

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
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Testimony in SUPPORT of H.B. 0933 H.D. 2
RELATING TO CRISIS INTERVENTION

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date and Time: Tuesday, March 17, 2020 at 9:45 a.m.

Room: 229

1 **Department Position:** The Department of Health (“Department”) strongly supports this
2 measure, offering suggested amendments and comments.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the
4 Department’s Behavioral Health Administration (“BHA”) whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the Department is committed to carrying
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
8 person-centered. The BHA’s Adult Mental Health Division (“AMHD”) provides the following
9 testimony on behalf of the Department.

10 The Department strongly supports creating a crisis intervention and diversion program
11 to divert individuals to appropriate health care and away from the criminal justice system.
12 Currently, crisis intervention and diversion programs include Crisis Intervention Team (“CIT”),
13 Crisis Mobile Outreach (“CMO”), Law Enforcement Assisted Diversion (“LEAD”), and the Crisis
14 Line of Hawaii, a Hawaii-based call center operating 24-hours a day, seven days a week and
15 staffed by locally trained crisis specialists. Additionally, the Department operates the Mental

1 Health Emergency Worker (“MHEW”) program which is a statewide service that 1) provides
2 consultative services for officers when in contact with an individual with a behavioral health
3 crisis, and 2) authorizes involuntary transport to a licensed psychiatric receiving facility
4 designated by the Department, a process commonly known as MH-1.

5 Utilizing these crisis intervention and diversion programs to assess, then triage
6 individuals to a clinically appropriate level of care through the Hawaii Coordinated Access
7 Resource Entry System (“Hawaii CARES”) will enhance the state’s current care continuum by
8 helping to reduce unnecessary emergency department admissions, promoting jail diversion
9 opportunities, and better assisting individuals with behavioral health issues to be appropriately
10 triaged through a coordinated care continuum.

11 The Department, in collaboration with state agency partners through the task force and
12 working groups of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
13 short-term stabilization services throughout the state creates unnecessary burdens on
14 emergency departments, law enforcement, and individuals living with behavioral health issues.
15 Long-term mental health recovery and community reintegration can be achieved through
16 appropriate clinical intervention and consistent flow through a care continuum based on clinical
17 need and level of care.

18 In collaboration with the task force’s MH-1 work group, including the Honolulu Police
19 Department and the Queen’s Medical Center, a proposed S.D. 1 was developed to propose
20 revised definitions of crisis center and crisis first responders to include specially trained law
21 enforcement officers and Emergency Management Services (EMS) personnel; include EMS
22 personnel in the MH-1 process; revise procedures to include crisis first responders consulting
23 with the MHEW; and add that an individual may be transported via an MH-1 to either a
24 psychiatric facility or a designated behavioral health crisis center.

1 Crisis first responders will receive specialized training from the Department that
2 includes strategies for addressing individuals who are experiencing a behavioral health crisis.
3 For example, training on how to determine whether the individual is a danger to self or others
4 and, when appropriate, contacting an MHEW for consultation. This determination is a
5 prerequisite for law enforcement officers to take the individual into custody and to transport
6 the individual to a hospital for an emergency evaluation. The Department will coordinate the
7 specialized training and certification of crisis first responders with the county police
8 departments, the Department of Public Safety (PSD), and the EMS through the proposed crisis
9 intervention and diversion program.

10 The Department is ready and willing to partner with other state and county agencies,
11 contracted and non-contracted behavioral health providers, and stakeholders to develop and
12 implement a crisis intervention and diversion program that addresses the behavioral health
13 needs of individuals in crisis.

14 **Offered Amendments:** The Department respectfully offers the attached proposed S.D. 1.

15 Thank you for the opportunity to testify.

16 **Fiscal Implications:** The Department respectfully requests the CPH and JDC Committees'
17 passage of this measure as it is inter-related to other measures being heard by the legislature
18 including H.B. 0035 H.D. 1, H.B. 2522 H.D. 1, and H.B. 2630 H.D. 2. Collectively, these measures
19 are critical for strengthening the continuum of care within the state's behavioral health care
20 system.

21 The Department respectfully requests that beyond legislative approval for funds as
22 proposed in this measure, any additional appropriations made available through this measure
23 do not supplant budget priorities identified in the Governor's executive budget.

