

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE SENATE COMMITTEE ON WAYS AND MEANS
ON
SENATE BILL NO. 2205, S.D. 1

February 22, 2022
10:00 a.m.
Room 211 and Videoconference

RELATING TO SUICIDE PREVENTION

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2205, S.D. 1, establishes a suicide and mental health crisis lifeline (SMHCL) task force within the Department of Health (DOH) to develop and implement a plan to utilize the 988 calling code of the National SMHCL; require the SMHCL task force to submit a report of its findings and recommendations to the Legislature; and appropriates an unspecified amount in general funds in FY 23 to DOH for the development and implementation of the 988 calling code of the SMHCL.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

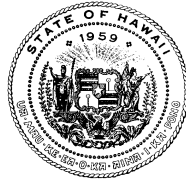
- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.



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

Testimony in OPPOSITION to S.B. 2205 S.D. 1
RELATING TO SUICIDE PREVENTION

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

Hearing Date: 2/22/2022

Hearing Time: 10:00 a.m.

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

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

5 The Department maintains that this measure is not needed because its purpose is to
6 facilitate the integration and implementation of a 988 lifeline that has already been integrated
7 and implemented in our state via our 24/7 DOH Hawaii CARES crisis line.

8 The Department has maintained the operations of the statewide telephonic behavioral
9 health crisis call center since it was first created in 2002. Since 2007, National Suicide
10 Prevention Lifeline (NSPL) calls from 808 numbers have been routed to the DOH crisis line. In
11 2019, the crisis call center was re-branded as the Department of Health (DOH) Hawaii CARES
12 crisis line. After 2019, this service remains under the oversight of the AMHD and the Child and
13 Adolescent Mental Health Division (CAMHD), but has been operated by a contracted provider
14 and staffed by non-state employees. Callers within the region that includes Hawaii who dial the
15 National Suicide Prevention Lifeline's (NSPL) telephone number, 1 (800) 273-TALK (8255) are
16 routed to the DOH Hawaii CARES crisis line. The DOH Hawaii CARES crisis line also receives
17 diverted behavioral health crisis calls from 911. All calls to the DOH Hawaii CARES crisis line via

(808) 832-3100 and 1 (800) 753-6879 are answered by trained local behavioral health staff, 24 hours a day, 7 days a week.

Nationally, in July 2022, the NSPL number will become “988.” There will be no change for the DOH Hawaii CARES crisis line, except for the use of the shortened three digit number for receiving NSPL calls.

The Department respectfully opposes this measure. A taskforce is not needed to implement a 24/7 crisis call center that answers NSPL/988 calls when this already exists statewide. Creating a taskforce with goals that have already been achieved would serve no purpose and instead would distract our limited resources from our priorities of enhancing our statewide crisis care continuum.

The Department humbly requests that this bill be deferred and that this Committee support efforts for enhanced funding for our crisis continuum included in S.B. 2529, S.B. 2735, and S.B. 2736, which are the Department’s preferred vehicles to address enhancements to crisis care in our state.

Offered Amendments: We respectfully request this measure be deferred.

Thank you for the opportunity to testify.

Fiscal Implications: Undetermined.

SB-2205-SD-1

Submitted on: 2/16/2022 2:16:52 PM

Testimony for WAM on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Mike Golojuch, Sr.	Testifying for Rainbow Family 808	Support	No

Comments:

Rainbow Family 808 strongly supports the passage of SB2205.

Mike Golojuch, Sr., Secretary/Board Member, Rainbow Family 808



**Testimony to the Senate Committee on Ways and Means
Tuesday, February 22, 2022; 10:00 a.m.
State Capitol, Conference Room 211
Via Videoconference**

RE: SENATE BILL NO. 2205, SENATE DRAFT 1, RELATING TO SUICIDE PREVENTION.

