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March 18, 2024

Committee on Judiciary & Hawaiian Affairs  
Rep. David A. Tarnas, Chair  
Rep. Gregg Takayama, Vice Chair  
415 South Beretania Street, Conf. Rm. 325  
State Capital  
Honolulu, HI 96813

Re: Testimony in Support of S.B. 2556, SD2, HD1  
Hearing: March 20, 2024, 2:00 PM

Dear Chair Tarnas, Vice Chair Takayama and Committee Members:

This letter is in support of S.B. 2556, SD 2, HD 1 which would establish the role of crisis intervention officers in law enforcement and require the department of law enforcement to coordinate training of crisis intervention officers for state and county law enforcement agencies. The Office of the Public Defender supports this bill to the extent that it does not adversely impact priorities identified in the Executive Supplemental Budget Request for FY2025.

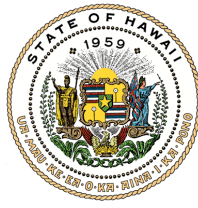
During a mental health crisis, law enforcement is usually the first to arrive on scene. The responding officer's interaction with the individual in crisis directly impacts how the situation will evolve. Training law enforcement to recognize situations where the individual is suffering from a mental health crisis and how to communicate with the individual in a manner which de-escalates the situation is vital in today's society. A law enforcement officer who is trained in "mental health first aid," including crisis intervention, de-escalation and prevention efforts, can prevent a mental health crisis from becoming dangerous or perceived as dangerous, thereby saving lives.

Crisis intervention training for law enforcement is critical in that law enforcement officers controls by their determination whether the individual will be arrested or transported for medical treatment. Under S.B. 2556, SD 2, HD 1 the individual can be safely transported to an appropriate medical facility for apt medical assistance. This is a significant step towards alleviating the burden on both the criminal justice system and the hospitals. A law enforcement officer trained in mental health first aid can divert those who should be treated for their medical issues as opposed to prosecuted and released from confinement without treatment. These individuals who suffer from substance abuse issues and/or mental illnesses are best served through and crisis intervention and treatment rather than the judicial system and endless hospitalizations, both of which are costly and are only a temporary panacea.

S.B. 2556, SD 2, HD 1 is a vital for those who struggle with mental health issues. They are a segment of our community which is omnipresent, but marginalized and struggling with frequent law enforcement contacts. Crisis intervention training will be another tool to assist this group and others who suffer a mental health crisis. Not only will S.B. 2556, SD 2, HD 1 assist law enforcement, but it will also benefit the criminal justice system, the agencies involved with the criminal justice system and the community as a whole. Thank you for taking these comments into consideration.

Sincerely,  
/s/ Taryn Tomasa  
Deputy Public Defender

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 3139, SENATE DRAFT 2, HOUSE DRAFT 1  
RELATING TO CRISIS SERVICES

Before the House Committee on Judiciary & Hawaiian Affairs

Wednesday, March 20, 2024; 2:00 p.m.

State Capitol Conference Room 325, Via Videoconference

Testifiers: Michael Vincent

Chair Tarnas, Vice Chair Takayama, and members of the Committee:

The Department of Law Enforcement (DLE) **supports** Senate Bill 3139, Senate Draft 2, House Draft 1 and offers amendments for consideration by the Committee.

This bill 1) establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services; 2) requires the DLE to coordinate crisis intervention training for state and county law enforcement agencies and crisis intervention officers; 3) requires the Department of Health to coordinate the certification and training of crisis intervention officers by the DLE; 4) defines "crisis intervention officer;" and 5) 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. The added tool available to law enforcement of using specially trained crisis intervention officers to determine if a person is imminently dangerous to themselves or others and have them transported to a designated behavior health crises center for further evaluation fills a very large gap in available response for law enforcement.

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



**SB3139 SD2 HD1**  
**RELATING TO CRISIS SERVICES**  
House Committee on Judiciary and Hawaiian Affairs

March 20, 2024

2:00 p.m.

