



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on H.B. 1433
RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

Hearing Date, Time and Room Number: February 8, 2023 at 9:45 a.m. in Room 329/VIDEO

1 **Fiscal Implications:** The Department of Health (“Department”) requests that this measure be
2 considered as a vehicle to provide this needed funding so long as it does not supplant the
3 priorities and requests outlined in the Governors executive budget request.

4 **Department Position:** The Department appreciates the intent of this measure and offers
5 comments and amendments.

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

8 The purpose of this measure is to appropriate funds to the AMHD to increase the
9 number of behavioral health crisis stabilization beds across the state. This measure proposes to
10 create a working group with members from each county to identify locations for new crisis
11 stabilization beds, including the possibility of renovating the Guensberg building on the Hawaii
12 State Hospital campus into a crisis stabilization bed facility.

13 The Department views funding for these beds to be a critical component for expanding
14 the AMHD’s crisis service continuum of care statewide. We believe funding for both staffing
15 and facilities, including support for capital improvement projects, will help to expand and
16 sustain existing and new stabilization bed locations.

1 At this time, we do not believe that the creation of a working group is needed. The
2 Department has been and will continue to be in routine contact with state and county agency
3 partners, and community stakeholders to share progress updates and plans for procurement
4 related to contracted providers who will operate these new crisis stabilization bed sites. We do
5 not believe that establishing the proposed working group is the best use of our limited
6 resources.

7 Previously, the Department, in collaboration with state agency partners through the
8 task force and working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognized
9 that the lack of behavioral health crisis stabilization services throughout the state has created
10 unnecessary burdens on hospital emergency departments, law enforcement, and individuals
11 living with behavioral health challenges.

12 Behavioral health crisis stabilization beds provide a sub-acute level of care for
13 individuals whose behavioral health challenges do not meet medically necessary criteria for
14 acute hospitalization but whose presentation and current medical status are not conducive or
15 appropriate for community-based services such as low intensity residential, or outpatient
16 services.

17 Currently, the Guensberg building on the Hawaii State Hospital campus is active being
18 used to provide residential psychiatric inpatient services. AMHD has begun the consultation
19 process to determine the cost for redesigning this building to accommodate additional services
20 in the future.

21 Efforts to enhance the state's current care continuum through appropriate clinical
22 intervention and consistent flow through a care continuum based on clinical need and level of
23 care and by helping to reduce unnecessary emergency department admissions, promoting jail
24 diversion opportunities, and better assisting individuals with behavioral health issues to be

1 appropriately triaged through a statewide coordinated care continuum will lead to longer-term
2 mental health recovery and community reintegration.

3 We note that there are other measures being heard by the legislature that allow the
4 Department to receive appropriations for behavioral health crisis stabilization beds including,
5 S.B. 1245, S.B. 1472. S.B., and S.B. 1594.

6 **Offered Amendments:** Delete page 2, lines 17-20 and delete page 3, lines 1-7.

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



**Testimony to the House Committee on Health and Homelessness
Wednesday, February 8, 2023; 9:45 a.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: HOUSE BILL NO. 1433, RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS.

Chair Belatti, Vice Chair Takenouchi, 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** House Bill No 1433, RELATING TO BEHAVIORIAL HEALTH CRISIS STABILIZATION BEDS., and offers an **AMENDMENT** for your consideration.

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 appropriate an unspecified amount of general funds for fiscal year 2022-2023 for behavioral health crisis stabilization beds. This bill would also take effect on July 1, 2023.

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in violent crime, domestic violence, and the explosion of substance abuse and addiction in Hawaii and across our Nation. Also, due to years of budget cuts and the reduction of essential services, our "social safety net" is in tatters.

This bill seeks to help address this situation by providing additional resources for the most severe types of situations where emergency personnel are able to triage and provide medical assistance to the ill who pose a danger to themselves and to others. Because of this, we commend this Committee and the Legislature for recognizing this need and urge your support for the measure.

We note that the bill, as presently drafted, does not appear to refer to the current fiscal year. To appropriate funds for fiscal year 2022-2023, the Administration would need to request an emergency appropriation and provide data on the amount the expenditure ceiling would need to be raised because of the approval of this appropriation.

