



*The Judiciary, State of Hawai‘i*

**Testimony to the Thirty-Second State Legislature  
2023 Session**

**Senate Committee on Health and Human Services**

Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

**Senate Committee on Judiciary**

Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

Monday, February 13, 2023, 10:30 a.m.  
State Capitol, Conference Room 016 & Via Videoconference

by  
Brandon Kimura  
Deputy Administrative Director of the Courts

**WRITTEN TESTIMONY ONLY**

---

**Bill No. and Title:** Senate Bill No. 1540, Relating to Rehabilitation.

**Purpose:** Expands the criminal justice diversion program. Amends the allowable period of court-ordered assisted community treatment and extensions. Allows courts to require certain probation violators to undergo mental health evaluation and treatment as a condition of continued probation. Requires the Department of Health to contract with behavioral health crisis centers. Appropriates funds.

**Judiciary's Position:**

The Judiciary strongly supports this measure. Each of these parts, and all of them together, will improve the government response to individuals suffering from mental health challenges, particularly for those who may become, or already are, involved in the criminal justice system.



Senate Bill No. 1540, Relating to Rehabilitation  
Senate Committee on Health & Human Services  
Senate Committee on Judiciary  
Monday, February 13, 2023  
Page 2

The substantive parts of this measure may be summarized as follows:

Part I of the measure expands the criminal justice diversion program established by Act 26, Session Laws of Hawai'i 2020, which provided nonviolent petty misdemeanants with expedited examinations for fitness to proceed in criminal proceedings, and then dismissal of the criminal charge if the court did not find the defendant fit to proceed to trial. The expedited fitness examinations and dismissal remedy reduced the time that defendants would spend in custody during mental fitness determinations and provided defendants with faster access to mental health treatment. The positive impact of Act 26 has been clear and profound. Since the enactment into law of Act 26 on September 15, 2020, and through the December 9, 2022 submission date of the Judiciary's annual report to the Legislature regarding the effectiveness of Act 26, the First Circuit District Court had ordered expedited fitness examinations for 135 defendants encompassing 192 criminal offenses. In most of these cases, the court ordered expedited fitness examinations with a turnaround time of two days. One hundred fourteen of the 135 defendants were found unfit to proceed. Of those, 107 were able to avoid incarceration and receive treatment instead. Eighty-six defendants were discharged and linked to services. Approximately 76% of those discharged to the community have not been re-arrested. This part seeks to build upon the success of the Act 26 diversion program in two main ways: (1) by expanding the program to include nonviolent misdemeanants and defendants charged with Promoting A Dangerous Drug In The Third Degree; and (2) by automatically screening participating defendants for involuntary hospitalization or assisted community treatment. This part also requires the establishment of rules and procedures for mental fitness examinations of defendants via telehealth to ensure the widest availability of telehealth resources feasible at state health, correctional, and judicial facilities, and appropriates funds to provide job positions and additional resources to implement this part.

Part II of the measure lengthens the allowable period of court-ordered assisted community treatment for persons who are suffering from mentally illness or substance use, and extensions of the court order. This part also eliminates the need for courts, in deciding petitions to extend periods of assisted community treatment, to consider or make any finding as to any unchanged factor that has been previously established in the existing order for treatment.

Part III of the measure seeks to improve the effectiveness of a provision of Act 26, Session Laws of Hawai'i 2020 (separate from the diversion program utilizing expedited fitness examinations of defendants under Part I of this measure) that authorizes courts to enter into agreements with the parties in a criminal case to divert the case into an evaluation and treatment of the defendant whenever there is reason to believe that the physical or mental disease, disorder, or defect of the defendant will or has become an issue in the case. Under current law, this provision does not provide for dismissal of the charge upon successful completion of the



Senate Bill No. 1540, Relating to Rehabilitation  
Senate Committee on Health & Human Services  
Senate Committee on Judiciary  
Monday, February 13, 2023  
Page 3

diversion, which may explain, at least in part, why as of the December 9, 2022 submission date of the Judiciary's annual report to the Legislature regarding the effectiveness of Act 26, in the First Circuit there had been no cases diverted utilizing solely this provision and the court had not been presented with, by either the State or the Defense, any requests nor agreements to divert applicable defendants into treatment under this provision. This part addresses two aspects of the diversion provision to improve its effectiveness. First, it eliminates the requirement of an agreement of the parties for diversion, and only requires the defendant's consent. Second, it provides for dismissal of the criminal charge upon successful completion of the diversion conditions for nonviolent misdemeanors and petty misdemeanors. For all other offenses, this part authorizes courts to divert the case for evaluation or treatment with the defendant's consent only.