Conference Room 325

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The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB3139 SD2 HD1, which would establish a crisis intervention and diversion services program within the Department of Health. **OHA believes this program is essential for addressing mental health challenges and substance abuse issues that disproportionately affect our Native Hawaiian community.**

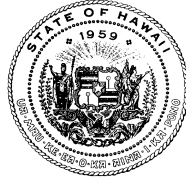
Behavioral health crisis centers can improve the Department of Law Enforcement's response to serious mental illness, especially for those involved in the criminal justice system. Access to mental health care is crucial to divert individuals who wouldn't be involved in the criminal justice system if not for their mental health crisis. The proposed legislation provides an effective solution to redirect people from the criminal justice system to the healthcare system. This approach improves outcomes for those affected and reduces the burden on the criminal justice system.

OHA is particularly appreciative of the inclusion of collaboration with law enforcement agencies, courts, mental health providers, and the community in the execution and implementation of these services. This collaborative approach encourages a comprehensive and potentially more culturally sensitive response that can be specifically tailored to the unique needs of our Native Hawaiian community. Such an approach can foster trust and engagement in mental health services, ultimately contributing to the overall well-being of our community.

By establishing a crisis intervention and diversion services program, we exemplify our unwavering commitment to the health and welfare of our community members, particularly those grappling with mental health challenges. This program, firmly grounded in evidence-based practices and cultural sensitivity, is a crucial step toward forging a more just and compassionate society.

Accordingly, OHA urges the Committee to **PASS** SB3139 SD2. Mahalo nui for the opportunity to testify on this important issue.

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



KENNETH S. FINK, M.D., M.G.A, M.P.H  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

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

**Testimony in SUPPORT of S.B. 3139 SD2 HD1  
RELATING TO CRISIS SERVICES**

REPRESENTATIVE DAVID A. TARNAS, CHAIR  
HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRS

Wednesday, March 20, 2024, 2:00 p.m., Room 325/Video

1 **Fiscal Implications:** The Department of Health (“Department”) requests the approximately  
2 \$6.7M that was included in the Governor’s Supplemental Budget as a recurring cost for this  
3 measure to continue services, including staff support.

4 **Department Position:** The Department supports this measure and requests the following  
5 amendments.

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

8 The Department appreciates the support for a behavioral health crisis center, and the  
9 first one in the state opened on March 8 in Honolulu. The Department currently has funding to  
10 begin operations during the current fiscal year but projects needing an additional \$6.7 million in  
11 annual funding.

12 The Department continues to maintain the position that a Mental Health Emergency  
13 Worker is the most equipped to make important decisions on the disposition for persons in  
14 behavioral health crises. The Department is committed to working with law enforcement on all  
15 levels to ensure those in crisis receive the medically appropriate level of care while being

1 mindful of the safety of first responders. Therefore, the Department respectfully requests the  
2 change to the language below.

3 **Suggested Amendments:** The Department respectfully requests the amendment made by the  
4 House Committee on Health and Homelessness be moved to a separate section to enable the  
5 director to have the authority to divert appropriate individuals to a facility, such as a Behavioral  
6 Health Crisis Center, upon the effective date of this bill rather than delayed to July 1, 2026.

7 The current Section 6 would read as follows:

8 “SECTION 6. Section 334-59, Hawaii Revised Statutes, is amended by amending  
9 subsection (a) to read as follows:

10 “(a) Initiation of proceedings. An emergency admission may be initiated as follows:

11 (1) If a law enforcement officer has reason to believe that a person is imminently  
12 dangerous to self or others, the officer shall call for assistance from ~~the~~ a mental  
13 health emergency ~~workers~~ worker designated by the director. Upon determination  
14 by the mental health emergency ~~workers~~ worker that the person is imminently  
15 dangerous to self or others, the person shall be transported by ambulance or other  
16 suitable means[,] to a licensed psychiatric facility or other facility designated by the  
17 director for further evaluation and possible emergency hospitalization. A law  
18 enforcement officer may also take into custody and transport to any facility  
19 designated by the director any person threatening or attempting suicide...”

