



EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

LATE

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Senate Committee on Health and Human Services

Friday, February 2, 2024 at 1:00 p.m.
State Capitol, Conference Room 225 & Videoconference

SUPPORT INTENT S.B. No. 3139, Relating to Crisis Services

Aloha Chair San Buenaventura, Vice Chair Aquino, and members of the committee:

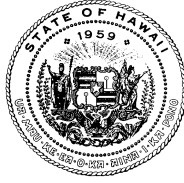
The Office of the Governor supports the intent of S.B. No. 3139 that establishes a crisis and intervention and diversion services program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services.

It is more likely than not that a person with a serious behavioral health condition will encounter the criminal justice system at some point in their lifetime. Lack of access to an appropriate crisis response in the community frequently results in law enforcement acting as first responders leading to a risk of unnecessary arrest and incarceration for those in need of behavioral health services and a trajectory into the criminal justice system. A crisis intervention and diversion services program will support the development and implementation of a system of services that are specifically designed to address the needs of people experiencing a behavioral health crisis. Behavioral health crisis centers are an important element of a well-designed crisis continuum that provides improved access to person-centered specialized services, coordination of care, and stabilization in the least restrictive setting.

The Office of the Governor defers to the Department of Health for recommended language on Section 5 of this measure.

Mahalo,

Michael K. Champion, MD
Senior Advisor for Mental Health and the Justice System
Office of the Governor



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
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**Testimony in SUPPORT of S.B. 3139
RELATING TO CRISIS SERVICES**

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

Friday, February 2, 2024, 1:00PM, Room 225/VIDEO

1 **Fiscal Implications:** The Department of Health (“Department”) requests funding for this
2 measure be considered as a vehicle to expand services, including staff support, provided it does
3 not supplant the requests outlined in the Governor's executive budget request.

4 **Department Position:** The Department supports this measure, requests amendments for clarity
5 and consistency with other subsections, and requests a funding increase.

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
9 planning is well underway. The Department currently has funding to begin operations during
10 the current fiscal year but projects needing an additional \$6.7 million in annual funding, rather
11 than the \$6.0 million in the proposed measure.

12 For efficiency purposes, the Department is uncertain of the necessity to define Mental
13 Health Emergency Worker in statute with subsequent required rulemaking. The Department
14 contracts for this service and includes the requirements in the contract. The Department can
15 update its rules, without the statute change, when it next does rulemaking for the applicable
16 chapter. However, the Department has no objection to the definition itself.

1 In addition to considering deletion of Sections 3 and 4, the Department respectfully
2 requests consideration of the following proposed technical corrections and amendments:

3
4 SECTION 2.

5 "(b) The department may lease or acquire a facility to operate a behavioral health crisis center
6 to treat and refer ~~[patients]~~ individuals in behavioral health crisis, including those from the
7 criminal justice system, to appropriate services and providers."

8
9 SECTION 5.

10 (a)(3)(C) "In need of care or treatment; may direct transportation, by ambulance or other
11 suitable means, to a licensed psychiatric facility or other facility designated by the director for
12 further evaluation and possible emergency hospitalization. A licensed physician, an advanced
13 practice registered nurse, or physician assistant may administer treatment as is medically
14 necessary, for the person's safe transportation. A licensed psychologist may administer
15 treatment as is psychologically necessary."

16
17 Adding amending HRS 334-59 subsection (d) to read:

18 "(d) Emergency hospitalization. If the psychiatrist or advanced practice registered
19 nurse with prescriptive authority and who holds an accredited national certification in an
20 advanced practice registered nurse psychiatric specialization who performs the emergency
21 examination has reason to believe that the patient is:

- 22 (1) Mentally ill or suffering from substance abuse;
23 (2) Imminently dangerous to self or others; and
24 (3) In need of care or treatment, or both[;],
25

