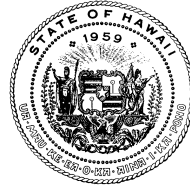


JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378

**WRITTEN
TESTIMONY
ONLY**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the Senate Committee on
Ways and Means and Senate Committee on Judiciary
SUPPORTING SB 3141 SD1
RELATING TO MENTAL HEALTH**

February 22, 2024 at 9:46 a.m. in Rm 329 and via video

Chairs Dela Cruz and Rhoads, Vice-Chairs Moriwaki and Gabbard, and Members of the Committees:

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 SB3141 SD1. The Council supports getting help for the mentally ill. We also support funding for the data collection system and to enable the services provided in this measure. If the Department of Health (DOH) does not have all the data for assessing the state's needs, this measure should be passed and funded. Based on the information received, if an individual needs help, then the DOH, or an organization they contract with, is to assist the individual in need. If Assisted Community Treatment (ACT) is warranted for the person, then DOH or the contracted organization will seek an ACT order.

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

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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 22, 2024

TESTIMONY TO THE SENATE COMMITTEES ON WAYS AND MEANS, AND JUDICIARY

Senate Bill 3141 SD1 – Relating to Mental Health

The Disability and Communication Access Board (DCAB) supports Senate Bill 3141 SD1 – Relating to Mental Health.

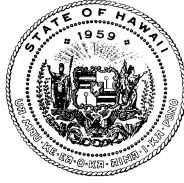
This bill requires the Department of Health (DOH) to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments. It also requires DOH to respond to reports about persons having severe mental illness who are in need of assistance, assess whether those persons fulfill criteria for assisted community treatment, and coordinate the process for an assisted community treatment order if indicated. It establishes that a court's denial of a petition for involuntary commitment shall serve as notification to DOH that the person should be evaluated for assisted community treatment.

Psychological disabilities are treatable, and like many conditions the sooner treatment is provided the more successfully the treatment will be. This bill would not only improve treatment services, but help to establish baseline metrics, which allows the impact of this bill to be measured and may suggest where other improvements would be effective.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
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doh.testimony@doh.hawaii.gov

WRITTEN
TESTIMONY ONLY

Testimony in SUPPORT of S.B. 3141 SD1
RELATING TO MENTAL HEALTH

LATE

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

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Thursday, February 22, 2024, 9:46 a.m., Conference Room 211 & Videoconference

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

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

5 The intent of this measure proposes to track and publicly report statewide data relating
6 to crisis reports, emergency mental health transports, court-ordered medications and plans of
7 treatments (“assisted community treatment” [ACT] orders), and involuntary commitments to
8 the Hawaii State Hospital. However, many of the proposed requirements are already being
9 tracked and reported.

10 Since the time that this bill was introduced, the Department, in partnership with the
11 University of Hawaii and other state and county agencies, developed and implemented a data
12 dashboard website (<https://bh808.hawaii.gov>), to better understand Hawaii’s current
13 behavioral health trends and needs, with a focus on drug overdose, polysubstance use, co-
14 occurring substance use and mental health disorders, and crisis care. We provide interactive

1 visualizations of data such as county-level emergency department discharges related to mental
2 health and co-occurring substance use disorders, number of consumers served by the AMHD
3 each day and by service type, number of and reasons for calls to the Hawaii CARES/988 crisis
4 line each day, number of dispatches by crisis mobile outreach each month, and number of
5 admissions to licensed crisis residential shelters each month. The Department is already in the
6 process of developing visualizations using other key data, such as that of mental health
7 emergency workers and stabilization beds, and we hope that this website can serve as a key
8 data tool to assist with program planning and decision-making.

9 **Offered Amendments:** See below.

10 Because the Department already collects data and has it readily available on the
11 bh808.hawaii.gov website, the Department requests removal of the proposed language in
12 Section 2(1)(b)(1), page 3, lines 7 through 11; Section 2(1)(b)(2), page 3, lines 12 through 16 and
13 Section 2(1)(b)(6), page 3, lines 9 through 13.

14 ~~(1) Crisis reports, disaggregated by county, made to a department hotline, crisis line, or~~
15 ~~other means for the public to contact the department, including through department-~~
16 ~~contracted service providers, and the disposition of the reports;~~

17 ~~(2) Persons transported for emergency examination pursuant to section 334-59,~~
18 ~~disaggregated by type of transport, length of time in the emergency room, disposition of the~~
19 ~~matter, and the county in which the facility where the person was transported is located;~~

20 ~~(6) Administrative authorization for treatment over the patient's objection sought~~
21 ~~pursuant to section 334-162, disposition of the authorization sought, and number of patients~~
22 ~~currently under an administrative authorization for treatment; and~~

23 The Department also requests deletion of Section 2(1)(b)(3), page 3, lines 17 through 19,
24 since the information sought is adequately covered in Section 2(1)(b)(4).