20 The remainder of Section 6 would remain as is in the current HD1.

21 A new Section 7 would be added to read as follows. The current language in the HD1 is  
22 included and stricken for reference only:

23 “SECTION 7. Section 334-59, Hawaii Revised Statutes, is amended by amending  
24 subsection (a) to read as follows:

25 “(a) Initiation of proceedings. An emergency admission may be initiated as follows:

1 (1) If a law enforcement officer~~[has reason to believe that a person is imminently~~  
2 ~~dangerous to self or others, the officer shall call for assistance from a mental health~~  
3 ~~emergency worker designated by the director];~~

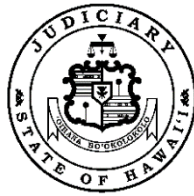
4 (A) Has Reason to believe that a person is imminently dangerous to self or others,  
5 the officer shall call for assistance from a mental health emergency worker  
6 designated by the director; or

7 (B) Is unable to reach a mental health emergency worker telephonically or has  
8 reason to believe the situation to be so unstable that a delay of greater than two  
9 minutes would result in serious harm to the individual, others, or property, the  
10 officer may act to gain control of the individual. Once the officer has gained  
11 control of the individual, the officer shall call for assistance from a mental health  
12 emergency worker designated by the director. The officer shall document why  
13 the situation required gaining control of the individual first.

14 Upon determination by the mental health emergency worker that the person is  
15 imminently dangerous to self or others, the person shall be transported by  
16 ambulance or other suitable means to a licensed psychiatric facility or other facility  
17 designated by the director for further evaluation and possible emergency  
18 hospitalization. A law enforcement officer may also take into custody and transport  
19 to any facility designated by the director any person threatening or attempting  
20 suicide...”

21 Finally, the Department requests that the effective date be amended to be effective  
22 upon approval and update the reference to section 7 to be effective on July 1, 2026.

23 Thank you for the opportunity to testify and for your consideration of these requested  
24 changes.



*The Judiciary, State of Hawai'i*

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

**House Committee on Judiciary and Hawaiian Affairs**  
Representative David A. Tarnas, Chair  
Representative Gregg Takayama, Vice-Chair

Wednesday, March 20, 2024 at 2:00 p.m.  
Conference Room 325 & Videoconference

**WRITTEN TESTIMONY ONLY**

by

Rodney A. Maile  
Administrative Director of the Courts

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**Bill No. and Title:** Senate Bill No. 3139, S.D. 2, H.D. 1, Relating to Crisis Services.

**Purpose:** Establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services. Requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and training and certification for crisis intervention officers. Defines "mental health emergency worker" and "crisis intervention officer". Appropriated funds. Effective 7/1/3000. (HD1)

**Judiciary's Position:**

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

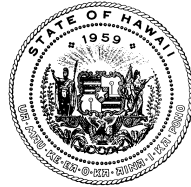


Testimony for Senate Bill No. 3139, S.D. 2, H.D. 1, Relating to Crisis Intervention  
House Committee on Judiciary and Hawaiian Affairs  
Wednesday, March 20, 2024 at 2:00 p.m.  
Page 2

intercept point. As there are several bills presented that authorize and fund the use of behavioral crises centers, the Judiciary defers to the Department of Health as to the measure best suited to effectuate the purpose of this bill.

Thank you for the opportunity to testify on this measure.

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 House Committee on Judiciary & Hawaiian Affairs**  
**in Support of S.B. 3139 SD2 HD1**  
**RELATING TO CRISIS SERVICES**

**CHAIRPERSON**

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**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

John Bettlach

**SECRETARY**

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Ray Rice, MEd

Mary Pat Waterhouse

Kristin Will, MAEL, CSAC

Fern Yoshida

**IMMEDIATE PAST**

**CHAIRPERSON:**

Richard I. Ries PsyD, MSEd

**EX-OFFICIO:**

Marian Tsuji, Deputy Director  
Behavioral Health Administration

**WEBSITE:**

scmh.hawaii.gov

**EMAIL ADDRESS:**

doh.scmhchairperson@  
doh.hawaii.gov

**March 20, 2024, 2:00 p.m., CR325 and Videoconference**

Chair Tarnas, Vice-Chair Takayama, 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 SB3139 SD2 HD1. 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. It also seeks to reduce healthcare costs by avoiding unnecessary hospitalization. This measure supports the two interrelated goals by supporting Crisis Intervention and Diversion Services Programs and Behavioral Health Crisis Centers.

