Disease Control:

- Alzheimer's disease is one of the top 10 leading causes of death in the United States;
- The 6th leading of death among US adults; and
- The 5th leading cause of death among adults aged 65 years or older.

In 2023, an estimated 6.7 million Americans aged 65 year or older had Alzheimer's disease. **This number is projected to nearly triple to 14 million people by 2060.**

Further, death rates for Alzheimer's disease are increasing, unlike heart disease and cancer death rates that are on the decline. Dementia, including Alzheimer's disease, has shown to be under-reported in death certificates and therefore the proportion of older people who die from Alzheimer's may be considerably higher.

In Hawaii, Alzheimer's disease is a growing public health crisis:

- 29,000 people aged 65 and older are living with Alzheimer's in Hawaii;
- 6.7% of people aged 45 and older have subjective cognitive decline;
- 60,000 family caregivers bear the burden of the disease in Hawaii;
- 91 million hours of unpaid care are provided by Alzheimer's caregivers;
- \$1.9 billion is the value of the unpaid care; and
- \$240 million is the cost of Alzheimer's to the State Medicaid Program.

For these reasons, during the interim prior to the 2024 Regular Session, the HPCA worked closely with the Hawaii Chapter of the Alzheimer's Association in researching, drafting, and providing outreach on the bill that is presently before you. Accordingly, we are honored to partner with the Alzheimer's Association on this important measure and urge your favorable consideration.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.



SB2345 SD1 Crisis Intervention Training for Law Enforcement

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Sharon Y. Moriwaki, Vice Chair

Thursday, Feb 22, 2024: 10:05 : Room 211 Videoconference

Hawaii Substance Abuse Coalition Supports SB2345 SD1:

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 strongly supports a mental health first aid and crisis intervention training for law enforcement officers to be able to transport to crisis intervention services or if imminently dangerous to self, transported by ambulance to licensed psychiatric facility or designated behavioral health crisis center.

This training would enable officers to divert patients with mental illness to health providers and services instead of to criminal justice system.

It's important to change the law to include transport to "designated behavioral health crisis center" because crisis centers are not licensed psychiatric centers, which the current laws only allow transport to the licensed facility.

Summary

HSAC commends the legislature for training law enforcement to augment developing the diversion and crisis stabilization alternatives for people subject to their mental health or co-occurring substance use disorder disease.

We appreciate the opportunity to provide testimony.

DATE: Feb. 19, 2024

TO: Members of the Senate Ways and Means Committee
Chair Senator Donovan Dela Cruz
Vice-Chair Senator Sharon Moriwaki

FROM: Connie Mitchell, APRN, MS
Executive Director, IHS, The Institute for Human Services, Inc.

RE: SB 2345 SD1 Relating to Crisis intervention
02-22-24 10:05AM; Conference Room 211

IHS, the Institute for human Services, Inc. stands in strong support with SB2345 with a friendly amendment

As a non-profit organization whose primary mission is serving homeless individuals who are often experiencing a wide range of crisis involving danger to self or others, we understand the need for law enforcement officers responding to such crises to have the ability to immediately subdue and contain individuals who pose threat to members of the public and other homeless individuals whether they are our guests or not. At the same time, the training that has been afforded officers in recent years promotes knowledgeable and appropriate decisions by those trained and creates a broader safety net for mentally ill and substance affected individuals in our community.

IHS has also participated in the Crisis Intervention Training on Oahu by providing a module on "Homelessness" since its inception to stress the co-occurring nature of mental illness and substance use disorder among unsheltered homeless persons in particular and the need to collaborate on implementing more Family Court facilitated assisted community treatment when appropriate. We urge support and funding to continue this program across our State for law enforcement officers

We recommend replacing Section 334-3 HRS, Subsection (c) (17) on page 7 beginning on line 4 of SB2345 SD1 to read:

(17) Recognize Crisis Intervention Officers, trained and certified by the State and County Law enforcement agencies to national standards for crisis intervention, as part of the department's crisis response system.

The amendment recognizes the Law enforcement agencies' commitment to excellence in training and certification of its own officers to standards developed by national experts in behavioral health in the context of law enforcement and does not require any action on the Dept. of Health's part except to include the competent CI-certified officers as a component of their overall crisis response system. Individuals from the Department of Health already participate as instructors in the current CIT program.

We respectfully request consideration of the proposed friendly amendment. Mahalo.