1 ~~(3) Assisted community treatment evaluations performed prior to discharge pursuant to~~
2 ~~section 334-121.5 and the disposition of the evaluations;~~

3 The Department has limited enforceability to obtain information from every licensed
4 physician; psychiatrist; psychologist; advanced practice registered nurse with prescriptive
5 authority who holds an accredited national certification in an advanced practice registered
6 nurse psychiatric specialization; hospital; and psychiatric facility in the State. Instead, the
7 Department requests that the Judiciary provide information requested in Section 2(1)(b)(4),
8 Section 2(1)(b)(5) and Section 2(1)(b)(7). As such, the Department requests deletion of Section
9 2(c), page 4, line 19-21 and page 5, line 1-10.

10 ~~(c) Every licensed physician; psychiatrist; psychologist; advanced practice registered~~
11 ~~nurse with prescriptive authority who holds an accredited national certification in an advanced~~
12 ~~practice registered nurse psychiatric specialization; hospital; psychiatric facility; or petitioner~~
13 ~~for an order for involuntary hospitalization, authorization for treatment over the patient's~~
14 ~~objection, or order for assisted community treatment shall provide the information tracked~~
15 ~~under this section to the department; provided that the persons or entities involved may~~
16 ~~coordinate among each other to provide a single report of the event to the department. The~~
17 ~~reports and information shall be submitted to the department in the manner, time, and form~~
18 ~~prescribed by the department."~~

19 The Department supports the initiative to implement assisted community treatment
20 orders with greater scope. The Department suggests modifying the process such that assisted
21 community treatment orders are pursued at the outset of hospitalization or concurrent with
22 the filing of MH-6 civil commitment petitions. The Department suggests deleting Section 3,
23 page 7, line 19. It places a significant burden on limited hospital resources and requires
24 additional time with the patient which may not be available should the patient want to leave.

1 Within twenty four hours of the denial of a petition for involuntary commitment, the
2 court shall provide notice to the department of the petition's denial, which shall serve as
3 notification to the department that the individual should be assessed for assisted community
4 treatment. If, upon assessment, the department reasonably believes the individual meets the
5 criteria for assisted community treatment, the department shall coordinate the completion of
6 an evaluation, preparation of a certificate, and filing of a petition pursuant to section 334-B(b)."

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



SB3141 SD1 ACT Involved with Involuntary Mental Health

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Sharon Y. Moriwaki, Vice Chair

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Thursday, Feb 22, 2024: 9:46 : Room 211 Videoconference

Hawaii Substance Abuse Coalition Strongly Supports SB3141 SD1:

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

HSAC strongly supports:

(1) Require the Department of Health to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments;

(2) Require the Department of Health to respond to reports about persons having severe mental illness who are in need of assistance, assess whether those persons may fulfill the criteria for assisted community treatment, and coordinate the process for an assisted community treatment order if indicated;

(3) Establish that a court's denial of a petition for involuntary commitment shall serve as notification to the Department of Health that the person should be evaluated for assisted community treatment – this is very important because an assessment is needed to determine the next course of action to provide healing and support. Too often families are frustrated over the court's limited ability for action to help families deal with difficult situations.

(4) Make an appropriation to the Department of Health for software and data collection and publication; and

(5) Make an appropriation to the Department of Health for statewide education and training on policies related to emergency examination and hospitalization and assisted community treatment.

We appreciate the opportunity to provide testimony.



THE QUEEN'S HEALTH SYSTEM

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

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Members, Senate Committee on Judiciary

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

Date: February 22, 2024

Re: Comments on SB3141 SD1 – Relating to Mental Health

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 SB3141 SD1, which requires the Department of Health (DoH) to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments, and requires the Department to respond to reports about persons having severe mental illness who are in need of assistance, assess whether those persons may fulfill the criteria for assisted community treatment, and coordinate the process for an assisted community treatment order if indicated. It also establishes that a court's denial of a petition for involuntary commitment shall serve as notification to the Department of Health that the person should be evaluated for assisted community treatment.

We support the intent of this measure as it seeks to better understand the complexity of mental health crises in our health system. Queen's is uniquely positioned to provide this information to the state as a result of having the busiest emergency departments at our Mananmana and West campuses which receive a disproportionately high number of MH1 individuals and others suffering from mental health crises. Should this measure advance, we strongly urge the Department to engage with the healthcare system early to ensure any data sharing can be accomplished efficiently, securely and reasonably.

Providing resources to develop and implement "statewide media, education, and training activities" is a part of addressing the continuum of care for those suffering from mental health crisis, however,

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.

coupled with this effort (or arguable more critical to our state) should be resources to expand and improve the actual assisted community (ACT) treatment infrastructure/facilities and workforce.

Mahalo for your consideration of your comments on this measure.