Thank you for the opportunity to testify. Should you have any questions, please contact us at [DOH.SCMHChairperson@doh.hawaii.gov](mailto:DOH.SCMHChairperson@doh.hawaii.gov).

**SB-3139-HD-1**

Submitted on: 3/18/2024 6:35:55 PM

Testimony for JHA on 3/20/2024 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Louis Erteschik	Hawaii Disability Rights Center	Support	In Person

Comments:

This is a good idea that should be implemented. Clearly, mental health workers and behavioral crisis centers are better equipped to address these individuals than the current practice of police officers and hospital emergency rooms. We support the Department's efforts.

# COMMUNITY ALLIANCE ON PRISONS

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

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



## COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Representative David A. Tarnas, Chair

Representative Gregg Takayama, Vice Chair

Wednesday, March 20, 2024

Room 325 & Videoconference

2:00 PM

### **SB 3139 SD2, HD1 - CRISIS SERVICES - COMMENTS**

Aloha Chair Tarnas, Vice Chairs Takayama, and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for almost thirty years. This testimony is respectfully offered on behalf of the 3,842 Hawai'i individuals living behind bars<sup>1</sup> and under the "care and custody" of the Department of Corrections and Rehabilitation of March 11, 2024.

We are always mindful that 858 men who are serving their sentences abroad (44% of the male prison population of 1,964) 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 appreciates this opportunity offer comments on SB 3139 SD2 HD1 that focuses on crisis intervention officers.

Although Community Alliance on Prisons supports police officers being trained in crisis intervention as their regular jobs can be dangerous, we believe that an armed police officer intervening when a person is experiencing a mental health episode is not a good idea.

In other places where they have successful crisis intervention programs, such as CAHOOTS in Oregon, social workers are the first interveners. If the situation requires law enforcement intervention, they then call the police for assistance. This seems to be a better way of addressing the needs of the person in crisis.

We are keenly aware of what is happening in our communities, especially those communities that have been chronically underserved, which is why we support social workers or trained mental health workers to be the first intervention when a person is experiencing a mental health crisis.

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<sup>1</sup> DPS/DCR Weekly Population Report, March 11, 2024.

<https://dcr.hawaii.gov/wp-content/uploads/2024/03/Pop-Reports-Weekly-2024-03-11.pdf>

Trained mental health personnel to provide crisis intervention and emergency stabilization services is vital to assist in determining whether a mentally ill person is likely to meet the criteria for emergency admission and examination.

Mental health personnel trained in evaluating and de-escalating behavioral health crises, must be the ones responding to people in crisis – not the police, who are ill-equipped to safely and effectively serve people experiencing behavioral health crises.<sup>2</sup>

This bill is to assist persons experiencing behavioral crises and divert them from the criminal legal system into appropriate healthcare services to address their unresolved issues.

This is a national movement to help some of the most vulnerable people in communities access the services they so desperately need. We urge the committees to support crisis intervention and diversion to appropriate health care services. We understand that this and similar bills will most likely go to conference committee and we sincerely hope that something will emerge this session to address the struggles that so many of our friends and neighbors contend with daily. And also that the first responders are social workers or mental health workers to lessen the stress the person is experiencing.

We urge the legislature to support mental health or social workers to be the first line of assistance in crisis intervention and diversion for the good of the individuals contending with behavioral health issues and for the good of all our communities.

Mahalo.

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<sup>2</sup> **Behavioral Health Crisis Alternatives**, Vera Institute of Justice  
<https://www.vera.org/behavioral-health-crisis-alternatives>



## THE QUEEN'S HEALTH SYSTEM

To: The Honorable David Tarnas, Chair  
The Honorable Gregg Takayama, Vice Chair  
Members, House Committee on Judiciary & Hawaiian Affairs

From: Sondra Leiggi Brandon, Vice President, Patient Care, The Queen's Medical Center  
Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 20, 2024

Re: Comments on SB3139 SD2 HD1 – Relating to Crisis Services

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 comments noting our concern with SB3139 SD2 HD1, which establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services; and requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and training and certification for crisis intervention officers (CIO). Queen's Manamana campus and emergency department experience some of the highest acuity mental and behavioral health patients in our state and, as such, we see worth in the Department of Health (DOH) providing further emphasis on the role of mental health emergency workers in helping to determine appropriate crisis intervention and emergency stabilization care.