Chair Keohokalole, Vice Chair Baker, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2205, Senate Draft 1, RELATING TO SUICIDE PREVENTION.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would establish a Suicide and Mental Health Crisis Lifeline Task Force (Task Force) within the Department of Health to, among other things:

- (1) Develop an overall implementation plan for the integration and utilization of the 988 calling code of the National Suicide Prevention Lifeline; and
- (2) Invest in support for qualified mental health or behavioral professionals who respond to mental health crisis calls.

This bill would also appropriate an unspecified amount of general funds for fiscal year 2022-2023 for the development and implementation of the 988 calling code of the suicide and mental health lifeline.

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in suicides in Hawaii and across our Nation.

Because the HPCA is embedded in Hawaii's most underprivileged and isolated communities throughout the State, we believe we can greatly help in this cause. We can offer our expertise, daily interaction with key demographic cohorts, and trust with communities from decades of providing primary care to Medicaid recipients.

The HPCA greatly appreciates inclusion to the Task Force and stands committed to serving for this cause.

We urge your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

SB-2205-SD-1

Submitted on: 2/17/2022 6:43:45 PM

Testimony for WAM on 2/22/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:

We are in support.

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chairman Donovan M. Dela Cruz, Vice Chair Gilbert Keith-Agaran and Members of the Committee.

From: Dr. Denis Mee-Lee Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association

Time: Tuesday, February 22, 2022 10 a.m.

Re: SB 2205 SD1, RELATING TO SUICIDE PREVENTION

Position: **SUPPORT**

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran and Members of the Committee,

The Hawaii Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of SB 2205 SD1, relating to suicide prevention, which creates a task force to develop and implement a plan to utilize the 9-8-8 calling code of the National Suicide and Mental Health Lifeline.

HPMA represents between 100 and 200 Physicians, who, after four years of medical school, spent a minimum of four additional years of specialty training in Psychiatric Hospitals, Clinics and in the community.

Suicide prevention has been a pillar of the Hawaii Psychiatric Association's advocacy since its inception. Medical Doctors who received an additional four years of specialty training in Psychiatric Hospitals.

HPMA supports augmenting existing systems (e.g. CARES and 9-1-1), offering relief to law enforcement and emergency medical systems, providing evidence-based care in a timely fashion, reducing the burden on residents, emergency departments and 9-1-1, increasing access to underserved communities, and implementing evidence-based methods to triage crisis services.

According to the National Alliance for the Mentally Ill (NAMI): last year, Hawai'i lost 176 lives to suicide while 49,000 adult residents reported suicidal thoughts. 9-8-8 will serve as a means to get direct and immediate mental health assistance from trained professionals.

HPMA supports the creation of a task force to oversee and implement 9-8-8 services and respectfully requests that a Physician who has spent a minimum of four additional years of Specialty Training in Psychiatry serve on the task force, as well as a Physician with Specialty training in Emergency Medicine.

Thank you for allowing us the opportunity to testify on this important measure.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

SENATE COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert Keith-Agaran, Vice Chair

Date: February 22, 2022

From: Hawaii Medical Association

Elizabeth England, MD, Vice Chair HMA Legislative Committee

Elizabeth Ann Ignacio, MD, Chair HMA Legislative Committee

Re: SB2205 SD1, RELATING TO SUICIDE PREVENTION

Position: Support

As caretakers and patient advocates, the Hawaii Medical Association (HMA) is deeply concerned about the impact of mental illness and suicide across the state. According to the National Alliance for the Mentally Ill (NAMI), Hawai'i lost 176 lives to suicide in a single year. Despite this, an astounding 67% of Hawaiian adults suffering from mental illness do not receive treatment. This is the highest rate of any state in the country. The 9-8-8 calling code of the National Suicide and Mental Health Lifeline will serve as a means to facilitate access to immediate mental health assistance from trained professionals.

HMA supports augmenting existing systems (e.g. CARES and 9-1-1) as a means to offer relief to law enforcement and emergency medical systems, provide evidence-based care in a timely fashion, reduce the burden on residents, emergency departments and 9-1-1, increase access to underserved communities, and implement evidence-based methods to triage crisis services.