Part IV of the measure clarifies authority for courts to require a probation violator to undergo mental health evaluation and treatment as a condition of continued probation if the probation violation is associated with the defendant's mental illness.

Part V of the measure requires and appropriates funds for the Department of Health to contract with behavioral health crisis centers to provide intervention and stabilization services in each county for persons experiencing a mental illness or substance use disorder crisis. This proposal follows the example of crisis stabilization units in other states that provide immediate care to individuals in crisis, with the goal of quickly stabilizing the individual and then referring that individual to available community resources as an alternative to emergency rooms and incarceration, as is often the case for individuals in crisis who come into contact with law enforcement. The key features of these crisis centers are: (1) the provision of services 24-hours-a-day, 7-days-a-week; (2) acceptance of all walk-in clients and referrals and a no-wrong-door approach; and (3) a dedicated drop-off area for clients delivered by first responders.

Part VI of the measure restores funding for probation officer services for the mental health court.

Finally, the Judiciary respectfully suggests that the Committee amend the following provisions in the bill for clarity:

**SECTION 2, addition of new section to Chapter 704:**

The Judiciary respectfully proposes that page 2, lines 4-11 of the bill should be changed to read as follows (changes in bold font):



Senate Bill No. 1540, Relating to Rehabilitation  
Senate Committee on Health & Human Services  
Senate Committee on Judiciary  
Monday, February 13, 2023  
Page 4

(2) With regard to examinations of defendants conducted via telehealth and pursuant to this chapter:

- (a) The director of health, in the case of any facility under the jurisdiction of the director of health;
- (b) The director of public safety, in the case of **any facility under the jurisdiction of the director of public safety;** and
- (c) The chief justice, in the case of any **facility under the jurisdiction of the chief justice...**

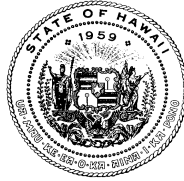
**SECTION 3, amendment of section 704-404(2):**

The Judiciary respectfully proposes that page 4, lines 3-12 of the bill should be changed to amend subsection (2)(b) for clarity:

- (b) In [~~all other nonfelony~~]:
  - (i) Nonfelony cases[;] where the offense charged is not listed under section 704-421(1); and
  - (ii) Any case under paragraph (a) where a court-based certified examiner is not available [~~in cases under paragraph (a)~~],

the court shall appoint one qualified examiner to examine and report upon the defendant's fitness to proceed. The court may appoint as the examiner either a psychiatrist or a licensed psychologist designated by the director of health from within the department of health; and...

Thank you for the opportunity to testify on this measure.



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

**Testimony in SUPPORT of S.B. 1540**  
**RELATING TO REHABILITATION**

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

SENATOR KARL RHOADS, CHAIR  
COMMITTEE ON JUDICIARY

Hearing Date, Time and Room: Monday, February 13, 2023 at 10:30 a.m. in Room 016/VIDEO

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

5 **Department Position:** The Department supports this measure and offers comments.

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

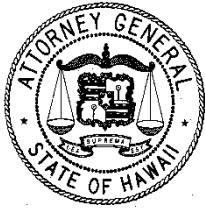
8 The purpose of this measure is to amend §704, Hawaii Revised Statutes and to expand  
9 the scope of the criminal justice diversion program for nonviolent petty misdemeanants whose  
10 fitness to proceed in criminal proceedings remains and outstanding issue, and to include  
11 nonviolent misdemeanants and defendants charged with promoting a dangerous drug in the  
12 third degree while also establishing a mechanism for diverted defendants to be automatically  
13 screened for involuntary hospitalization or assisted community treatment with funding for  
14 positions.