Queen's, however, does have concerns with provisions in this measure that seek to elevate the role of law enforcement officers (lacking clinical training) in making MH1 determinations. We support the Department of Law Enforcement's desire to seek crisis intervention training but, do not see the need to create in statute the specific role of "crisis intervention officer." The House Committee on Health passed amendments to SB2345 SD2 which we believe strike an appropriate and measured balance of training and law enforcement involvement.

Under the current Adult Mental Health Division's policy and procedure manual (No.60.411), MHEW are required to have college or postgraduate work and are clinicians; with competency and experience working with persons with mental illness (experience should include recognizing mental disorders, suicide risk and intervention techniques, etc.).

*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.*

We urge the Department and stakeholders to carefully examine existing crisis intervention services that Queen's and others are employing, in particular with regard to MH1's, to ensure that those experiencing mental health crisis are not reflexively sent to acute care/emergency department settings which are already operating at high capacities. Other measures moving through the legislature this Session include authorization and funding to the State to direct resources to developing crisis intervention services and stabilization facilities; we support those efforts and see them intrinsically tied to this and similar bills.

Furthermore, we urge the Committee to keep in mind the impact this bill and others have with regard to the overall continuum of care. Investing in the crisis intervention is only part of solving the broader mental/behavioral healthcare challenges facing our communities. Investment in residential care programs, expanding mobile crisis teams, incentivizing and expanding the mental/behavioral health workforce, and investing in the public/private mental health infrastructure is critical if we are to see improvements in the quality of care for those most in need of services.

Thank you for allowing us to provide our comments with concerns on SB3139 SD2 HD1.

## 2024 Hawaii Leadership Board

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LJ R. Duenas  
*Executive Director  
Alzheimer's Association*

## Testimony to the House Committee on Judiciary and Hawaiian Affairs Wednesday, March 20, 2024; 2:00 p.m. Hawaii State Capitol, Conference Room 325, and Videoconference

### RE: SENATE BILL NO. 3139 SD2 HD1 – RELATING TO CRISIS SERVICES

Chair David Tarnas, Vice Chair Gregg Takayama, and Members of the Committee:

The Alzheimer's Association–Aloha Chapter serves the residents of Hawaii to help all those facing Alzheimer's disease and other dementias by providing local support groups and educational resources while advancing crucial research and public policy initiatives. We testify in **STRONG SUPPORT of Senate Bill No. 3139 SD2 HD1.**

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 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;
- (2) Require the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and training and certification of crisis intervention officers; and
- (3) Appropriate funds for the crisis intervention and diversion services program, the training of crisis intervention officers, and crisis intervention coordinator positions.

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



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. 3139 SD2 HD1.**

Mahalo for the opportunity to testify. If you have questions, please contact Ron Shimabuku at 808.451.3410 or [rkshimabuku@alz.org](mailto:rkshimabuku@alz.org).



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



**Testimony to the House Committee on Judiciary and Hawaiian Affairs  
Wednesday, March 20, 2024; 2:00 p.m.  
State Capitol, Conference Room 325  
Via Videoconference**

**RE: SENATE BILL NO. 3139, HOUSE DRAFT 1, RELATING TO CRISIS SERVICES.**

Chair Tarnas, Vice Chair Takayama, 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. 3139, House Draft 1, RELATING TO CRISIS SERVICES.

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, among other things:

- (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 July 1, 3000.

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. 2345, Senate Draft 2, House Draft 1**  
**Wednesday, March 20, 2024; 2:00 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.

We note that the House Joint Committee on Health and Homelessness and Human Services amended this bill, Senate Bill No. 3139, to be substantively similar to Senate Bill No. 2345.