National Alliance on Mental Illness Hawaii
A State Organization of NAMI

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

FROM: Trisha Chaung
Advocacy Manager, NAMI Hawaii

RE: SB 2345 SD1 – RELATING TO CRISIS INTERVENTION

HEARING: February 22, 2024 at 10:05 AM

POSITION: **NAMI Hawaii supports SB 2345 SD1**

As a key partner and organizer of the state’s CIT initiatives, NAMI Hawaii writes in support of SB 2345 SD1. We served on the Advisory Group and Steering Committee for Oahu’s CIT Program, as part of a strategic implementation plan in November 2018 authored by the Honolulu County Police Department and the Bureau of Justice Assistance, and we continue to organize CIT for the Honolulu County Police Department. Since then, we have expanded to Hawaii County, headed by our local affiliate NAMI Big Island. As of August 2023, approximately 200 officers in Honolulu County and 38 officers in Hawaii County have completed CIT training. We remain committed to our vision of certifying all officers in the state in CIT, and thus strongly support SB 2345 SD1, which we hope will build the infrastructure and procedures necessary to train all officers in the curriculum of Crisis Intervention Team International and Mental Health First Aid.

CIT is far from a dual partnership between HPD and NAMI Hawaii. The implementation team of the 2018 strategic plan for CIT in Oahu had representatives from the local organizations that still participate in CIT today, as organizers, teachers, and site visit hosts: Hawai’i Health and Harm Reduction Center, Institute for Human Services, Hawai’i Autism Foundation, Hina Mauka, Department of Health, and related organizations; we also have representatives that serve veterans and those who speak from their expertise as mental health providers. CIT implementation creates connections between law enforcement, mental health providers, hospital emergency services, nonprofits, and individuals with mental illness and their families, which creates/strengthens a comprehensive approach to mental health treatment in the state.

Besides bringing community leaders together, CIT programs also give officers tools to do their jobs safely and effectively. Research shows that CIT is associated with improved officer attitude and knowledge about mental illness. In Memphis, for example, CIT resulted in an 80% reduction of officer injuries during mental health crisis calls. CIT also keeps law enforcement’s focus on crime by reducing the time officers spend responding to a mental health call. CIT has even been shown to reduce arrest rates among those with mental health symptoms. Preventing unnecessary arrests is one of CIT’s principal objectives, and a study of CIT implementation in a large county in Central Florida showed that the arrest rate after implementation immediately dropped and continued to decline.

Increasing the availability of CIT-certified officers is also a compassionate step to remedy an unfortunate reality. The lack of mental health crisis services in Hawai’i has resulted in law enforcement officers serving as first responders to most crises. CIT offers a specialized response, serving as an informal liaison between mental health services and police departments. Supported by stronger implementation and infrastructure regarding CIT, as provided for in SB 2345 SD1, CIT-certified officers – and officers awaiting training – will be better equipped to participate in criminal justice diversion for individuals with mental illness. This is the desired outcome as shown by multiple sequential intercept models and voiced by the Department of Health, the Department of

Corrections and Rehabilitation, and Hawaii State Hospital, as evidenced by the February 5, 2024 informational briefing with the Senate Committee for Health and Human Services and the House Committee for Health and Homelessness.

As a recommendation, **we highly encourage that the CIT coordinators allotted for in SB 2345 SD1 seek feedback from the officers who have already completed CIT training and, in drafting implementation plans for the state, include input from CIT champions, both within and outside law enforcement, regarding the CIT program's current capacity and needs.** The current CIT curriculum being taught to Hawai'i's officers is a 40-hour, one-week training with site visits and multiple visiting instructors. The current curriculum provides instruction beyond basic information about diagnoses: examples include cultural competence in responding to veterans, introspective lessons for the officers on their own cultural frameworks, real-life stories from individuals with mental illness and their families (NAMI Hawaii trains/debriefs these speakers, sometimes in one of our national programs, NAMI Sharing Your Story With Law Enforcement), and techniques that promote mental wellness for officers. We want to ensure that the quality and breadth of CIT instruction is not lost in its expansion.

NAMI Hawaii believes that every person in crisis, and their families, should receive a humane response that treats them with dignity and connects them to appropriate and timely care. SB 2345 SD1 is just one step towards re-imagining crisis response in Hawai'i, but it is an essential one. We welcome questions regarding our involvement with CIT in Hawai'i, should the committee need more information.

Thank you for the opportunity to provide testimony in support of SB 2345 SD1.

Opportunity Youth Action Hawai'i

February 20, 2024

Senate Committee on Ways and Means

Hearing Time: 10:05 AM

Location: State Capitol Conference Room 211

Re: SB2345 SD1, RELATING TO CRISIS INTERVENTION

Aloha e Chair Dela Cruz, Vice Chair Moriwaki, and members of the Committee:

On behalf of the Opportunity Youth Action Hawai'i hui, we are writing in **strong support** of SB2345 SD1, relating to crisis intervention. This bill Requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and crisis intervention officers. Additionally, this bill Requires the Department of Health to certify crisis intervention officers. Defines "crisis intervention officer". Establishes positions. Declares that the general fund expenditure ceiling is exceeded. Makes an appropriation.