According, we respectfully request that SECTION 3 be amended to read as follows:

"SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much there of as may be necessary for fiscal year 2023-2024, and the same amount for fiscal year 2024-2025, for behavioral health crisis stabilization beds.

The sum appropriated shall be expended by the department of health adult mental health division for the purposes of this Act."

With this amendment, the HPCA supports your favorable consideration of this measure.

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.



HB1433 Fund Crisis Beds for AMHD and Work Group

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Wednesday, Feb 8 2023: 8:45 : Room 329 Videoconference

Hawaii Substance Abuse Coalition supports HB1433:

ALOHA CHAIR, VICE CHAIR 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.

Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds **for people in a mental health crisis whose needs cannot be met safely in residential service settings.**¹ CSUs try to stabilize the person and get him or her back into the community quickly.

1. **A 24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one providing assessments, screening, triage, preliminary counseling, and information and referral services.
2. **Offers immediate attention to resolving the crisis in a less intensive setting** than a hospital.
3. **Serves as drop-off centers for law enforcement** to reduce unnecessary arrests.
4. **Mobile crisis teams intervene** wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel.
5. **Act as gatekeepers for inpatient hospitalization** and
6. **Connect an individual with community-based programs such as Residential Substance Abuse facilities** and other services.

¹ National Alliance on Mental Illness (NAMI) 2015 <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Crisis-Service-FS.pdf>

CSU are also very effective for suicide prevention and reducing the fragmentation of mental health care.

Crisis mental health care in the United States is inconsistent and inadequate per SAMHSA. Our country's approach to crisis mental health care must be transformed.²

We cannot afford to pay the exorbitant price of not offering crisis care:

1. The human cost of emotional pain of families struggling to access care;
2. The opportunity cost of lost community contribution as mental illness represents our nation's largest source of disability;
3. The costs of law enforcement and the justice system teams dedicating a disproportionate amount of resources to address issues that result from a person's untreated crisis; and
4. The ever-escalating cost of inpatient healthcare for individuals who are unable to access needed community-based services in a timely manner.

CSU can bridge the unacceptable gap in our continuum of care using national best practice guidelines.

We appreciate the opportunity to provide testimony and are available for further questions.

² SAMHSA: National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit 2020
<https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>



CATHOLIC CHARITIES HAWAII

**TESTIMONY IN SUPPORT OF HB 1433: RELATING TO BEHAVIORAL HEALTH
CRISIS STABILIZATION BEDS**

TO: House Committee on Health & Homelessness

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawaii

**Hearing: Wednesday, February 8, 2023; 9:45 am;
Conference Rm 329 and via videoconference**

Chair Belatti, Vice Chair Takenouchi, and Members, Committee on Health
& Homelessness:

Thank you for the opportunity to provide written testimony **in Support** of HB1433, which appropriates funds to the Adult Mental Health Division (AMHD) of the Department of Health to support increased behavioral health crisis stabilization beds. I am Rob Van Tassell, with Catholic Charities Hawaii.

Catholic Charities Hawaii (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawaii for 75 years. CCH has programs serving elders, children, families, homeless, and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawaii. Catholic Charities Hawaii has a long history of working in the areas of affordable housing, homelessness, and mental health counseling.

HB 1433 appropriates funds to expand crisis stabilization beds throughout the state. It furthermore, creates working groups to identify possible sites for new crisis stabilization beds throughout the various counties. Hawaii needs various levels of care to adequately support the needs of individuals experiencing mental health and substance abuse issues. Behavioral health crisis stabilization beds are needed to address those who are experiencing a *subacute* behavioral health crisis. This level of care helps individuals to be triaged and stabilized to the appropriate level of support while diverting costly trips to the hospital emergency room and/or psychiatric inpatient units. Crisis stabilization focuses on long-term outcomes such as increasing coping skills, symptom/medication management, and skill building to help individuals maintain themselves in the community.

We urge your support to address growing behavioral health needs in our community.

Please contact our Director of Advocacy and Community Relations, Shellie Niles at (808) 527-4813 or shellie.niles@catholiccharitieshawaii.org if you have any questions.



HB-1433

Submitted on: 2/8/2023 11:15:57 AM

Testimony for HLT on 2/8/2023 9:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Rebecca Gardner	Individual	Support	Written Testimony Only

Comments:

Strongly support.