**The HPCA is in strong support of all of these bills.**

Because of the numerous amendments made to these bills over the 2024 Regular Session, the HPCA is concerned that questions may arise on whether these bills were revised beyond the scope of the bills as they were first introduced. (**See, Taomae v. Lingle, 108 Haw 245 (2005)**). To address possible challenges, the HPCA believes that a statement in the Committee Report showing the Legislature's acknowledgment that language pertaining to the current version of Senate Bill No. 3139, House Draft 1, includes language that received all necessary previous readings by both the House and the Senate, as demonstrated through the legislative histories of Senate Bill Nos. 2552, 2345, and 3139. Hopefully this showing of legislative intent will dissuade a potential challenge moving forward on this proposal.

Be that as it may, 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 6<sup>th</sup> leading of death among US adults; and
- The 5<sup>th</sup> 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;

**Testimony on Senate Bill No. 2345, Senate Draft 2, House Draft 1  
Wednesday, March 20, 2024; 2:00 p.m.**

**Page 3**

- 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@hawaiiipca.net](mailto:eabe@hawaiiipca.net).

# Opportunity Youth Action Hawai'i

March 20, 2024

House Committee on Judiciary & Hawaiian Affairs

Hearing Time: 2:00 PM

Location: State Capitol Conference Room 325

Re: SB3139 SD2, HD1, RELATING TO CRISIS INTERVENTION

Aloha e Chair Tarnas, Vice Chair Takayama, and members of the Committee:

On behalf of the Opportunity Youth Action Hawai'i hui, we are writing in **support** of SB3139 SD2, HD1, relating to crisis intervention. This bill establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services. It requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and training and certification for crisis intervention officers.

Expanding the availability of services and resources for individuals suffering from mental health emergencies is a strong alternative to the traditional method of subjecting these individuals to the judicial system. By working directly with community support networks and mental health professionals, the state can ensure that those in need receive the proper care and support.

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 SB 3139, SD2, HD1.**



**SB3139 SD2 HD1 Crisis Bed Funding**  
**COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS**

Rep. David A. Tarnas, Chair

Rep. Gregg Takayama, Vice Chair

Wednesday, Mar 20, 2024: 2:00: Room 325 Videoconference

**Hawaii Substance Abuse Coalition Strongly Supports SB3139 SD2 HD1:**

*ALOHA CHAIRS, VICE CHAIRS, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.*

**HSAC strongly supports** a Crisis Intervention and Diversion Program within the Department of Health to divert those with mental health issues from the criminal justice system to appropriate health care services:

**Recommend training include co-occurring disorders (mental health and substance abuse).**

(4) (B) The training and certification of officers in mental health and co-occurring disorders involving substance use disorders for first aid and the crisis intervention team model.

**HSAC supports the amendments made to improve services:**

- **Add co-occurring disorders with substance abuse** given that so many people who have severe substance use disorders such as stimulants like methamphetamine have drug induced psychosis, or for those who are severely mentally impaired often have co-occurring substance use disorders such that they are frequently arrested are unsheltered homeless and in dire need of co-occurring (mental health and substance abuse) intervention and crisis care.
- Changes to allow crisis bed services instead of only licensed psychiatric facilities.
- Adding crisis intervention training
- Authorizing crisis intervention officer to address imminently dangerous persons.
- Addin crisis intervention coordinators
- Train officers in mental health.

**We support a Crisis Intervention and Diversion Services program so that there can be collaboration with law enforcement, mental health providers and community including:**

- The authority to lease or acquire facilities to operate a Behavioral Health Crisis center
- Support a “mental health emergency worker” designation to provide crisis stabilization to help determine if a person meets the criteria for emergency crisis services.

## **Summary**

**HSAC commends the legislature for developing diversion and crisis stabilization** alternatives for people subject to their mental health or co-occurring substance use disorder disease. This is an exciting time for Hawaii to expand both our criminal justice diversion programs and our crisis stabilization services.

It’s important that this bill responds to the **need for more behavioral health crisis** centers so that more diversions and crisis stabilization can happen in our justice systems.