A BILL FOR AN ACT

RELATING TO CRISIS INTERVENTION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that pursuant to section
2 5-7.5, Hawaii Revised Statutes, the "Aloha Spirit" is the
3 coordination of mind and heart within each person. It brings
4 each person to the self. Each person must think and emote good
5 feelings to others. In the contemplation and presence of the
6 life force, "Aloha", the following unuhi laula loa may be used:

7 (1) "Akahai", meaning kindness to be expressed with
8 tenderness;

9 (2) "Lokahi", meaning unity, to be expressed with harmony;

10 (3) "Oluolu", meaning agreeable, to be expressed with
11 pleasantness;

12 (4) "Haahaa", meaning humility, to be expressed with
13 modesty; and

14 (5) "Ahonui", meaning patience, to be expressed with
15 perseverance.

16 The legislature further recognizes that these are traits of
17 character that express the charm, warmth, and sincerity of

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1 Hawaii's people. It was the working philosophy of native
2 Hawaiians and was presented as a gift to the people of Hawaii.
3 "Aloha" is more than a word of greeting or farewell or a
4 salutation. "Aloha" means mutual regard and affection and
5 extends warmth in caring with no obligation in return. "Aloha"
6 is the essence of relationships in which each person is
7 important to every other person for collective existence.
8 "Aloha" means to hear what is not said, to see what cannot be
9 seen and to know the unknowable.

10 In exercising their power on behalf of the people and in
11 fulfillment of their responsibilities, obligations, and service
12 to the people, the members of the legislature; governor;
13 lieutenant governor; executive officers of each department;
14 chief justice; associate justices; judges of the appellate,
15 circuit, and district courts; chief of police or each county;
16 and first responders may contemplate and reside with the life
17 force and give consideration to the "Aloha Spirit".

18 The legislature finds that each year, thousands of
19 individuals in Hawaii are cited or arrested for offenses such as
20 drinking liquor in public; being in public parks after the hours
21 of closure; and camping on sidewalks, beaches, and other

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1 restricted public places. Most of these individuals suffer from
2 issues related to drugs, alcohol, or mental illness. Many of
3 those cited do not appear in court, which leads to the issuance
4 of bench warrants for their arrest. Time and resources are
5 being used to bring these individuals to court. The court
6 system, prosecutors, and police are caught up in a never-ending
7 revolving door situation.

8 Mental health service providers have been working with the
9 appropriate law enforcement agencies and criminal justice system
10 in order to implement a crisis intervention program on Oahu.

11 The purpose of this Act is to provide those in need with
12 appropriate care by establishing within the department of health
13 a crisis intervention and diversion program to divert
14 individuals in crisis from the criminal justice system and into
15 the health care system.

16 This Act shall also be known as "Tiffany and Kaulike's
17 Law".

18 SECTION 2. Chapter 334, Hawaii Revised Statutes, is
19 amended by adding a new section to be appropriately designated
20 and to read as follows:

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1 "§334- **Crisis intervention and diversion program.** (a)

2 There is established within the department of health, a crisis
3 intervention and diversion program that redirects those with
4 mental health issues toward the appropriate health care system
5 and services and away from the criminal justice system. The
6 program shall collaborate with law enforcement, courts, mental
7 health providers, and the community.

8 (b) The department may lease or acquire a crisis center to
9 treat and refer patients to appropriate services and providers
10 rather than the criminal justice system."

11 SECTION 3. Section 334-1, Hawaii Revised Statutes, is
12 amended by adding two new definitions to be appropriately
13 inserted and to read as follows:

14 ~~"Crisis center" means a clinic or psychiatric urgent care~~
15 ~~center that offers immediate attention for persons who are~~
16 ~~suffering from a mental health crisis and evaluates patients for~~
17 ~~placement in a mental health program within the department.~~

18 ~~"Crisis intervention officer" means an officer who has been~~
19 ~~trained to recognize and communicate with a person suffering~~
20 ~~from a mental health crisis. These officers are certified by~~

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1 ~~as specialized first responders for calls involving~~
2 ~~people in crisis."~~

3 "Behavioral health crisis center" means a facility that is
4 specifically designed and staffed to provide care, diagnosis, or
5 treatment for persons who are experiencing a mental illness or
6 substance use disorder crisis.

