

The Judiciary, State of Hawai‘i

Testimony to the Thirty-Third Legislature, 2025 Regular 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

Thursday, February 13, 2025 at 9:00a.m.

State Capitol, Conference Room 016 & Videoconference

by

Dyan M. Medeiros

Senior Judge, Family Court of the First Circuit

WRITTEN TESTIMONY ONLY

Bill No. and Title: Senate Bill No. 709, Relating to Mental Health.

Purpose: Requires the Department of Health to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments. 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. Establishes that a court's denial of a petition for involuntary commitment shall serve as notification to DOH that the subject of the petition should be evaluated for assisted community treatment. Appropriates moneys.

Judiciary's Position:

The Judiciary takes no specific position on Senate Bill 709. However, the Judiciary does request an amendment to pg. 7 line 19. Instead of reading "the court shall provide" we request



Senate Bill No. 709, Relating to Mental Health
Senate Committee on Health and Human Services
Senate Committee on Judiciary
Thursday, February 13, 2025 at 9:00a.m.
Page 2

that it be amended instead to read “the Department of the Attorney General shall provide”. The Department of the Attorney General who participates in involuntary hospitalization cases as well as some ACT cases is also the representative of the Department of Health. The quickest and most direct route for the information to be transmitted would be through the Department of the Attorney General.

We thank you for the opportunity to offer testimony on this bill.



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

LATE

TO: Honorable Senator Joy A. San Buenaventura
Chair, Senate Committee on Health and Human Services

Honorable Senator Senator Karl Rhoads
Chair, Senate Committee on Judiciary

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

RE: SB 709 - Relating to Mental Health

DATE: February 12, 2025

POSITION: IHS strongly supports the passing of SB 709

As the homeless service provider that has had the most experience filing petitions for assisted community treatment in the State of Hawai'i, The Institute for Human Service is in **strong support** of this bill. Through better tracking usage of high utilizers of emergency services, our care system's capacity for addressing the needs of mentally ill or substance-abusing individuals who have lost their decisional capacity and are refusing needed mental health treatment to be provided such treatment will expand.

This bill calls upon the Department of Health to track petitions and guardianships filed for the purpose of facilitating behavioral health treatment to coordinate the continued treatment of persons who ordinarily cycle through arrests, emergency care at hospitals, adjudication in the courts and detention in our jails. Many of these individuals have also remained homeless on the streets and other places not meant for human habitation for years.

Every year our team at IHS witnesses the deaths of individuals who had remained on the streets untreated for many years, and in one case, a woman who had wandered the streets of Honolulu for over twenty years. Wanting to improve the streamline of communication and service delivery for chronically homeless individuals, IHS partnered with industry leaders to create an outreach smartphone application to better track interventions with clients and services offered/utilized. This app utilizes facial recognition to identify clients; app users are able to upload photos of an outreach client and then pull up their record of interactions and vital documents securely stored. A few weeks ago, a local hospital reached out to our outreach team to identify a homeless patient in their care on a ventilator with no identification (a not uncommon occurrence); using the app, our outreach worker was able to take a photo and identify the patient and emergency contact. Users of the app have expanded beyond our internal outreach and clinical case managers to a few other service providers and through a CDC Foundation grant have piloted a project for the app with Queen's Medical Center and DoH's AMHD, specifically with the goal of sharing information related to LEIs.



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

The passing of this legislation would implore the Department of Health to take lead in the effort to improve information sharing of providers in our care system (emergency departments, jails, homeless services providers, behavioral health case managers, and health plans) delivering safe, coordinated care to some of our most vulnerable homeless individuals. Having the Department of Health serve as key coordinator in this database will be helpful to unify inter-agency efforts for the continuum of service/treatment for this vulnerable population.

Thank you for the opportunity to testify.



SB709 ACT Support
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

Thursday, Feb 13, 2025: 9:00: Room 016 Videoconference

Hawaii Substance Abuse Coalition Supports SB709:

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

If petition for involuntary is denied, then Assisted Community Treatment (ACT) community-based mental health care for individuals with **severe mental illnesses who struggle with voluntary treatment adherence:**

1. **Rapid response** by trained professionals.
2. **Access to Ongoing Care:** case management, counseling, substance abuse treatment, and other services.
3. **De-escalation** by trained Mental health professionals.
4. **Improved Community Trust.**
5. **Less Trauma** for Individuals in Crisis.
6. **Stronger Community Well-Being.** Reduces risks such as harm to self or others
7. **Reduced Relapses:** medication, therapy, and support services.
8. **Reduced Costs** for Hospitalizations.
9. **Decreased Homelessness:** Supports stable housing and prevents untreated mental health conditions.
10. **Lower Incarceration Rates.**
11. **Family and Caregiver Relief.**

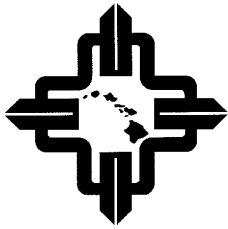
Mental health responders can connect individuals with resources like **counseling, housing assistance, and substance abuse programs**, addressing root causes.