1           The Department supports diversion programming that provides an opportunity for  
2 individuals to link with appropriate treatment supports. We are committed to addressing the  
3 needs of individuals experiencing behavioral health challenges who interact with the justice  
4 system. For example, we continue to engage in an ongoing collaboration with the Judiciary to  
5 develop effective responses that provide “off-ramps” from the criminal justice pathway into  
6 treatment and services to enhance both the individual’s recovery and public safety.

7           The Department supports this measure which enhances the Act 26 (Session Laws of  
8 Hawaii 2020) diversion program by expanding the criteria for eligibility to include nonviolent  
9 misdemeanants, providing options for outpatient facilities/release on conditions, extending the  
10 timeline for reporting requirements, and incorporating Assisted Community Treatment (ACT)  
11 procedures. We strongly support this measure’s creation of a diversion alternative for those  
12 defendants intending to rely on the defense of a condition that excludes penal responsibility  
13 and for defendants violating probation when the violation is associated with a mental disease,  
14 disorder or defect.

15           Lastly, we point to and recognize that behavioral health crisis centers are a critical  
16 component of the health care continuum that provides an opportunity for diversion from the  
17 justice system. We support the development of this crisis care capacity in each county through  
18 the Department’s establishment of or contract for the needed services.

19 **Offered Amendments:** In regard to appropriating funds for program support, we will need  
20 additional positions for court-based clinicians, coordination, monitoring, and funding for  
21 contracted sites for additional evaluations/assessments. It may be important to consider  
22 adding bill language that acknowledges the need for locations that will have an increased  
23 number of evaluations to be fully operational prior to program implementation. These staffing  
24 supports and resources are essential for program success. A start date no sooner than July 1,  
25 2024, is recommended. Thank you for the opportunity to testify on this measure.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
KA 'OIHANA O KA LOIO KUHINA  
THIRTY-SECOND LEGISLATURE, 2023**

---

**ON THE FOLLOWING MEASURE:**  
S.B. NO. 1540, RELATING TO REHABILITATION.

**BEFORE THE:**  
SENATE COMMITTEES ON JUDICIARY AND ON HEALTH AND HUMAN SERVICES

**DATE:** Monday, February 13, 2023      **TIME:** 10:30 a.m.

**LOCATION:** State Capitol, Room 016

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Albert Cook, Deputy Attorney General

---

Chairs Rhoads and San Buenaventura and Members of the Committees:

The Department provides the following comments regarding this bill.

This bill proposes numerous changes to how criminal defendants who have mental diseases, disorders, or defects that affect their mental competency to participate in a criminal trial will be addressed, including the use of involuntary hospitalization, assisted community treatment (ACT), and the expansion of the diversionary program implemented by Act 26, Session Laws of Hawaii 2020, and known as "Act 26."

The Department takes no position on section 2.

The Department opposes the elimination of the 120-day limit on commitment on page 6, lines 10-14 and line 20, to page 7, line 2. Removing this 120-day limit on commitment will result in committed defendants being in limbo and the elimination of a review of their status by the court each 120 days.

The Department has strong concerns about the changes to section 704-421, Hawaii Revised Statutes (HRS), in section 5 of the bill on page 8, expanding the crimes for which a defendant may be diverted from criminal prosecution. The proposed changes could allow defendants charged with a host of misdemeanors to avoid prosecutions. Those misdemeanors include negligent homicide in the third degree, section 707-704, HRS; resisting arrest, section 710-1026, HRS; resisting an order to stop a motor vehicle, section 710-1027, HRS; animal cruelty in the second degree, section 711-1109, HRS; negligent injury in the second degree, section 707-706, HRS;