Designating positions for and providing training on de-escalation methods for mental health emergencies demonstrates efforts to improve the care each mentally ill individual receives, which will be reflected in their long-term interactions with the justice system. By integrating these initiatives, the state enhances the capacity of law enforcement to address delicate mental health incidents with respect and empathy.

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

Please support SB2345 SD1.

1099 Alakea Street, Suite 2530 | Honolulu, Hawaii 96813 | (808) 447-1840

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Alzheimer's Association*

Testimony to the Senate Committee on Ways and Means Thursday, February 22, 2024; 10:05 a.m. Hawaii State Capitol, Conference Room 211, and Videoconference

RE: SENATE BILL NO. 2345 SD1 – RELATING TO CRISIS INTERVENTION

Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee:

I am Ron Shimabuku, Director of Public Policy and Advocacy for the Alzheimer's Association. We testify in **STRONG SUPPORT of Senate Bill No. 2345 SD1.**

The Alzheimer's Association was established to assist those facing Alzheimer's disease and other dementias by providing local support groups and educational resources while advancing crucial research and public policy initiatives.

Alzheimer's disease is a public health crisis across the country. In Hawaii, approximately 29,000 individuals aged 65 and older live with Alzheimer's disease. This figure is projected to increase to over 35,000 by next year. A person with dementia may not remember his or her name or address—and can become disoriented, even in familiar places. Six in ten people with dementia will wander at some point. When individuals with dementia are lost, they may show signs of anxiety, fear, or hostility—all of which can escalate to more aggressive behaviors. As the disease progresses and individuals with dementia forget family members and societal norms, there may be cases of false reports and victimization, indecent exposure, and shoplifting.

The bill, as received by your Committee would:

- 1) Establish the role of crisis intervention officers within state and county law enforcement agencies; and
- 2) Require the department of law enforcement to coordinate the training of crisis intervention officers in state and county law enforcement agencies and with other appropriate service agencies.

We would like to underscore the definition of a **“crisis intervention officer” within in this bill, that is, a law enforcement officer who has been trained to recognize and communicate with a person in crisis or suffering from some sort of impairment, whether from dementia, Alzheimer's disease, or any physical, developmental, cognitive, psychological, or substance disorder influencing their behavior.**

On February 2, 2024, the Senate Joint Committee on Public Safety and Intergovernmental and Military Affairs and Health and Human Services held a public hearing on Senate Bill No. 2552 which would require the law enforcement standards board to develop training materials related to the recognition and signs of Alzheimer's disease and related dementia. **Law enforcement officers would then review these materials annually at no cost for a minimum of an hour.** The training would include (1) strategies for recognizing the key signs of Alzheimer's disease and related types of dementia; (2) strategies for assessing cognition; (3) best practices for interacting with persons living with the disease; and (4) strategies to best identify and intervene in situations where the persons may be at particular risk of abuse or neglect. The bill received numerous supports from public and private sector organizations, and the community. The Joint Committee moved to place the dementia training language into Senate Bill No. 2345 which is before you for decision-making.

The Alzheimer's Association would like to applaud the department of law enforcement for acknowledging the significance of Alzheimer's disease and related dementia training. The "Silver Tsunami" is upon us. Dementia training for law enforcement officers is critical to meet the growing prevalence of the disease and ensure our state is dementia capable of protecting these individuals now and in the future. **We ask you to pass Senate Bill No. 2345 SD1.**

Mahalo for the opportunity to testify. If you have questions, please contact Ron Shimabuku at 808.451.3410 or rkshimabuku@alz.org.



Ron Shimabuku
Director, Public Policy and Advocacy
Alzheimer's Association – Hawaii



To: Committee on Ways and Means

Hearing Date/Time: Thursday Feb 22, 2024 10:05 AM

Re: Testimony in Support of SB 2345 SD1

From: Heather Lusk, Hawaii Health and Harm Reduction Center

Dear Chair Dela Cruz, Vice Chair Moriwaki and Members of the committee:

The Hawaii Health & Harm Reduction Center (HHHC) **supports SB 2345 SD1** which would require the DLE to coordinate Crisis Intervention Team (CIT) training, allows crisis intervention officers to transport people experiencing a crisis to an appropriate facility and implements CIT across the state. CIT is an evidence-based program that trains seasoned police officers in crisis intervention, deescalation and other skills to help resolve mental health and substance use crisis they are called to address.