Concerns for Assisted Community Treatment (ACT)

1. **Determining whether an individual truly lacks insight** into their condition or is making an informed decision to refuse treatment can be subjective.

2. **Cultural** and Personal Autonomy Concerns: Different cultural beliefs about mental health and treatment may not align with the ACT model.
3. **Legal and Due Process** Issues: Ensuring individuals receive fair hearings and legal representation in ACT proceedings is critical.
4. **A lack of providers or funding** may limit the effectiveness of ACT programs.
5. Need support for Long-Term Care: ACT can stabilize individuals in the short term, but without ongoing support, individuals may relapse into crisis situations.

We appreciate the opportunity to testify and are available for questions.



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

"Quality Healthcare For All"

COMMITTEE ON HEALTH AND HUMAN SERVICES
and
COMMITTEE ON JUDICIARY

February 13, 2025
9:00 am
Hawaii State Capitol
Room 016 & Via Videoconference

Testimony in Support of S.B. 709
RELATING TO MENTAL HEALTH

Requires the Department of Health to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments. 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. Establishes that a court's denial of a petition for involuntary commitment shall serve as notification to DOH that the subject of the petition should be evaluated for assisted community treatment. Appropriates moneys.

Edward N. Chu
President & Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony **in support of S.B. 709, Relating to Mental Health.**

HHSC is committed to providing healthcare that supports the well-being and care of our neighbor island, rural health community. The requirements in this measure are extensive and we are currently reviewing the impact of possible implementation. Further, DOH would need to be highly mindful of the type of data it intends to publicly report, so as not to violate Health Information Portability and Accountability Act (HIPAA) requirements. As the largest provider of psychiatric care on the neighbor islands that we serve, we ask to be included in any future discussions on this matter.

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

SB-709

Submitted on: 2/10/2025 5:48:10 PM

Testimony for HHS on 2/13/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Awai	Individual	Support	In Person

Comments:

I strongly support SB 709! Mahalo for listening to those that have been labeled, imprisoned, and hospitalized for decades! On behalf of my kupuna from my great-grandfather John Kekipi of the Patriot League that supported our Queen Liliuokalani; my grandfather, John Mokukapuolono Kekipi; my father, Isaia, and my brothers, Jeremiah, Lionel, and Joseph Kekipi, and myself. This has been a long awaited bill to correct the injustice of illegal imprisonment and mental health treatment in hospitals such as Queens and the Hawaii State Hospital that many Native Hawaiians have faced in our lifetime!

As many of you know, I had been condemned with a mental illness of Bipolar 1 since 1986 at Queen's Hospital by a young haole doctor, who didn't know anything about women and our cycles. Dr Purtzer again saw me at HMSA when I became a claims examiner depressed by coworkers that spoke a differently language during Desert Storm! I saw many psychiatrists in my lifetime. All of these doctors, just prescribed drugs that ruined my liver and kidneys like my brother, Joe who needed dialysis and died of multiple myeloma when he was 55 in 2006. Only one Veterans Administration doctor actually listened that my mind was unclear, but he upped the medication, so I was able to think clearer but damaging my organs after years of use.

Queen's Hospital, which was to service the Native Hawaiians, had turned into a for-profit organization, as well as the HSH used the people of Hawaii as experiments for research for new doctors coming in from other states and from the Far East. How can someone from Pakistan teach me how to be an American citizen? So I'd get angry and throw a tantrum exactly what they wanted me to do to show I was defective, so I couldn't act like other people and learned to control my emotions and always followed the law, unlike most men! But Dr. Hester and Paul Guggenheim changed the system and HSH and created a Psych Mall, much like a college to learn topics of interest to patients confined in its walls unless we went to doctors off campus and visited in groups to holiday events!

Joe had been labeled manic-depressive for protecting taxi drivers who were being robbed and beaten. He followed a known drug dealer and was instead arrested himself by HPD and my new car and keys were given to the drug dealer whose friend refused to turn my car into HPD but kept calling my home to meet me. I couldn't report it stolen because they had my car keys. Drugs was always the biggest problem in Hawaii, not housing, but it involves big Pharma and the Medical profession. So please stop the injustice on our Native Hawaiians! I learned to trust no one, but shared my lived experiences so others could see that they were not alone and that we were not our diagnosis, but role models in the community!

SB-709

Submitted on: 2/5/2025 5:32:16 PM

Testimony for HHS on 2/13/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Gregory Misakian	Individual	Support	Written Testimony Only

Comments:

I support SB709.

Gregory Misakian

SB-709

Submitted on: 2/5/2025 5:47:09 PM

Testimony for HHS on 2/13/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

Thank you for considering and supporting this bill, to help the most vulnerable in our community.

I support this Bill SB 709, for the important ways it can help those suffering from severe mental illness. I was a volunteer board member for IHS for many years and I know how important it is to have more data to track the number of people experiencing a mental health crisis, related emergency transports and court-ordered treatments for these individuals. This data would give us the best opportunity to understand the magnitude, frequency, and outcomes for serious mental health conditions, in order to develop the best means of treatment. More importantly, it can lead to earlier intervention and cost saving by identifying our gaps and inefficiencies which create tragic suffering for the individual, unmet needs, and which continue the costly rotating doors of ER>court>jail>street then repeating the same pattern without any real help to the individual who is suffering from a condition they have little control over.