reckless endangering in the second degree, section 707-714, HRS; terroristic threatening in the second degree, section 707-717, HRS; unlawful imprisonment in second degree, section 707-722, HRS; custodial interference in the second degree, section 707-726, HRS; sex assault in the fourth degree, section 707-733, HRS; indecent electronic display to a child, section 707-759, HRS; violation of privacy in the second degree, section 711-111, HRS; promoting minor-produced sexual images in the first degree, section 712-1215.5, HRS; extortion in the third degree, section 707-767, HRS; criminal property damage in the third degree, section 708-822, HRS; criminal property damage in the fourth degree, section 708-823, HRS; disorderly conduct, section 711-1101, HRS; harassment involving physical contact, section 711-1106(a), HRS; criminal tampering in the second degree, section 708-827, HRS; unauthorized entry into a motor vehicle in the second degree, section 708-836.5, HRS; arson in the fourth degree, section 708-8254, HRS, and many others. The change also allows those charged with the felony offense of promoting a dangerous drug in the third degree to avoid prosecution. The Department believes that allowing diversion of these crimes will adversely affect public safety.

The Department supports the bill's intent to provide mental health treatment to those arrested for crimes "not involving violence or the threat of violence" (note: these terms are not defined so it is unclear which crimes would or would not qualify for the Act 26 diversion program), but we are concerned whether those defendants who are diverted from criminal prosecution under Act 26 are actually receiving meaningful mental health treatment. According to the Department of the Prosecuting Attorney for the City and County of Honolulu, in the two years that Act 26 has been in effect, in most cases where the defendant was referred to the Act 26 diversion program and found unfit to proceed, the prosecutions were dismissed with prejudice and the defendants were discharged from the Hawaii State Hospital within 7 days. According to the Hawaii Criminal Justice Information System (CJIS), almost all those defendants were rearrested for criminal offenses after they had been through the Act 26 program. Additionally, it is unclear if those discharged received any meaningful mental health treatment once discharged from the Hawaii State Hospital. The Department



understands that the Prosecutor is recommending a delay in the expansion of the Act 26 diversion program to see if the other changes proposed in this bill will accomplish the goals of diverting criminal defendants with mental health issues from criminal prosecution into meaningful mental health treatment and protecting the public from defendants committing new criminal offenses.

The Department has no position on expanding placement of defendants committed to the director of health to "an outpatient facility" (page 9, line 3). However, the Department opposes releasing defendants pending placement on conditions (page 9, lines 4-11). Releasing criminal defendants, who have possible mental health issues severe enough to require commitment, back into the community, even while on conditions, is a danger to the safety of the public.

The Department has concerns about the amendments to section 704-421, HRS, by section 5, on page 11 of this bill, to require the Director of Health to file a petition for involuntary hospitalization if the defendant's clinical team believes the criteria under section 334-60.2, HRS, is satisfied. This could lead to the unnecessary filing of petitions for commitment periods already covered by a criminal commitment order. While section 334-60.6, HRS, allows a period of detention to commence from the end of an existing commitment order, a court is unlikely to consider this unless the current order has expired or is about to expire due to the requirement of imminent danger under section 334-60.2, HRS.

The Department proposes deleting lines 5-20, on page 13, starting from "[t]he defendant may be held at the . . .." This amendment to section 704-421 is to permit a defendant to be held at an institution pending a hearing on a petition for ACT. As such, this wording could allow a defendant to be held past the expiration of a current commitment order. This is problematic as there must exist clear and convincing evidence that an individual is mentally ill and dangerous prior to commitment. *In re Doe*, 102 Hawai'i 528, 548-49 (Haw. Ct. App. 2003). While section 334-59(e), HRS, permits the holding of a patient in a facility pending a hearing on a petition for involuntary hospitalization, those petitions allege mental illness and dangerousness, and come after an individual has been held for emergency hospitalization because a

qualified medical professional has found the presence of mental illness and dangerousness. In contrast, the elements of ACT petitions under section 334-121, HRS, require only a determination that dangerousness will "predictably result" if an individual did not receive treatment.

The Department proposes deleting the amendment on page 19, lines 20-21, and page 20, lines 1-3. This section amends section 334-133, HRS, to permit the court to continue an existing ACT order without considering or making any finding of a previously established factor. This would contradict the ACT hearing requirements under section 334-127, HRS, by allowing the court to issue a new order without any supportive findings.