7 "Crisis first responder" means any law enforcement officer
8 or emergency medical services first responder personnel who has
9 been specially trained to recognize and communicate with a
10 person suffering from a crisis due to a mental illness or a
11 substance use disorder. These officers and personnel are
12 certified by the department of health as specialized first
13 responders for calls involving people in crisis."

14 SECTION 4. Section 334-59, Hawaii Revised Statutes, is
15 amended by amending its title and subsection (a) to read as
16 follows:

17 **"§334-59 Emergency examination and hospitalization~~[-.] or~~**
18 **placement in a designated mental health program.** (a)

19 Initiation of proceedings. An emergency admission may be
20 initiated as follows:

21 (1) If a law enforcement officer or emergency medical
22 services personnel has reason to believe that a person

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1 is imminently dangerous to self or others, the law
2 enforcement officer or emergency medical services
3 personnel shall ensure scene safety and may detain
4 individuals prior to contacting mental health
5 emergency workers designated by the director of
6 health. ~~they shall call for assistance from the mental~~
7 ~~health emergency workers designated by the~~
8 ~~director[.]~~ or a crisis intervention officer. Upon
9 ~~determination by the mental health emergency workers~~
10 ~~or a crisis intervention officer~~ that the person is
11 ~~imminently dangerous to self or others, the person~~
12 ~~shall be transported by ambulance or other suitable~~
13 ~~means, to a licensed psychiatric facility or a~~
14 ~~behavioral health crisis center for further evaluation~~
15 ~~and possible emergency hospitalization. A law~~
16 ~~enforcement officer may also take into custody and~~
17 ~~transport to any facility designated by the director~~
18 ~~any person threatening or attempting suicide. The~~
19 ~~officer shall make application for the examination,~~
20 ~~observation, and diagnosis of the person in custody.~~
21 ~~The application shall state or shall be accompanied by~~
22 ~~a statement of the circumstances under which the~~

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1 ~~person was taken into custody and the reasons therefor~~
2 ~~which shall be transmitted with the person to a~~
3 ~~physician, advanced practice registered nurse, or~~
4 ~~psychologist at the facility.~~ In cases where a
5 certified crisis first responder is on scene, the
6 certified crisis first responder shall make an initial
7 assessment and will collaborate with mental health
8 emergency workers to determine the disposition of and
9 destination for the individual if the person is
10 imminently dangerous to self or others. Upon initial
11 determination by the crisis first responder that a
12 person is imminently dangerous, the crisis first
13 responder shall confirm their assessment with the
14 mental health emergency worker and the person shall be
15 transported by ambulance or other suitable means, to a
16 licensed psychiatric facility or a behavioral health
17 crisis center for further evaluation and possible
18 emergency hospitalization.

- 19 (2) If the mental health emergency worker determines that
20 a person detained by a certified crisis first
21 responder is not imminently dangerous to self or
22 others, then that determination shall be accompanied

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1 by a statement of the circumstances under which the
2 person was detained and the reasons to overturn the
3 detainment. The statement shall be submitted to the
4 department of health. ~~Upon written or oral~~
5 ~~application of any licensed physician, advanced~~
6 ~~practice registered nurse, psychologist, attorney,~~
7 ~~member of the clergy, health or social service~~
8 ~~professional, or any state or county employee in the~~
9 ~~course of employment, a judge may issue an ex parte~~
10 ~~order orally, but shall reduce the order to writing by~~
11 ~~the close of the next court day following the~~
12 ~~application, stating that there is probable cause to~~
13 ~~believe the person is mentally ill or suffering from~~
14 ~~substance abuse, is imminently dangerous to self or~~
15 ~~others and in need of care or treatment, or both,~~
16 ~~giving the findings upon which the conclusion is~~
17 ~~based. The order shall direct that a law enforcement~~
18 ~~officer or other suitable individual take the person~~
19 ~~into custody and deliver the person to a designated~~
20 ~~mental health program, if subject to an assisted~~
21 ~~community treatment order issued pursuant to part VIII~~
22 ~~of this chapter, or to the nearest a psychiatric~~