HMA supports the creation of a task force to oversee and implement 9-8-8 services. To ensure that our kaiāulu receives the evidence-based, high-quality care it deserves, we respectfully request that both a board-certified psychiatrist (physician who has spent a minimum of four additional years of specialty training in Psychiatry) and board-certified Emergency Medicine Physician (physician who has received a minimum of three additional years of specialty training in emergency medical care) serve on the task force. As members of the task force, these physicians can offer recommendations for appropriate medical treatment as well as real-world experience managing mentally ill patients within the medical system.

Thank you for allowing Hawaii Medical Association the opportunity to testify in support of this measure.

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814

Phone (808) 536-7702 Fax (808) 528-2376

www.hawaiimedicalassociation.org

References

Resources – National Alliance for Mental Illness Hawaii. (n.d.). Retrieved February 20, 2022, from <https://namihawaii.org/resources/>

Adult Data 2021. (n.d.). Mental Health America.
<https://www.mhanational.org/issues/2021/mental-health-america-adult-data>

Youth data 2022. (n.d.). Mental Health America.
<https://www.mhanational.org/issues/2022/mental-health-america-youth-data>

HMA OFFICERS

President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander



Prevent Suicide Hawai'i Taskforce
*Hawaii's Statewide Public-Private Network
promoting hope, help, and healing
and passing life forward in our local communities*



February 22, 2022

Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran
Senate Committee on Ways and Means
Hawai'i State Legislature
415 South Beretania Street
Honolulu, HI 96813

RE: Comments on SB 2205 - relating to suicide prevention

Senate Committee on Ways and Means – hearing on February 22, 2022 at 10:00 a.m. via videoconference

Creates a task force to develop and implement a plan to utilize the 988 calling code of the National Suicide and Mental Health Lifeline. Makes an appropriation.

Chair Dela Cruz, Vice Chair Keith-Agaran, and distinguished members of the Senate Committee on Ways and Means:

The undersigned members of the Steering (Leadership) Committee of the Prevent Suicide Hawai'i Taskforce wish to offer the following testimony with respect to SB 2205. As you may know, the Taskforce is the State's network for public-private collaboration and coordination with respect to suicide prevention. Originally convened in 1999, it is the longest-standing collaborative of its kind. The Taskforce is also author of the Hawai'i Suicide Prevention Strategic Plan, requested by and reported to the Legislature: <https://health.hawaii.gov/injuryprevention/files/2019/02/Prevent-Suicide-Hawaii-Taskforce-Strategic-Plan-by-2025.pdf>.

Please first allow us to convey a heartfelt THANK YOU for continuing to serve as champions for suicide prevention in Hawai'i. As you know, one person dies by suicide every two days in Hawai'i. As we often say, "This is an issue that does not discriminate" – suicide unfortunately affects all groups, communities, and disciplines. In addition, the immense stigma around mental health and suicidality increases the challenge that faces us when encouraging people to seek help when needed.

We thank Senator Misalucha and colleagues for introducing SB 2205, and also your Committee for bringing this bill to hearing. ***The Taskforce supports the intent of this bill***, which aims to ensure appropriate coordination and support for the implementation of the new 9-8-8 calling code, ***but would like to offer a few comments for additional context***.