The Department opposes section 6, which reduces the penalty of Escape in the Second Degree, section 710-1021, HRS, for those in custody pursuant to section 704-421(1), HRS, from a class C felony to a petty misdemeanor. The Department believes that reducing the penalty will adversely affect public safety.

The Department takes no position on the proposed changes in sections 13 and 14.

The Department strongly opposes the amendments to section 704-407.5(1), HRS, in section 17 of the bill, on page 21, line 5, to page 22, line 17, which, in effect, remove the prosecutor from the decision to divert a defendant, and requires only the defendant's consent. As the representative of the people of the State of Hawaii, and all victims of crime in Hawaii, the prosecution should be involved in determining whether a defendant is appropriate for inclusion in a diversion program. To remove the prosecution's ability to do so would adversely affect public safety and the State's ability to effectively prosecute crime in Hawaii. To require the consent of the defendant, where the court and parties have "reason to believe that the physical or mental disease, disorder, or defect of the defendant will or has become an issue in the case"(page 21, lines 15-27), is not practicable. If the defendant is not mentally fit, he or she cannot legally consent to any legal proceeding.

The Department takes no position on sections 19 and 21.

Thank you for the opportunity to provide comments on the bill.

**STATE OF HAWAI‘I**  
**OFFICE OF THE PUBLIC DEFENDER**

**Testimony of the Office of the Public Defender,  
State of Hawai‘i, to the Senate Committees on  
Health & Human Services and Judiciary**

February 13, 2023

S.B. No. 1540: RELATING TO REHABILITATION

Chairs: Joy A. San Buenaventura and Karl Rhoads, Vice Chairs: Henry J. C. Aquino and Mike Gabbard and Members of the Committees:

The Office of the Public Defender supports in-part and opposes in-part S.B. No. 1540, which relates to mental health issues and the criminal justice system.

We support that part of S.B. No. 1540, which would expand the criminal justice diversion program, and the funding necessary to support such changes, to include certain misdemeanors and the class C felony offense of Promoting a Dangerous Drug in the Third Degree for those left unfit by a mental disease, disorder or defect.

Currently, the Criminal Justice Diversion Program, as it applies to those left unfit by a mental disease, disorder or defect, is limited to certain petty misdemeanor offenses. Because of this limitation, there have not been many defendants able to participate in the program. However, with the expansion of qualifying offenses, the program should have more participants that can benefit from diversion from the criminal justice system. We also expect that for those that qualify to participate there will be a much faster route to resolution of their cases, and treatment and support for their mental health needs that contribute to their involvement with the criminal justice system.

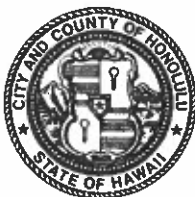
We cannot, however, support that part of S.B. No. 1540 that seeks to amend HRS section 706-625 by allowing a Court to amend the conditions of probation by requiring a defendant to undergo a mental health evaluation and treatment. As stated in the bill, if a probationer does not comply with orders for an evaluation and treatment, or it is determined that said probationer cannot benefit from suitable treatment, the probationer shall be subject to revocation of probation and incarceration. Thus, a probationer shall be subject to incarceration if he/she does not comply with a prescribed plan for mental health treatment or is beyond the help of

said treatment. Subjecting an individual to incarceration for suffering from mental illness is a regression in our understanding of mental illness and its treatment.

Thank you for the opportunity to comment on this measure.

POLICE DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813  
TELEPHONE: (808) 529-3111 · INTERNET: [www.honolulu.org](http://www.honolulu.org)



RICK BLANGIARDI  
MAYOR

ARTHUR J. LOGAN  
CHIEF

KEITH K. HORIKAWA  
RADE K. VANIC  
DEPUTY CHIEFS

OUR REFERENCE **MH-SK**

February 13, 2023

The Honorable Joy A. San Buenaventura, Chair  
and Members  
Committee on Health and Human Services  
The Honorable Karl Rhoads, Chair  
and Members  
Committee on Judiciary  
State Senate  
Hawaii State Capitol  
415 South Beretania Street, Room 016  
Honolulu, Hawaii 96813

Dear Chairs San Buenaventura and Rhoads and Members:

Subject: Senate Bill No. 1540, Relating to Rehabilitation

I am Manuel Hernandez, Captain of the Training Division of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD supports Senate Bill No. 1540, Relating to Rehabilitation, which expands diversion programs for nonviolent offenders who are found not fit to stand trial due to issues such as mental health or disease.

