

EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Senate Committee on Ways and Means
Tuesday, February 28, 2023
10:00 a.m.
State Capitol, Conference Room 211 and Videoconference

In Support
S.B. No. 1492, S.D. 1, Relating to Mental Health

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

The Office of the Governor **SUPPORTS** S.B. No. 1492, S.D. 1, Relating to Mental Health.

This Administration is focused on finding solutions that address and provide additional resources to support Hawaii's ongoing mental health and homelessness challenges.

S.B. No. 1492, S.D. 1 would provide methods to treat individuals suffering from untreated severe mental illness, including through Assisted Community Treatment (ACT). Additionally, the bill would require the Department of Health (Department) to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments and provide the Department with appropriations for software and data collection and publication. S.B. No. 1492, S.D. 1 would also establish that a court's denial of a petition for involuntary commitment shall serve as notification to the Department that a person should be evaluated for ACT.

The Hawaii Coordinated Access Resource Entry System (CARES), administered by the Department, serves as a 24/7 coordination center for mental health, crisis, and substance use intervention. From June 1, 2022, to December 27, 2022, Hawaii CARES received approximately 70,000 calls. Hawaii CARES works closely with contracted community providers to provide in-person crisis intervention services across the State and support individuals and families struggling with access to mental health resources.

S.B. No. 1492, S.D. 1 would complement programs already in place by granting providers and the judicial system more tools to ensure that individuals can receive appropriate treatment.

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



The Judiciary, State of Hawai'i

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

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Tuesday, February 28, 2023, 10:00 a.m.
Conference Room 211 & Via Videoconference

by:

Brandon M. Kimura
Deputy Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: Senate Bill No. 1492, S.D.1, 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 the Department of Health to respond to reports about persons having severe mental illness and in need of assistance and to assess whether those persons may fulfill the criteria for assisted community treatment. Establishes that a court's denial of a petition for involuntary commitment shall serve as notification to the Department of Health that the person should be evaluated for assisted community treatment. Appropriates funds to the Department of Health for software and data collection and publication. Takes effect 12/31/2050. (SD1)

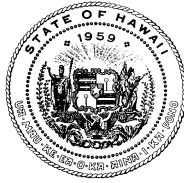
Judiciary's Position:

The Judiciary supports the intent of this measure, in agreement that assisted community treatment is an important tool to assist those suffering from mental illness or substance use disorder who meet the criteria for such support.

Senate Bill No. 1492, S.D. 1, Relating to Mental Health
Senate Committee on Ways and Means
Tuesday, February 28, 2023
Page 2

The Judiciary also thanks Chair San Buenaventura and Senate Committees on Health and Human Services, and Chair Rhoads and the Senate Committee on Judiciary for considering and incorporating the Judiciary's comments on this measure into Senate Draft 1.

Thank you for the opportunity to testify on this measure.



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DEPARTMENT OF HEALTH
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Testimony in SUPPORT of S.B. 1492, S. D. 1
RELATING TO MENTAL HEALTH

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

Hearing Date, Time and Room Number: Tuesday, February 28, 2023, 10 a.m. in Rm. 211/VIDEO

1 **Fiscal Implications:** Undetermined. The Department of Health (“Department”) requests that
2 this measure be considered as a vehicle to provide needed funding so long as it does not
3 supplant the priorities and requests outlined in the Governors executive budget request.

4 **Department Position:** The Adult Mental Health Division (AMHD) provides the following
5 testimony in support with comments on behalf of the Department.

6 **Department Testimony:** The Department is committed to addressing the needs of individuals
7 who live with behavioral health challenges and would benefit from necessary medical
8 treatment when it is in their best interest. Methods to establish authorization to treat are
9 important to ensure the application of those services for those who would benefit from
10 treatment over their objection, including Assisted Community Treatment (ACT). We are
11 committed to supporting the availability and effectiveness of ACT, including working with state
12 agencies and community partners to improve access and implementation.

13 We note that assertive community treatment teams, or ACT Teams, are a national
14 evidence-based practice for those needing intensive place-based mental health services and
15 thus, are referring to Hawaii’s assisted community treatment teams as (ACT Teams) in this
16 testimony to differentiate between ACT and ACT Teams, two important mental health

1 modalities. ACT Teams are multidisciplinary teams with a low provider to client ratio that use
2 active and persistent ongoing attempts to engage with individuals, directly provide health and
3 social care, and outreach to individuals at their location, including evenings and weekends.

4 For Section 2, pages 2 through 4, regarding data tracking, the Department will be able to
5 track and publish data if given resources for the development of a data system. It will also
6 require the Judiciary and other sources of relevant data to electronically submit this data to the
7 Department. The Department has developed the BH808.hawaii.gov website that already
8 reports the number of crisis calls received by the Hawaii CARES crisis line, our preferred one
9 stop shop for receiving behavioral health crisis response, and for coordinated and efficient care.
10 Resources needed for the data system also include staff to maintain the system and coordinate
11 between the different involved agencies.