It's critically important that this bill requires DOH to assess whether persons in these situations meet criteria for assisted community treatment (ACT), and assign to DOH responsibility to coordinate the process for an ACT order. Early intervention like this can save the individual from further deterioration that can cause danger to self or others, and deprivation of freedoms associated with involuntary commitment because no effective intervention was earlier provided. It's also very beneficial that this bill provides notice to DOH of a court denial of a petition for involuntary commitment, so that DOH can provide appropriate expertise to see if assisted community treatment may be able to help stabilize the individual and get treatment for them, so they can become more self-sufficient and safe.

Thank you again for helping find better solutions for community members who are suffering from the frightening conditions that lead to these problems. They can be helped, but it takes this type of effort to make their situation better.

LATE

TO: Members of the Committees on Health and Human Services
and Judiciary

FROM: Natalie Iwasa
808-395-3233

HEARING: 9 a.m. Thursday, February 13, 2025

SUBJECT: SB709, Mental Health - **SUPPORT**

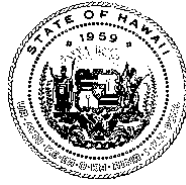
Aloha Chairs San Buenaventura and Rhoads and Committee Members,

Thank you for this opportunity to provide testimony on SB709, which would require more reporting of the status of persons with mental illness, appropriates funds and establishes that a court denial of a petition for involuntary commitment serves as notice that the subject of the petition should be evaluated for community treatment.

Many people living on streets and in parks today suffer from mental illness. Anecdotal evidence in news reports shows that more needs to be done.

The first step in solving problems is understanding them. I therefore support this bill's requirements for the Department of Health to track and report certain data.

In addition, I find it sad and extremely disappointing that families are often not able to assist other family members with their mental illnesses due to privacy issues. This is both frustrating and disheartening to those who continue to care about their loved ones. If there is a way to allow more family input in this process, I would support those efforts as well.



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 SB709
RELATING TO MENTAL HEALTH**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR HENRY J.C. AQUINO, VICE CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

SENATOR KARL RHOADS, CHAIR
SENATOR MIKE GABBARD, VICE CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date and Time: February 13, 2025, 9:00 a.m. Location: Room 16 and Videoconference

- 1 **Fiscal Implications:** Undetermined.
- 2 **Department Position:** The Department of Health (“Department”) supports the intent of the
- 3 measure and provides the following comments.
- 4 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following
- 5 testimony on behalf of the Department.

6 SB 709 proposes the Department track and publicly report statewide data relating to
7 crisis reports, emergency mental health transports, ACT examinations and petitions, court and
8 administrative orders for treatment over the patient’s objection, and involuntary
9 hospitalization petitions. The intent of the measure aligns with the Department’s ongoing data-
10 driven approach to our public mental health efforts as a key tool to assist with program
11 planning and decision-making. The Department, in partnership with the University of Hawaii
12 and other state and county agencies, already collects, tracks, and reports a majority of the
13 proposed data maintained by the Department on the publicly accessible data dashboard

1 website (<https://bh808.hawaii.gov>). The Department uses the dashboard to better understand
2 Hawaii's current behavioral health trends and needs, with a focus on drug overdose,
3 polysubstance use, co-occurring substance use and mental health disorders, and crisis care. We
4 currently provide interactive visualizations of data such as county-level emergency department
5 discharges related to serious mental illness and co-occurring substance use disorders, number
6 of consumers served by the AMHD each day and by service type, number of and reasons for
7 calls to the Hawaii CARES/988 crisis line each day, number of dispatches by crisis mobile
8 outreach each month, and number of admissions to licensed crisis residential shelters each
9 month. The Department continues to develop the data dashboard using data maintained by the
10 Department and requests support to refine the website and include data points to assist the
11 Department and community with program planning and decision-making. The Department has
12 concerns regarding feasibility to collect information from non-state providers such as private
13 medical or psychiatric practitioners and medical facilities. The Department would like to work
14 with other stakeholders to contribute to data reporting.

15 Assessments for assisted community treatment during the crisis response may not
16 result in high yield. ACT orders have greater utility when timely filed at critical junctures along
17 the mental health treatment continuum, typically when an individual diagnosed with a severe
18 mental illness has demonstrated repeated patterns of non-adherence to voluntary treatment
19 leading to cycles of hospitalization, incarceration, deterioration, or harm to self or others.

20 The Department is exploring options to stimulate increased consideration and utilization
21 of ACT order petitions statewide, particularly for individuals diagnosed with severe mental
22 illness as described above. Since last year's legislative session, the volume of ACT petitions has
23 not significantly increased therefore the Department would like to explore engagement with a
24 consultant(s) to provide technical assistance to increase ACT usage and thereby improve the
25 mental health care for the severely mentally ill.

26 **Offered Amendments:**

1 The Department requests reconsideration of Section 2 and Section 3 to allow the
2 Department to continue to develop the data dashboard using the data maintained by the
3 Department and for further discussion to improve the use of ACT orders.

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