The HPD recognizes the importance of the proper diagnosis, treatment, and rehabilitation of those undergoing mental health or disease issues and the importance of reducing the recidivism rates of those individuals on release.

The HPD supports, when found applicable by the courts, the diversion of such individuals to treatment programs to include the commitment to the custody of the director of health for detention, assessment, care, and treatment. For the community, of which these individuals are members, this is a much more positive outcome than a release from custody without treatment only to possibly re-offend shortly thereafter.

The Honorable Joy A. San Buenaventura, Chair  
and Members

The Honorable Karl Rhoads, Chair  
and Members

Page 2

February 13, 2023

Furthermore, the HPD supports court-mandated conditions of release for individuals subject to treatment programs, furthering the accountability of these individuals in addition to their treatment and rehabilitation.

The HPD urges you to support Senate Bill No. 1540, Relating to Rehabilitation.

Thank you for the opportunity to testify.

Sincerely,



Manuel Hernandez, Captain  
Training Division

APPROVED:



Arthur J. Logan  
Chief of Police



## **SB1540 Diversion and Reentry for Offenders**

### **COMMITTEE ON HEALTH AND HUMAN SERVICES**

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

### **COMMITTEE ON JUDICIARY**

Senator Karl Rhoads, Chair

Senator Mike Gabbard, Vice Chair

Monday Feb 13 2023 10:30 Room 016

## **Hawaii Substance Abuse Coalition Strongly Supports SB1540:**

*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, prevention agencies and recovery-oriented services.*

**A comprehensive program that includes diversion to treatment and reentry to community services produces better outcomes and is more cost-effective.**

**Telehealth also considered a very cost-effective means for assessments and engagement.**

HSAC understands this very well since we treat all these issues for those who have chronic to severe levels as well as new programs for mild to moderate conditions.

- A chronic condition of substance abuse often has multiple conditions such as co-occurring mental health issues and physical health conditions.
- There are various levels of mild to chronic forms of substance use disorders, mental health disorders and even criminality.

Comprehensive services can address the various levels of mild to moderate to chronic for multiple reentry issues that can include specialized treatment for substance abuse and/or mental health disorders, harm reduction for lower use of substances, housing, case management, vocational training and employment, education, family integration, restorative practices and more.

- 1. For offenders with heavy use substance use** and either low or high functionality, **abstinent-based treatment is essential for what works** according to research from the American Society of Addiction Medicine (ASAM), the definitive body of science for levels of care. The more chronic substance abuse, especially for addiction, would be best to start at residential

or if less severe, start at outpatient treatment. Treatments would also address criminality and include medications if needed.

- a. If **residential**, start first and then move to housing.
    - i. Key to residential is to **have complex patient capability**.
    - ii. Key is to have **case management** after treatment that focuses on helping offenders “pursue abstinence” knowing that chronic illnesses tend to have relapses.
  - b. If **therapeutic living programs or outpatient, then start at housing and include outpatient**.
    - i. Education would be beneficial before, during and after treatment.
    - ii. Vocational training and employment can occur simultaneously with outpatient.
    - iii. Case management and **medication management** are key as part of and following treatment.
- 2. For offenders with lower substance use** and either low or high functioning, it is **preferable to start with housing plans, case management, education, vocational training and employment with wrap around harm reduction practices**. If substance abuse continues without controlled use and especially if there are other behavioral health issues then counseling, medications, or outpatient treatment can be considered especially as for co-occurring substance misuse along with mental health disorders. Any needed substance use disorder or co-occurring disorder outpatient or counseling treatments would be best to include programming that addresses criminality issues. Medication management would be considered.
- 3. Using nationally standardized screening and assessment tools are essential to develop appropriate reentry plans to determine an integrated approach for reentry:**
- a. that incorporates residential or outpatient treatment as part of housing or
  - b. if substance abuse treatment is not needed, then integrate recovery-oriented services as part of housing, such as case management or medication management.
  - c. Vocational is key for long-term rehabilitation.
  - d. It is important that parole and probation are involved in every step with service providers.