12 For Section 2, pages 4 and 5, regarding response to reports of persons with severe
13 mental illness who need assistance and assessment to determine whether they meet criteria
14 for ACT, the Department can help to respond, with other community providers, through the
15 development of intensive services that focus on community outreach efforts, such as service
16 provided through ACT teams as described above. With funding, the Department could contract
17 this service to a provider(s) who would be responsible for developing ACT Teams. These teams
18 would be available to engage and support community ACT efforts.

19 The Department recognizes that providing intensive community service and
20 coordinating community ACT efforts involves complex design, procedural, training and ongoing
21 oversight activities. Collaborative and coordinated efforts of state agencies, service providers,
22 and community stakeholders are required. We are ready and available to actively participate in
23 this important effort. We are currently working to expand our crisis continuum of care, and to
24 improve analyzing and reporting important data metrics to assess the effectiveness of these
25 and ongoing efforts.

1 The Department recognizes that the treating provider of the individual needs to submit
2 the petition to the court because they have the specific information needed regarding care and
3 treatment of the individual. The Department respectfully defers to the Judiciary on items in
4 this bill that impact judicial proceedings and defers to the Department of the Attorney General
5 for legal matters.

6 The Department appreciates the support of the Legislature and the Governor to
7 prioritize mental health, wellness, and recovery and introducing measures this session that
8 encourage all stakeholders to generate solutions and support programs and services with the
9 greatest benefit to those who need care and treatment.

10 **Offered Amendments:** We offer the following amendment based on our estimated cost of
11 procuring software and maintaining data.

12 SECTION 6. There is appropriated out of the general revenues of the State of Hawaii
13 the sum of \$4,000,000 or so much thereof as may be necessary for fiscal year 2023-2024 for the
14 procurement of software and preparation of the website for data collection and data publishing
15 regarding reports of and responses to mental health crises.

16 The sum appropriated shall be expended by the department of health for the purposes
17 of this Act.

18

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



SB1492 SD1 Mental Health Diversion to Crisis Beds

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

Tuesday, Feb. 28, 2023: 10:00 : Room 211 Videoconference

Hawaii Substance Abuse Coalition supports SB1492 SD1

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 services.

HSAC strongly supports diversion alternatives for people subject to exclusion from charges or for violating their probation due to their **mental health disease**. It's time for Hawaii to expand our criminal justice diversion programs. The diversions include screening and evaluations for involuntary hospitalization or assisted community treatment. We also **need more behavioral health crisis centers so that more diversions can happen** in our justice systems.

- Often people who have severe substance use disorders, or who are mentally impaired that are frequently arrested are unsheltered homeless.
- It requires a lot of time of police officers who have to arrest them even if the crimes are misdemeanors. This is how jails become overcrowded because of this population.
- The alternative is a danger to public safety when criminal defendants, who could qualify for commitment due to severe mental health issues, are released back into the community.

Expanding the qualifying offenses will allow more people to be diverted and requiring screening or a mental health evaluation and treatment will enable a faster resolution of their cases and a sooner realized benefit from treatment and support for their mental health. Such treatment can reduce or eliminate their involvement with the criminal justice system.

By focusing on people who are reoccurring in the justice system, HSAC strongly supports diversion strategies to help people receive effective mental health treatment and/or substance abuse treatment. Providing treatment and supports will help people with mental health issues to better access housing, employment and possibly get off the street entirely. This is a clear path to help end homelessness.

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

LATE

SB-1492-SD-1

Submitted on: 2/27/2023 11:57:00 AM

Testimony for WAM on 2/28/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
George J ULLRICH	Individual	Support	Written Testimony Only

Comments:

I have the good fortune to practice psychiatry with both adults and children for the past 30 years. I have served in many capacities, but throughout my career, I have been the medical Director of a number of inpatient unit and long-term residential treatment centers both for adults and adolescents.

I have witnessed throughout my career, the high cost two patients, and society when our system only responds to the most severe mental health symptoms and crisis. It is essential to have the ability for inpatient commitment and treatment, but if this is not tied to a continuum of support and interventions, it is my opinion that the resources utilize for the commitment process will be repetitively, overutilized without impacting the sustained ability of the individual to function more safely in society.

I have had the privilege of living in Hawaii a good portion of the year for a number of years but I have not had the privilege to practice in the state. So as one might suspect, I have no practical knowledge of how the ACT resources interact with the commitment process in the mental health resources of the state. In my experience in inpatient settings, community outpatient settings and residential treatment environments has convinced me that anything a mental health system can do to allow community members to sound the alarm of concern regarding an individuals mental health state can be life-changing for the individual and also impacted the general health of the community.

if I understand correctly the portion of the bill that indicates ACT petition, be filed if a person is not meeting commitment criteria for inpatient treatment. I am fully in support of this, but would raise the question if there is a process that indicates ACT petition when someone is being released from the inpatient commitment. I am also unaware of how the court orders for required medication use dovetails with the ACT process. I'm certain it is no surprise to all involved that if an individual has been stabilized on medication in an inpatient setting and then is able to use a long acting injectable medicine their chances of compliance and sustainable functioning greatly increase. Is my hope that the revisions to this bill will increase the data Collection and provide the state the information that will assist in making more informed decisions about where to allocate resources for the best result.

thank you so much for considering my input on thls subject.