- We thank the Legislature for its recognition of the Taskforce as a leader and key stakeholder around this issue. We whole-heartedly support the intent of the bill, in particular the emphasis on coordination and collaboration not only among providers, but also inclusive of community workgroups and advocates. The Taskforce has a more than 20-year-long relationship with the mental/behavioral health units of the Hawai'i State Department of Health (DOH), with a long-term priority being the proper functioning of Hawai'i's crisis services. The Taskforce provides DOH with a structure and venue for wider collaboration with the entities named in SB 2205, including all major state agencies, community/non-profits, and representatives from all counties. We also connect with those beyond the prescribed list, including direct engagement with those who have lost a loved one to suicide and/or have lived experience. We expect DOH to continue and enhance collaborations during this critical time.
- SB 2205 also discusses the integration of 9-8-8 with existing crisis services, though this has long been institutionalized through the current call center (now known as Hawai'i CARES). In addition, SB 2205 asks for recommendations related to 9-8-8's implementation, though many of these activities (e.g., awareness, infrastructure-building) are already laid out in the Strategic Plan. Some are being addressed currently through existing efforts, as well as other proposed legislation (e.g., SB 2735 and SB 2736). We are sure you agree that we want to be successful not only in 9-8-8 roll-out, but also in the bigger picture of suicide prevention, including awareness (e.g., of the new number, necessary rebranding, etc.), crisis services (e.g., mobile outreach, community mental health services), and prevention (e.g., activities and trainings that enable us to prevent people from needing crisis services in the first place).

An added consideration is another bill we have been tracking, SB 2205 (introduced by Senator Misalucha), which would assemble a working group to oversee implementation of 9-8-8 (the new calling code for the National Suicide Prevention Lifeline). This bill names the Prevent Suicide Hawai'i Taskforce to co-chair this working group with the Department of Health. This is an incredible honor to be identified as leaders for this effort, and one we are happy to undertake, but we are unsure of the implications in that the Taskforce is not a formalized body (i.e., while we have been around for 20+ years, we are really just a grassroots community-based group). As a remedy, SB 3234 would codify the PSHTF into statute, making our appointment to the 9-8-8 workgroup more fitting.

As a final minor note, Page 2, lines 3-6 of the bill state: "According to the World Health Organization, suicide may happen impulsively in moments of crisis related to financial problems, relationship struggles, violence, abuse, and feelings of isolation." While certainly these factors are associated with an increased risk of suicide, we suggest removing the reference to suicides occurring impulsively and implying they are limited to these situations. The safest messaging recommended would be to acknowledge that suicide is a complex issue, and typically there are many factors that contribute to an individual's situation.

In closing, we reiterate that Taskforce is fully committed to continuing our long-standing collaborations, and supporting not only 9-8-8's success, but also the design, implementation, and evaluation of all mental health and suicide prevention supports for Hawaii's communities.

Should you have questions or require additional information about this bill, or any resources related to suicide prevention, please do not hesitate to reach out to us. Dr. Jeanelle Sugimoto-Matsuda is the Taskforce's advocacy coordinator, and can be reached at junesugi88@gmail.com or (808) 291-9930.

Thank you, once again, for prioritizing suicide prevention in our local communities; promoting hope, help and healing; and most importantly, *PASSING LIFE FORWARD*.

With Deepest Aloha,



Gina Kaulukukui
Current Co-Chair, State PSHTF




Deborah Goebert, DrPH
Current Co-Chair, State PSHTF



Jeanelle Sugimoto-Matsuda, DrPH
Immediate Past Co-Chair, State PSHTF
Taskforce Advocacy Coordinator



Brent Oto, MA, CPS
Immediate Past Co-Chair, State PSHTF
Taskforce military representative



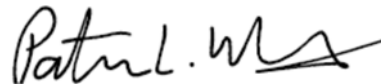
Danielle Bergan
Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce



Kristin Mills, MS, MA
Co-Chair, E Ola Hou Prevent Suicide Maui County Taskforce



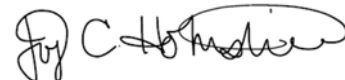
Madeleine Hiraga-Nuccio
Co-Chair, Prevent Suicide Kaua'i Taskforce



Patricia Wistinghausen
Co-Chair, Prevent Suicide Kaua'i Taskforce



H. Yolisa Duley, PhD
Co-Chair, Hawai'i Island Prevent Suicide Taskforce



Joy Hohnstine
Co-Chair, Hawai'i Island Prevent Suicide Taskforce



Pua Kaninau-Santos, MSW
Liaison, O'ahu Prevent Suicide Hawai'i Taskforce