HHHC'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.

HHHC is one of the founding partners of the Honolulu CIT and has supported four CIT trainings per year since 2018, as well as two trainings in Hawaii County. CIT supports officers and those in crisis with the necessary skills to resolve crisis without harm. We strongly believe in CIT and have dedicated countless hours of free training, technical assistance and support for this effort and would love to see it scaled up statewide.

Thank you for the opportunity to testify.

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

SB-2345-SD-1

Submitted on: 2/20/2024 4:37:28 PM

Testimony for WAM on 2/22/2024 10:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Krystine Ann Cabrera	Individual	Support	Written Testimony Only

Comments:

As a mental health counselor, I am writing to express my support for the implementation of crisis intervention training for police officers. The passing of SB 2345 is essential, as it would enable police officers to handle heated interactions with individuals struggling with mental health issues in a way that prevents injuries and unnecessary deaths. Such training would be instrumental in ensuring that these populations receive the appropriate interventions in such crises.

As part of my work, I often have to communicate with clients and concerned family members about their well-being and the issues they are facing. In some cases, the situation may require police intervention, but family members may be hesitant to contact them. This is because they worry that the police may not be understanding of the individual's mental health, even when their relative is in immediate danger to themselves and others. In some cases, the family members may have already contacted the police in the past and had negative experiences, which can trigger their relative's crisis. In some cases, the hesitation to call police is due to the portrayal of law enforcement in the media, which often shows them injuring or leading to the death of individuals with mental health issues. By providing the right kind of empathetic and understanding support, such incidents can be avoided.

Empathy and understanding can work wonders for individuals struggling with mental health issues by calming down tense situations. By providing proper training to law enforcement involved in such situations, we can humanize and support those experiencing a mental health crisis, helping them receive the care they need while ensuring everyone's safety.

Mahalo,

Krystine Cabrera

SB-2345-SD-1

Submitted on: 2/21/2024 8:47:49 AM

Testimony for WAM on 2/22/2024 10:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Kumi Macdonald	Individual	Support	Written Testimony Only

Comments:

Aloha.

I am the Executive Director of NAMI Hawaii and we are one of the founders of Honolulu CIT. I am currently the co-chair of the Honolulu CIT program along with Heather Lusk, ED, HHHRC. I support SB2345 with one suggestion, it should be Crisis Intervention Team officer, not Crisis Intervention officer. Team is an important part as Crisis Intervention Team program and training officers in Crisis Intervention. Without law enforcement's partnership with NAMI Hawaii, HHHRC, and other advocates and partner agencies, there is no continuum of care and support for individuals and families in a mental health crisis. As a CIT Certified trainer, co-chair for the Steering Committee and an advocate, I will continue to show my support for Crisis Intervention.

Mahalo,

Kumi Macdonald

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

From: Kathy Hammes, Concerned Citizen, Mental Health Advocate from Hilo, HI

RE: SB2345 S.D.1 – RELATING TO CRISIS INTERVENTION

HEARING: February 22, 2024, at 10:00 am

POSITION: **Support**

Honorable Chair Dela Cruz, Honorable Vice-Chair Moriwaki, and Honorable Committee Members:

This bill relates to Crisis Intervention and our societal response to citizens experiencing a behavioral health crisis requiring involvement of our Police Officers and Mental Health System. I commend the introducers of this bill for recognizing and taking action to address an important part of our initial crisis response system in Hawai'i.

As a family member and peer, I have been familiar with crisis response services in our community since the 1990's. As a Crisis Intervention Team (CIT) trainer and NAMI (National Alliance on Mental Illness) Family Education co-leader I have met many, many families and dozens of police officers who have been involved with crisis response. They have all impressed me with their eagerness and commitment to finding a more effective way, measured both by financial and personal costs, to help our citizens in a behavioral health crisis.

CIT training provides our officers with de-escalation skills to keep both themselves and our citizens in crisis safe, while helping people in crisis access needed treatment. Our officers spend five consecutive eight-hour days in a classroom and in the community learning about brain disorders that impact behavior, how to respond effectively, and what treatments and services are available to our citizens. The CIT-trained officers express their appreciation for the training and its use to them in performing their work. However, they also share their frustration about finding somewhere readily accessible to take citizens in a mental health crisis for assessment and treatment on the island of Hawai'i. They ask for these linkages to be strengthened recognizing that the cell block is not where citizens in crisis can feel safe and recover.

Mahalo for this opportunity to provide testimony related to Crisis Intervention.