**These stabilization services will ultimately help people to better access substance abuse or co-occurring disorder residential and outpatient treatment that will help people** with mental health issues and chronic co-occurring substance use disorders to better access housing, employment and possibly get off the street entirely. This is a clear path to help end homelessness.

We appreciate the opportunity to provide testimony.



To: The Honorable David A. Tarnas, Chair  
The Honorable Gregg Takayama, Vice Chair  
House Committee on Judiciary and Hawaiian Affairs

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

Hearing: Wednesday, March 20, 2024, 2:00 PM, Conference Room 325

RE: **SB3139 SD2 HD1 Relating to Crisis Services**

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AlohaCare appreciates the opportunity to provide testimony in **support of SB3139 SD2 HD1**. This measure establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services; requires the Department of Law Enforcement to coordinate crisis intervention training for state and county law enforcement agencies and training and certification for crisis intervention officers; defines "mental health emergency worker"; and makes an appropriation for the crisis intervention and diversion program.

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 crisis intervention and diversion program—as a complement to the proposed Behavioral Health Crisis Center pilot project in HB1831—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.

Mahalo for this opportunity to testify in **support of SB3139 SD2 HD1**.



**SB-3139-HD-1**

Submitted on: 3/20/2024 8:58:27 AM

Testimony for JHA on 3/20/2024 2:00:00 PM

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

Comments:

My name is Liam Chinn and I am a member of the Reimagining Public Safety in Hawai'i coalition. I have worked in public safety and police reform for over 15 years and would like to offer comments on SB 3139 SD2 HD1 that focuses on crisis intervention officers.

Training police officers in crisis intervention seems on it's face to be a sensible idea. However, there are a number of critical stipulations that need to be included that set limitations on the scope and purpose of such training. While there is logic in providing crisis intervention training to reduce the likelihood that officers will harm people in crisis, it should be strictly viewed as a short term stop gap measure until a sufficient amount of unarmed more appropriate professionals have been funded,trained, and can be deployed as the first line of contact.

Social workers, trained mental health workers, and EMTs should be the first intervention when a person is experiencing a crisis.

**Examples of SB3139 that need to be qualified include:** *“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 worker designated by the director.”*

And

*“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.”*

Research shows that people experiencing mental health issues are 16 times more likely to be killed in police interactions. While making efforts to improve this grim reality by providing police with crisis intervention training, the stark reality is they will never have even close to the same skills as more appropriate professionals.

Simply put, categorically, armed police officer intervening when a person is experiencing a mental health episode is inherently problematic. Even a 40 hour course of crisis intervention training will fall far short of equipping officers with the type of expertise and skill needed to effectively manage crisis situations. Quite simply, sending officers to crisis calls is sending a carpenter to do dentistry work.

Trained mental health personnel to provide crisis intervention and emergency stabilization services is vital to assist in determining whether a mentally ill person is likely to meet the criteria for emergency admission and examination.

In other places where they have successful crisis intervention programs, such as CAHOOTS in Oregon, a two person team comprised of a “crisis counselor” and an EMT are the first responders. The CAHOOTS team can call for police back up if needed, however in 35 years this has been necessary for less than 0.5 of all calls.

I urge the legislature to add language to SB3139 that phases out crisis intervention training for police, and support mental health and social workers to be the first line of assistance in crisis intervention and diversion. This approach will be safer for the individual and the community, and also free up police to address serious violent crime.

Thank you

# Hawai'i Psychological Association

*For a Healthy Hawai'i*

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## COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David A. Tarnas, Chair

Rep. Gregg Takayama, Vice Chair

March 20, 2024 2 P.M. Conf Rm 325 & via Video conference

### Testimony in Strong Support on SB3139 SD2 HD1 RELATING TO CRISIS SERVICES

The Hawai'i Psychological Association (HPA) strongly supports SB3139 SD2 HD1; which establishes within the Department of Health a Crisis Intervention and Diversion Services Program to expand existing services to divert those with mental health issues to appropriate health care services.

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 (SB3139) creates the crisis and diversion 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 officers to get them there, 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**

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