**4. HSAC Treatment Providers that provide treatment and/or prevention for substance use disorders:**

Action with Aloha	Aloha House/Maui Youth & Family/Malama Family Recovery Center	Big Island Substance Abuse Council (BISAC)
Bobby Benson Center	Coalition for Drug Free Hawaii	Habilitat
Hawaii Health and Harm Reduction Center (HHRC)	Hina Mauka	Ka Hale Pomaika'i
Po'ailani	Queens Day Treatment	
The Salvation Army ATS	The Salvation Army FTS	

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

# CARES

## COMMUNITY ADVOCACY RESEARCH EDUCATION SERVICES

SB 1540

Aloha Chair, Vice Chair & the Committee of JDC & HHS,

to

the SENATE CARES testifies in strong support of SB 1540.

committees

on HHS &  
JDC

The Hawaii  
State  
Legislature

from

Zhizi Xiong  
(Angela  
Melody  
Young)

Creator

The purpose of this act is to enhance the parameters of the prison diversion program and mental health services for nonviolent petty misdemeanors and drug trafficking offenders.

According to the Prison Policy Initiative, the top cause of death in jail is suicide and less than half of jails are equipped to offer treatment. Furthermore, the criminal justice system can cause new mental health conditions to occur and it can cause disabilities and debilitating conditions. Frequently, disabled people come into a jail that is not equipped to accommodate or screen the mental illness; this leads to further harm and sometimes death. This further proves the inefficiencies & inadequacies of our current criminal justice system and the need to transform it. Medical care can be improved.

“Mental health courts coordinate the expertise of judicial officers, prosecutors, defense counsel, and treatment and supervision personnel to address defendants’ mental health needs, while still holding them accountable for their actions. Laws in at least 18 states authorize mental health courts. Mental health courts based on research that shows reduced recidivism for defendants with mental illness. The law also prohibits certain defendants charged with serious crimes from participating in the program.”<sup>2</sup> It is the due diligence of the system to provide mental health resources. People don’t create equity for themselves, equity & resources are granted to the people by the State or presiding government or governing entity. It is critically necessary to enact policies that improves access to health care within the system.

Blessings,

808-724-0047

alohadivinedesign@gmail.com



ANGELA MELODY YOUNG






# CARES

---

## Works cited

1. "Access to Justice: Disability and Incarceration - Background." Access Living, [www.accessliving.org/access-to-justice-a-cross-disability-perspective-on-reducing-jail-incarceration/background-access-to-justice/](http://www.accessliving.org/access-to-justice-a-cross-disability-perspective-on-reducing-jail-incarceration/background-access-to-justice/).
  2. "Addressing Mental Health in the Justice System." Wwww.ncsl.org, [www.ncsl.org/civil-and-criminal-justice/addressing-mental-health-in-the-justice-system](http://www.ncsl.org/civil-and-criminal-justice/addressing-mental-health-in-the-justice-system).
- 

**SB-1540**

Submitted on: 2/10/2023 7:33:15 AM

Testimony for JDC on 2/13/2023 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

I support this bill's expansion of our criminal justice diversion program.

Expanding the allowable period of court-ordered assisted community treatment and considerations for extensions will help provide more effective treatment periods, particularly for persons experiencing chronic mental illness. Often the only reason they are in our criminal justice system is because of features of their mental illness. These individuals deserve an effective treatment path that can have the best chance of stabilizing their mental health so they can be productive, law abiding citizens.

I also support allowing courts to require certain probation violators to undergo mental health evaluation and treatment as a condition of continued probation. Where a mental illness has caused or contributed to the individual's criminal conduct, obtaining mental health treatment can be the best means to help bring them out of the criminal justice system.

We are in dire need of behavioral health crisis centers, so the appropriations from this bill will help meet a vital need in our community's safety net.

Thank you for your consideration of my testimony, and for helping protect the welfare of our most vulnerable residents.

Ellen Godbey Carson