

*The Judiciary, State of Hawai'i*

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

**House Committee on Finance**  
Representative Kyle T. Yamashita, Chair  
Representative Lisa Kitagawa, Vice-Chair

Wednesday, April 3, 2024 at 2:15 p.m.  
Conference Room 308 & 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. 2, 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". Appropriates funds. Effective 7/1/3000. (HD2)

**Judiciary's Position:**

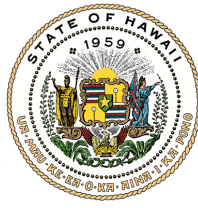
The Judiciary supports the intent of this measure. The establishment and use of behavioral health crisis centers will improve the government response to individuals suffering from serious mental illness, particularly for those who may become, or already are, involved in the criminal justice system. Access 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 Finance  
Wednesday, April 3, 2024 at 2:15 p.m.  
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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 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 2  
RELATING TO CRISIS SERVICES

Before the House Committee on Finance

Wednesday, April 3, 2024; 2:15 p.m.

State Capitol Conference Room 308, Via Videoconference

Testifiers: Michael Vincent

Chair Yamashita, Vice Chair Kitagawa, and members of the Committee:

The Department of Law Enforcement (DLE) **supports** Senate Bill 3139, Senate Draft 2, House Draft 2.

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; requires the DLE to coordinate crisis intervention training for state and county law enforcement agencies and crisis intervention officers; and defines "mental health emergency worker" and "crisis intervention officer."

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 HD2**  
**RELATING TO CRISIS SERVICES**  
House Committee on Finance

April 3, 2024

2:15 p.m.

Conference Room 308

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The Office of Hawaiian Affairs (OHA) **SUPPORTS** SB3139 SD2 HD2, 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 HD2. Mahalo nui for the opportunity to testify on this important issue.



**HAWAII HEALTH SYSTEMS**  
C O R P O R A T I O N

*"Quality Healthcare For All"*

**COMMITTEE ON FINANCE**

**Representative Kyle T. Yamashita, Chair**  
**Representative Lisa Kitagawa, Vice-Chair**

April 3, 2024

2:15 PM

Hawaii State Capitol

Room 308 & Via Videoconference

**Testimony with Comments on SB 3139, SD2, HD2**

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". Appropriates funds. Effective 7/1/3000.

Edward N. Chu

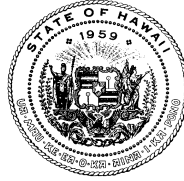
President & Chief Executive Officer  
Hawai'i Health Systems Corporation

On behalf of the Hawai'i Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony with comments on **SB 3139, SD2, HD2**

HHSC joins with The Queens's Health Care System in asking stakeholders to consider the current MH1 referral process and its direct impact to acute care/emergency departments which are already operating at high capacities. In particular, the existing delicate ecosystem of ED hospital access on the islands of Hawaii and Kauai is challenged with limitations of space and staffing. HHSC is concerned that to have MH1 referrals occur from *both* MHEWs and law enforcement may not be conducive to coordination, communication, and ultimately could negatively impact overall patient care and safety, as well as that of the staff.

Thank you for the opportunity to provide testimony on this matter.

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'ŌKELE

STATE OF HAWAII  
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**Testimony in SUPPORT of S.B. 3139 SD2 HD2  
RELATING TO CRISIS SERVICES**

REPRESENTATIVE KYLE YAMASHITA, CHAIR  
HOUSE COMMITTEE ON FINANCE

Wednesday, April 3, 2024, 2:15 p.m., Room 308/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 Legislature’s support for a behavioral health crisis  
9 center and prefers this vehicle over the pilot project approach contained in HB 1831 as the first  
10 one in the state opened on March 8 in Honolulu. The Department has funding to operate the  
11 Iwilei facility in the current fiscal year, but projects needing an additional \$6.7 million in annual  
12 funding for future years.

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

1 care while being mindful of the safety of first responders. The Department appreciates the  
2 inclusion of the Department's suggested language by the House Committee on Judiciary and  
3 Hawaiian Affairs. However, given the delayed effective date, the Department requests  
4 additional time in the interim to have further discussions with stakeholders to determine the  
5 best path forward for law enforcement and psychiatric facilities and present agreed upon  
6 language to the Legislature for the next legislative session.

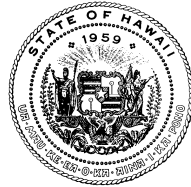
7 The Department defers to the Department of Law Enforcement on sections of the bill  
8 pertaining to training of crisis intervention officers.