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~~facility or a behavioral health crisis center
designated by the director for emergency examination
and or treatment, or both. The ex parte order shall
be made a part of the patient's clinical record. If
the application is oral, the person making the
application shall reduce the application to writing
and shall submit the same by noon of the next court
date to the judge who issued the oral ex parte order.
The written application shall be executed subject to
the penalties of perjury but need not be sworn to
before a notary public.~~

- (3) Once it is determined that the person is imminently
dangerous to self or others, the person shall be
transported by ambulance or other suitable means, to a
psychiatric facility or a behavioral health crisis
center for further evaluation and possible emergency
hospitalization. The officer shall make application
for the examination, observation, and diagnosis of the
person in custody. The application shall state or
shall be accompanied by a statement of the
circumstances under which the person was taken into
custody and the reasons therefor which shall be

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1 transmitted with the person to a physician, advanced
2 practice registered nurse, or psychologist at the
3 facility. ~~Any licensed physician, advanced practice~~
4 ~~registered nurse, physician assistant, or psychologist~~
5 ~~who has examined a person and has reason to believe~~
6 ~~the person is:~~

7 ~~(A) Mentally ill or suffering from substance abuse;~~

8 ~~(B) Imminently dangerous to self or others; and~~

9 ~~(C) In need of care or treatment;~~

10 ~~may direct transportation, by ambulance or other~~

11 ~~suitable means, to a licensed psychiatric facility or~~

12 ~~a behavioral health crisis center for further~~

13 ~~evaluation and possible emergency hospitalization. A~~

14 ~~licensed physician, an advanced practice registered~~

15 ~~nurse, or physician assistant may administer treatment~~

16 ~~as is medically necessary, for the person's safe~~

17 ~~transportation. A licensed psychologist may~~

18 ~~administer treatment as is psychologically necessary.~~

- 19 (4) Upon written or oral application of any licensed
20 physician, advanced practice registered nurse,
21 psychologist, attorney, member of the clergy, health
22 or social service personnel, or any state or county

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1 employee in the course of employment, a judge may
2 issue an ex parte order orally, but shall reduce the
3 order to writing by the close of the next court day
4 following the application, stating that there is
5 probable cause to believe the person is mentally ill
6 or suffering from substance abuse, is imminently
7 dangerous to self or others and in need of care or
8 treatment, or both, giving the finding upon which the
9 conclusion is based. The order shall direct that a
10 law enforcement officer or other suitable individual
11 take the person into custody and deliver the person to
12 a designated mental health program, if subject to an
13 assisted community treatment order issued pursuant to
14 part VIII of this chapter, or to ~~the nearest a~~ a
15 psychiatric facility or a behavioral health crisis
16 center ~~designated by the director~~ for emergency
17 examination ~~and~~ or treatment, or both. The ex parte
18 order shall be made a part of the patient's clinical
19 record. If the application is oral, the person making
20 the application shall reduce the application to
21 writing and shall submit the same by noon of the next
22 court day to the judge who issued the oral ex parte

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1 order. The written application shall be executed
2 subject to the penalties of perjury but need not be
3 sworn to before a notary public.

4 (5) Any licensed physician, advanced practice registered
5 nurse, physician assistant, or psychologist who has
6 examined a person and has reason to believe the person
7 is:

8 (A) Mentally ill or suffering from substance abuse;

9 (B) Imminently dangerous to self or others; and

10 (C) In need of care or treatment;

11 may direct transportation, by ambulance or other
12 suitable means, to a ~~licensed~~ psychiatric facility or
13 a behavioral health crisis center for further
14 evaluation and possible emergency hospitalization. A
15 licensed physician, advanced practice registered
16 nurse, or physician assistant may administer treatment
17 as is medically necessary, for the person's safe
18 transportation. A licensed psychologist may
19 administer treatment as is psychologically necessary.

20 SECTION 5. There is appropriated out of the general
21 revenues of the State of Hawaii the sum of \$ or so
22 much thereof as may be necessary for fiscal year 2020-2021 for

H.B. NO. 0933, Proposed S.D. 1

1 the crisis intervention and diversion program; provided that no
2 funds shall be released unless matched dollar-for-dollar by the
3 private sector.