1 the psychiatrist or advanced practice registered nurse with prescriptive authority and who
2 holds an accredited national certification in an advanced practice registered nurse psychiatric
3 specialization shall direct that the patient be hospitalized on an emergency basis, or cause the
4 patient to be transferred to another psychiatric facility or other facility designated by the
5 director for emergency hospitalization[;] or both. The patient shall have the right immediately
6 upon admission to telephone the patient's guardian or a family member including a reciprocal
7 beneficiary, or an adult friend and an attorney. If the patient declines to exercise that right, the
8 staff of the facility shall inform the adult patient of the right to waive notification to the family,
9 including a reciprocal beneficiary, and shall make reasonable efforts to ensure that the patient's
10 guardian or family, including a reciprocal beneficiary, is notified of the emergency admission
11 but the patient's family, including a reciprocal beneficiary, need not be notified if the patient is
12 an adult and requests that there be no notification. The patient shall be allowed to confer with
13 an attorney in private."

14 Adding amending HRS 334-59 subsection (e) to read:

15 "(e) Release from emergency hospitalization. If at any time during the period of
16 emergency hospitalization the treating physician determines that the patient no longer meets
17 the criteria for emergency hospitalization and the examination pursuant to section 334-121.5
18 has been completed, the physician shall expediently discharge the patient. If the patient is
19 under criminal charges, the patient shall be returned to the custody of a law enforcement
20 officer. In any event, the patient shall be released within forty-eight hours of the patient's
21 admission to a psychiatric facility[;] or other facility designated by the director, unless the

1 patient voluntarily agrees to further hospitalization, or a proceeding for court-ordered
2 evaluation or hospitalization, or both, is initiated as provided in section 334-60.3. If that time
3 expires on a Saturday, Sunday, or holiday, the time for initiation is extended to the close of the
4 next court day. Upon initiation of the proceedings, the facility shall be authorized to detain the
5 patient until further order of the court."

6 Mahalo for the opportunity to testify and for your consideration of these requested
7 changes.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • TTY (808) 586-8162 • Fax (808) 586-8129

February 2, 2024

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senate Bill 3139 – Relating to Crisis Services

The Disability and Communication Access Board (DCAB) supports Senate Bill 3139 – Relating to Crisis Services.

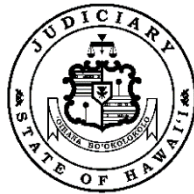
This bill would establish a Crisis Intervention and Diversion Program within the Department of Health to divert those with mental health issues to appropriate health care services and define "mental health emergency worker."

Establishing a Crisis Intervention and Diversion Program would help ensure that individuals having mental illnesses or co-occurring mental illnesses and substance use disorders receive treatment for their conditions. This treatment could reduce or eliminate the individual's reoccurring involvement with the criminal justice system.

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

Respectfully submitted,

KIRBY L. SHAW
Executive Director



The Judiciary, State of Hawai'i

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

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice-Chair

Friday, February 2, 2024 at 1:00 p.m.
Conference Room 225 & Videoconference

WRITTEN TESTIMONY ONLY

by

Rodney A. Maile

Administrative Director of the Courts

Bill No. and Title: Senate Bill No. 3139, 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. Defines "mental health emergency worker". Appropriates funds for the crisis intervention and diversion program. Effective 7/1/2024

Judiciary's Position:

The Judiciary strongly supports the intent of this measure. The establishment and use of behavioral health crises 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. Early 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. 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.



SB3139 Crisis Bed Funding

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Friday, Feb 2, 2024: 1:00 : Room 225 Videoconference

Hawaii Substance Abuse Coalition Strongly Supports SB3139:

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 that Section 2 (a) stating “mental health” be changes to “mental health and co-occurring mental health and substance use disorders.”**
- Often 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.

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.
- **Recommend that police continue their CIT (Crisis Intervention Training) to help them be more effective in working with the crisis program.** Training really helps police officers to reduce their time to choose crisis intervention than usual practices because it requires a lot of time for police officers to arrest them even if the crimes are misdemeanors. This is how jails become overcrowded because of this population.
- The alternative is a danger to public safety when criminal defendants, who could qualify for commitment due to severe mental health issues, are released back into the community without appropriate care.