9 **Suggested Amendments:** The Department respectfully requests Section 8 be stricken in its  
10 entirety.

11 Thank you for the opportunity to testify and for your consideration of these requested  
12 changes.



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 Finance**  
**in Support of S.B. 3139 SD2 HD2**  
**RELATING TO CRISIS SERVICES**

**April 3, 2024, 2:15 p.m., CR308 and Videoconference**

**CHAIRPERSON**

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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

Chair Yamashita, Vice-Chair Kitagawa, 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 SB3139 SD2 HD2. 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).

## 2024 Hawaii Leadership Board

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

## Testimony to the House Committee on Finance

Wednesday, April 3, 2024; 2:15 p.m.

## Hawaii State Capitol, Conference Room 308, and Videoconference

### RE: SENATE BILL NO. 3139 SD2 HD2 – RELATING TO CRISIS SERVICES

Chair Kyle Yamashita, Vice Chair Lisa Kitagawa, 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 HD2.**

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, crisis intervention coordinator positions, and the training and certification of crisis intervention officers.

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 HD2.**

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



## **SB3139 SD2 HD2 Crisis Bed Funding**

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Wednesday, Apr 3, 2024: 2:15: Room 308 Videoconference

### **Hawaii Substance Abuse Coalition Strongly Supports SB3139 SD2 HD2:**

*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:

#### **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.



**Testimony to the House Committee on Finance  
Wednesday, April 3, 2024; 2:15 p.m.  
State Capitol, Conference Room 308  
Via Videoconference**

**RE: SENATE BILL NO. 3139, SENATE DRAFT 2, HOUSE DRAFT 2, RELATING TO CRISIS SERVICES.**

Chair Yamashita, Vice Chair Kitagawa, 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 2, 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;
- (2) Require the Department of Law Enforcement (DLE) to coordinate the training of crisis intervention officers for State and county law enforcement agencies and with other appropriate service agencies; and
- (3) Permanently exempting the crisis intervention coordinator positions in the DLE from civil service laws.

This bill would also take effect on July 1, 3000.

**Testimony on Senate Bill No. 2345, Senate Draft 2, House Draft 2  
Wednesday, April 3, 2024; 2:15 p.m.  
Page 2**

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.

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.

**Testimony on Senate Bill No. 2345, Senate Draft 2, House Draft 2**  
**Wednesday, April 3, 2024; 2:15 p.m.**  
**Page 3**

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





# Hawai'i Psychological Association

*For a Healthy Hawai'i*

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**COMMITTEE ON FINANCE**  
**Rep. Kyle T. Yamashita Chair**  
**Rep. Lisa Kitagawa, Vice Chair**

**April 3, 2024 2:15 P.M. Conf Rm 308 & via Video conference**

## **Testimony in Strong Support on SB3139 SD2 HD2 RELATING TO CRISIS SERVICES**

The Hawai'i Psychological Association (HPA) strongly supports SB3139 SD2 HD2; 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**

Fader, T. & Kelly E. (2020). *Just and well: Rethinking how states approach competency to stand trial*. The Council of State Governments Justice Center. <https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf>

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

National Center for State Courts. (2023). *State Courts Leading Change: Report and Recommendations*. National Judicial Task Force to Examine State Courts' Response to Mental Illness. [https://www.ncsc.org/data/assets/pdf\\_file/0031/84469/MHTF\\_State\\_Courts\\_Leading\\_Change.pdf](https://www.ncsc.org/data/assets/pdf_file/0031/84469/MHTF_State_Courts_Leading_Change.pdf)

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON FINANCE

Representative Kyle Yamashita, Chair

Representative Lisa Kitagawa, Vice Chair

Wednesday, April 3, 2024

Room 308 & Videoconference

2:15 PM

## **SB 3139 SD2, HD2 - CRISIS SERVICES - COMMENTS**

Aloha Chair Yamashita, Vice Chairs Kitagawa, 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 3,866 Hawai'i individuals living behind bars<sup>1</sup> and under the "care and custody" of the Department of Corrections and Rehabilitation of March 25, 2024.

We are always mindful that 857 men who are serving their sentences abroad (40% of the male prison population of 2,166) 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 HD2 that focuses on crisis intervention officers. 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.

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.).

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.

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<sup>1</sup> DPS/DCR Weekly Population Report, March 25, 2024.