4 The sums appropriated shall be expended by the department
5 of health for the purposes of this Act.

6 SECTION 6. Statutory material to be repealed is bracketed
7 and stricken. New statutory material is underscored.

8 SECTION 7. This Act shall take effect on July 1, 2050;
9 provided that this Act shall be repealed on June 30, 2023.

H.B. NO. 0933, Proposed S.D. 1

Report Title:

Department of Health; Crisis Intervention

Description:

Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Sunsets on 6/20/2023. Effective 7/1/2050. (HD1)



The Judiciary, State of Hawai‘i

Testimony to the Senate Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Senate Committee on Judiciary

Senator Karl Rhoads, Chair

Senator Jarrett Keohokalole, Vice Chair

Tuesday, March 17, 2020, 9:45 a.m.

State Capitol, Conference Room 229

by

Rodney A. Maile

Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: House Bill No. 933, H.D. 2, Relating to Crisis Intervention

Purpose: Creates a crisis intervention and diversion program in the department of health to divert those in need to appropriate health care and away from the criminal justice system. Appropriates funds. Sunsets on 6/30/2023. Effective 7/1/2050. (HD2)

Judiciary's Position:

The Judiciary supports the intent of House Bill No. 933, H.D.2, to create a crisis intervention and diversion program in the Department of Health to divert those in need to appropriate health care and away from the criminal justice system.

On November 6, 2019, the Mental Health Core Steering Committee sponsored and held a Mental Health Summit. The Summit was attended by over 100 representatives from the Judiciary, the Department of Health, the Office of the Attorney General, the Department of Public Safety, the Federal Court, the police departments from each county, Federal Probation, each county prosecutor's office, the Office of the Public Defender, the Hawai‘i Association of Criminal Defense Lawyers, local hospitals and health services providers, the Office of Hawaiian Affairs, and members of the Hawai‘i State Legislature.



House Bill No. 933, H.D. 2, Relating to Crisis Intervention
Senate Committee on Commerce, Consumer Protection, and Health
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The Summit included facilitated discussions regarding gaps, opportunities and potential solutions for pre-arrest diversion to treatment. Potential solutions included the establishment of a system that provides help at the ready and one that diverts from the criminal justice system through a continuum of care from pre-crisis, crisis, emergency to stabilization. In all, the participants confirmed the need for a comprehensive system of care for those suffering from mental illness. House Bill No. 933, H.D.2 is consistent with the proposed solutions discussed in the Summit.

Thank you for the opportunity to testify on this measure.

HB-933-HD-2

Submitted on: 3/12/2020 5:55:09 PM

Testimony for CPH on 3/17/2020 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:



HB933 HD2 (S) Crisis Intervention and Diversion

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair

COMMITTEE ON JUDICIARY:

- Sen. Karl Rhoads, Chair; Sen. Jarrett Keohokalole, Vice Chair
- Tuesday, March 17, 2020: 9:45 am
- Conference Room 229

Hawaii Substance Abuse Coalition Supports HB933 HD2:

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 of over 30 non-profit alcohol and drug treatment and prevention agencies.

HSAC supports DOH performing crisis intervention and diversion efforts, working out of a centralizing leased or purchased psychiatric urgent crisis center. The Crisis Intervention Officer, working with mental health/substance abuse workers, directs people to a medical team that directs patients to community services or else prepares the case for a judge to enact an ex parte order based on these conditions: Mentally ill or suffering from substance abuse; Imminently dangerous to self or others; and In need of care or treatment.

HSAC notes that SAMHSA regards the Sequential Intercept Models as best practices, which is that crisis response professionals and law enforcement act together in a “guardian” role to move people with mental health and substance use disorders from arrest into treatment/ services in order to avoid criminal justice involvement.¹

SAMHSA recommends that states develop partnerships with police, hospitals and community service agencies to increase the capacity of agencies to provide services as well as enable sharing of information and ideas. Incorporating technology into mental health and substance use treatment services may require programs to shift to less traditional staffing models (e.g., remote employees that are not based in one central location such as through telehealth), bolstering their electronic infrastructure, and make other changes to support a shift towards virtual service delivery.