We support that mental health worker includes crisis intervention and emergency stabilization services.

In Section 5 (a) (1) Also, it is most important that a person can be transported to another facility designated by the director that is not a licensed psychiatric facility because crisis bed services are generally not licensed psychiatric facilities.

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.



United Self-Help

“People helping people to help themselves”

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

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Testimony in Support of SB 3139 RELATING TO CRISIS SERVICES

February 1, 2024

Dear Chairman San Buenaventura and Vice Chair Aquino:

United Self Help (USH) would like to submit this testimony in support SB 3139.

USH is the only consumer managed and operated” organization in the State, which fosters consumer empowerment, engagement, and peer supported recovery. This measure if passed will enhance the ability of the Department of Health to assist consumers in the community through crisis intervention and diversion.

USH presently works with the Department of Health, Adult Mental Health Division (AMHD) and the Alcohol and Drug Abuse Division (ADAD). AMHD refers consumers to our programs and support groups, while USH refers consumers to their crisis line when needed. USH is a provider in the ADAD Continuum of Care Service Array.

This Program as described in this measure will become a strong USH partner in meeting the needs of the recovering consumer in the community. USH anticipates and looks forward to a collaborative relationship with the program.

Sincerely,

Wes Mun
President
Board of Directors
United Self Help

BOARD OF DIRECTORS

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Executive Director

AN EQUAL
OPPORTUNITY
EMPLOYER

COMMUNITY ALLIANCE ON PRISONS

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Friday, February 2nd, 2024

Room 225 & VIDEOCONFERENCE

1:00 PM

LATE

SUPPORT FOR SB 3139- RELATING TO CRISIS SERVICES.

My name is Olivia Chang and I am a Policy Intern for the Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. This testimony is respectfully offered on behalf of the 3,868 Hawai`i individuals living behind bars¹ and under the “care and custody” of the Department of Public Safety/Corrections and Rehabilitation on any given day. We are always mindful that 874 - 25% of the male imprisoned population - of Hawai`i’s imprisoned people are serving their sentences abroad - 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 to testify in support of SB 3139 establishing a crisis intervention and diversion services program under the Department of Health.

Under SB 3139, emergency admission can be initiated only once a law enforcement officer calls for assistance from a mental health emergency worker, who determines that the “person is imminently dangerous to self or others”.

We strongly prefer the language in SB 3139, which requires a law enforcement officer to call for a mental health emergency worker, over language in SB 2246 and SB 2345, where a law enforcement officer would call for a “crisis intervention officer” (another member of law enforcement).

¹ DPS/DCR Weekly Population Report, Jan. 22, 2024

<https://dcr.hawaii.gov/wp-content/uploads/2024/01/Pop-Reports-Weekly-2024-01-22.pdf>

Mental health emergency workers, who are trained in evaluating and de-escalating behavioral health crises, must be the ones responding when our community members are in crisis – not police. Police are ill-equipped to safely and effectively serve people experiencing behavioral health crises². The dire shortcomings of using police as a default first responder to people with mental illness and substance use disorders are reflected in the disproportionate number killed by police every year and the disproportionate numbers held in jails and prisons³. While officers can be trained on de-escalation skills, the mere presence of armed, uniformed officers with police vehicles often exacerbates feelings of distress and escalate mental health-related situations.

² <https://www.vera.org/behavioral-health-crisis-alternatives>

³ Amam Z. Saleh, Paul S. Appelbaum, Xiaoyu Liu et al. “Deaths of People with Mental Illness During Interactions with Law Enforcement,” *International Journal of Law and Psychiatry* 58 (2018), 110-116; Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics (BJS), 2017), <https://www.bjs.gov/content/pu...>; and Jennifer Bronson, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (Washington, DC: BJS, 2017), <https://www.bjs.gov/content/pu...>

SB-3139

Submitted on: 1/31/2024 4:39:00 PM

Testimony for HHS on 2/2/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Comments	Written Testimony Only

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.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

From: Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: February 2, 2024

Re: Comments on SB3139 – 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 on SB3139 which establishes a crisis intervention and diversion services program within the Department of Health (DoH) to expand existing services to divert those with mental health issues to appropriate health care services. 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 providing further emphasis on the role of mental health emergency workers in helping to determine appropriate crisis intervention and emergency stabilization care with the caveat that these workers should have clinical competence and experience.