<https://dcr.hawaii.gov/wp-content/uploads/2024/03/Pop-Reports-Weekly-2024-03-25.pdf>

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.

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 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

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To: The Honorable Kyle T. Yamashita, Chair  
The Honorable Lisa Kitagawa, Vice Chair  
Members, House Committee on Finance

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

Date: April 3, 2024

Re: Concerns on SB3139 SD2 HD2 – Relating to Crisis Services

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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 HD2, 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 (MHEW) in helping to determine appropriate crisis intervention and emergency stabilization care.

Queen's, however, has ongoing 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." This Committee recently heard and passed a similar bill, SB2345 SD2 HD1, which we believe strikes an appropriate and measured balance of training and law enforcement involvement while not undercutting or eroding the successful MHEW program.

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

*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.*

experience working with persons with mental illness (experience should include recognizing mental disorders, suicide risk and intervention techniques, etc.).

We urge 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. Section 8 of this bill would introduce an exception for law enforcement to bypass the MHEW process when they are "unable to reach a mental health emergency worker;" to date we are unaware of any systemic delays in reaching MHEW. Furthermore, law enforcement has the ability now to stabilize an individual who is a direct threat to themselves or the public; statutory authority to do so via this bill seems unnecessary.

Other measures moving through the legislature this Session include authorization and funding to the State to direct resources to developing behavioral health crisis intervention services and stabilization facilities; we support those efforts and see them intrinsically tied to this and similar bills.

Thank you for allowing us to express our concerns with SB3139 SD2 HD2.

To: The Honorable Kyle T. Yamashita, Chair  
The Honorable Lisa Kitagawa, Vice Chair  
House Committee on Finance

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

Hearing: Wednesday, April 3, 2024, 2:15 PM, Conference Room 308

RE: **SB3139 SD2 HD2 Relating to Crisis Services**

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AlohaCare appreciates the opportunity to provide testimony in **support of SB3139 SD2 HD2**. 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 “crisis intervention officer”; and appropriates funds.

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 HD2**.

# Opportunity Youth Action Hawai‘i

March 12, 2024

House Committee on Finance

Hearing Time: 2:15 PM

Location: State Capitol Conference Room 308

Re: SB3139 SD2 HD2, RELATING TO CRISIS SERVICES

Aloha e Chair Yamashita, Vice Chair Kitagawa, and members of the Committee:

On behalf of the Opportunity Youth Action Hawai‘i hui, we are writing in **strong support** of SB3139 SD2 HD2, 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.

The creation of a crisis intervention and diversion services program within the Department of Health is important to ensure that individuals struggling with mental health or substance abuse disorders receive prompt and effective care. This program will provide resources and support to those in need, helping to direct them to appropriate treatment and services without delay. By establishing proper connections with corresponding crisis centers, an efficient system of care can be guaranteed.

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 SB3139 SD2 HD2.**







**The Institute for Human Services, Inc.**  
Ending the Cycle of Homelessness

**TO:** Honorable Rep. Kyle T. Yamashita  
Chair, House Committee on Finance  
  
Honorable Rep. Lisa Kitagawa  
Vice Chair, House Committee on Finance

**FROM:** Angie Knight, Community Relations Manager  
IHS, The Institute for Human Services, Inc.

**RE:** [SB3139 SD2](#) HD2 - RELATING TO CRISIS SERVICES

**HEARING:** Wednesday, April 3, 2024 at 2:15 PM

**POSITION:** IHS supports the passing of SB3139 SD2 HD2 with amendments.

The Institute for Human Services, IHS, supports the passing of SB3139 SD2 HD2. Establishing a Crisis Intervention and Diversion Services Program would help integrate programs between AMHD and ADAD, which are already under the Deputy Department for Behavioral Health. Moreover, the measure would help law enforcement and emergency services personnel who are called to transport individuals with nonviolent MH-1 orders.

Thank you for the opportunity to testify.

**SB-3139-HD-2**

Submitted on: 4/3/2024 9:10:13 AM

Testimony for FIN on 4/3/2024 2:15:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carolyn Eaton	Individual	Support	Written Testimony Only

Comments:

Aloha, Chair Yamashita, Vice Chair Kitagawa and members of the Committee,

My name is Carolyn Eaton and I am a Honolulu resident. I express strong support for the passage and implementation of this bill, for inauguration of crisis service pilots in our communities.

Mahalo for your hard work in service to the people of Hawai'i.