The state must ensure that there are shifts in the intended process changes by increasing their financial investment in those resources that results in:

- Higher usage rates,
- Increased on-scene resolution of crises,
- Less demand for services on emergency response systems,

¹ SAMHSA Pre-arrest Diversion Expert Panel, convened in January 2018. <https://store.samhsa.gov/system/files/pep19-crisis-rural.pdf>

- Reduced use of costly transportation, and
- Quicker delivery of critical services to individuals in crisis or presenting with mental and substance use disorders.

It is often more beneficial to expand existing programs, rather than developing entirely new programs, to improve opportunities for crisis response or pre-arrest diversion. This approach may include supplying new tools and resources to current agencies/staff and providing specialized training for responders to address a broad range of crises effectively.

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

HB-933-HD-2

Submitted on: 3/13/2020 6:29:58 PM

Testimony for CPH on 3/17/2020 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jud Cunningham	Testifying for Aloha House, Inc.	Support	No

Comments:

DAVID Y. IGE
GOVERNOR



EXECUTIVE CHAMBERS
HONOLULU

March 17, 2020

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Senator Karl Rhoads, Chair
Senate Committee on Judiciary

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: **HB 933 HD2 – RELATING TO CRISIS INTERVENTION**

Hearing: Tuesday, March 17, 2020, 9:45 a.m.
Conference Room 229, State Capitol

POSITION: The Governor's Coordinator on Homelessness supports this bill and defers to the Department of Health (DOH) for suggested amendments.

PURPOSE: The purpose of this bill is to create a crisis intervention and diversion program in DOH to divert those in need to appropriate health care and away from the criminal justice system. The bill also appropriates funds for this purpose, and sunsets the program on June 30, 2023.

The Hawaii Interagency Council on Homelessness (HICH), a 27-member advisory council chaired by the Coordinator, recently voted to prioritize support for behavioral health reforms and programs as part of its 2020 legislative priorities to address homelessness. The diversion of individuals living with mental illness to appropriate treatment programs is consistent with the HICH priorities.

Over the past four years, the State has developed and implemented a range of new programs to divert homeless individuals experiencing severe mental illness or substance use disorders to appropriate treatment and support. These new programs include the Law Enforcement Assisted Diversion (LEAD) program, intensive case management for homeless individuals, and the Assisted Community Treatment (ACT) program.

While the measure does not specifically address the needs of homeless individuals, there is overlap between individuals experiencing severe mental illness and individuals experiencing homelessness. According to the 2019 Point in Time count, the number of homeless individuals self-reporting severe mental illness on Oahu was 1,060 individuals, representing a 5.8% increase (58 individuals) over the past four years.

Thank you for the opportunity to testify on this bill.

HB-933-HD-2

Submitted on: 3/15/2020 11:00:04 PM

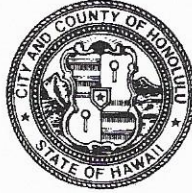
Testimony for CPH on 3/17/2020 9:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments:

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

March 17, 2020

LATE

The Honorable Rosalyn H. Baker, Chair
and Members of the Committee on Commerce, Consumer Protection and Health
The Honorable Karl Rhoads, Chair
and Members of the Committee on Judiciary
State Senate
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, Hawaii 96813

Dear Chairs Baker and Rhoads and Members of the Committees:

SUBJECT: HB 933, HD2
Relating to Crisis Intervention
In Support

The Honolulu Emergency Services Department which manages both the Emergency Medical Services (EMS) and Ocean Safety and Lifeguard Service (OSD) Divisions for the City and County of Honolulu is in support of this measure.

Both the EMS and OSD Divisions are significantly impacted by the prevalence of individuals struggling with substance abuse and mental health conditions. These impacts include employee safety, repeated responses by limited emergency response resources, transport to emergency room facilities and community complaints regarding the activities of these identified groups in the legislation.

Our EMS Division participated in the Mental Health Task Force MH-1 working group and it is the Department's position that this measure is a critical additional step in ensuring the safety of our responders, the general community and the population identified in HB 933, HD2.

Thank you for the opportunity to testify on the issue of major importance to our community.

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Howe, Jr.", is written over the typed name and title.

James D. Howe, Jr.
Director