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.).

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 patients, 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 stage of care is only part

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.

of solving the broader mental/behavioral healthcare challenges facing our community. 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.

Queen's will continue to be a partner in this complex and worthy process. Thank you for allowing us to testify on SB3139.

SB-3139

Submitted on: 1/31/2024 4:46:18 PM

Testimony for HHS on 2/2/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shana Wailana Kukila	Individual	Support	Remotely Via Zoom

Comments:

RE: SB3139 Relating to Crisis Services

Position: Support

Aloha Committee Members,

I am in full support of SB3139. As a wife, mother, grandmother, and veteran caregiver on Hawai'i Island, my concern is for my own family members and those in the community who suffer with extreme mental health issues that have led them into drug addiction, crime, incarceration, homelessness, and even suicide or homicide in extreme cases.

With this bill, we can gather together with solutions to this problem and address the suffering of many in our state who are affected by severe mental health conditions. We also must provide wrap around services for families who suffer along with these individuals so that they, too, can survive and have their trauma addressed as well.

Thank you for the opportunity to testify on this important subject that affects so many in our island home.

Mahalo,

Shana W. Kukila

Hilo, Hawai'i

To: Committee of Health and Human Services, Ways and Means
and Judiciary

Regarding: **SB3139 – RELATING TO CRISIS SERVICES**

Hearing: Friday, February 2, 2024, 1:00 p.m.

Aloha Committee Members,

My name is Julie Shinsato and I am currently a graduate student of the University of Hawaii at Manoa in the Myron B. Thompson School of Social Work. I also have 12+ years of work experience in the field of social work providing services to the homeless physically and/or mentally disabled population. I am in **support** of SB3139 as this bill would provide an efficient and effective streamline of referral services to our most vulnerable population.

Establishing a crisis intervention and diversion services program within the Department of Health will have many benefits within our community along with reducing cost to other departments such as insurance companies, hospitals and judiciary to name a few. The mental health emergency workers will be able to de-escalate most situations and redirect individuals to the appropriate care, support services and resources. More importantly, the crisis intervention and diversion services program have the potential to reduce any at-risk individuals back into our community.

Again, I am in **support** of SB3139, I strongly believe if we want to see or make a difference in our community, we must address the underlying issues of mental health and collaborate with all types of healthcare professionals in order to achieve a safer and better community. Thank you for the opportunity to testify on this measure.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julie Shinsato', with a stylized, cursive script.

Julie Shinsato

LATE

FEBRUARY 2, 2024

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

FROM: SHANA KUKILA

RE: SB3139 RELATING TO CRISIS SERVICES

POSITION: SUPPORT

ALOHA MEMBERS OF THE COMMITTEE ON HEALTH AND HUMAN SERVICES,

THIS TESTIMONY IS IN SUPPORT OF SB3139.

CRISIS INTERVENTION SERVICES ARE AN IMPORTANT PART OF GENERAL PUBLIC SAFETY AND SHOULD BE A COMBINED, COORDINATED, AND INTEGRATED EFFORT BETWEEN FEDERAL, STATE, AND COUNTY STAKEHOLDERS.

INVOLVING THE FEDERAL GOVERNMENT COMPLIES WITH THE FEDERAL PROTECTIONS IN PLACE AND COULD PROVIDE GRANT FUNDING AND OTHER RESOURCES NOT CURRENTLY AVAILABLE IN THE STATE TO PAY FOR POSITIONS AND OTHER SERVICES FOR HAWAII'S MOST VULNERABLE POPULATIONS.

MAHALO FOR THE OPPORTUNITY TO SHARE MY TESTIMONY

SHANA KUKILA

HILO, HI