

GOV. MSG. NO. 1187

EXECUTIVE CHAMBERS KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D. GOVERNOR KE KIA'ĀINA

June 27, 2024

The Honorable Ronald D. Kouchi President of the Senate, and Members of the Senate Thirty-Second State Legislature State Capitol, Room 409 Honolulu, Hawai'i 96813 The Honorable Scott K. Saiki Speaker, and Members of the House of Representatives Thirty-Second State Legislature State Capitol, Room 431 Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

This is to inform you that on June 27, 2024, the following bill was signed into law:

SB3139 SD2 HD3 CD1

RELATING TO CRISIS SERVICES. ACT 086

Sincerely,

Green M.D.

Josh Green, M.D. Governor, State of Hawaiʻi

on JUN 2 7 2024

THE SENATE THIRTY-SECOND LEGISLATURE, 2024 STATE OF HAWAII

S.B. NO. ³¹³⁹ S.D. 2 H.D. 3 C.D. 1

ACT **086**

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A BILL FOR AN ACT

RELATING TO CRISIS SERVICES.

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

1 The legislature finds that thousands of people SECTION 1. 2 in Hawaii are cited or arrested each year for offenses such as 3 drinking liquor in public, loitering in public parks after hours, and camping on sidewalks, beaches, and other restricted 4 5 public places. Most of these people suffer from issues relating 6 to drugs, alcohol, or mental illness. Many of those cited do 7 not appear in court, leading courts to issue bench warrants for 8 their arrests. Time and resources are expended bringing people 9 to court, and the court system, prosecutors, and police are 10 caught in a never-ending revolving door situation. In response to this situation, mental health service providers have been 11 12 working with appropriate law enforcement agencies and the 13 criminal justice system to implement a crisis intervention 14 program on the island of Oahu.

Accordingly, the purpose of this Act is to establish a crisis intervention and diversion services program within the department of health to expand existing crisis intervention and

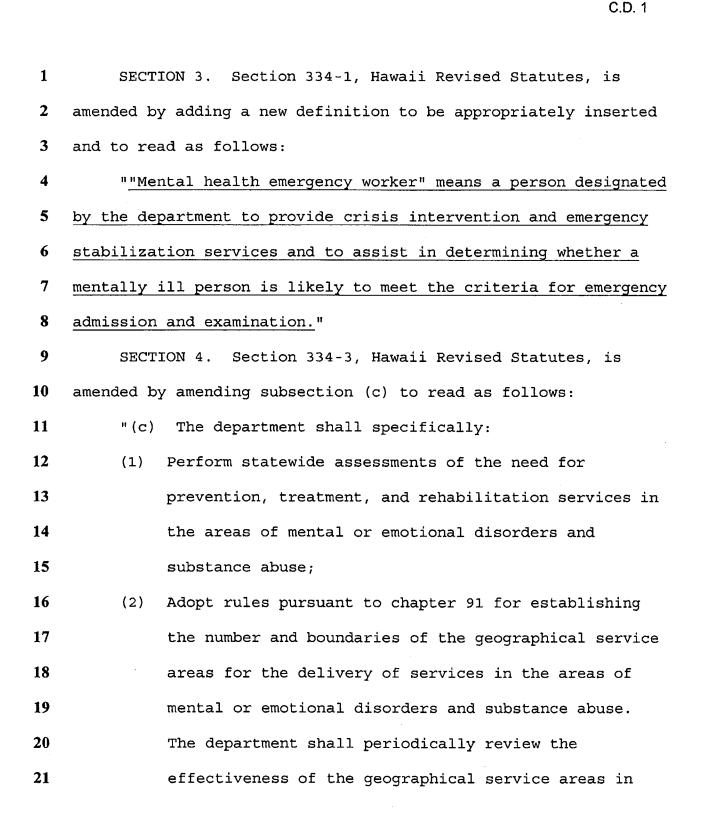
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1 diversion services to divert persons in crisis from the criminal 2 justice system to the health care system. SECTION 2. Chapter 334, Hawaii Revised Statutes, is 3 4 amended by adding a new part to be appropriately designated and 5 to read as follows: 6 "PART . CRISIS SERVICES 7 \$334-Crisis intervention and diversion services 8 program. (a) There shall be established within the department 9 a crisis intervention and diversion services program to redirect 10 persons experiencing mental health disorders and co-occurring 11 mental health and substance use disorders who are at risk for 12 involvement, or currently involved, with the criminal justice 13 system to the appropriate health care system and services. The 14 department shall collaborate with law enforcement agencies, 15 courts, mental health providers, and the community for the 16 execution and implementation of these services. 17 The department may lease or acquire a facility to (b) operate a behavioral health crisis center to treat and refer 18 19 persons experiencing behavioral health crises, including persons 20 in the criminal justice system, to the appropriate services and 21 providers."

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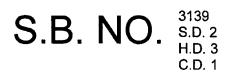
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1		promoting accessibility and continuity of appropriate
2		care to all residents of that geographical area;
3	(3)	Appoint a service area administrator in each county
4		who shall be responsible for the development,
5		delivery, and coordination of services in that area;
6	(4)	Ensure statewide and community-based planning for the
7		ongoing development and coordination of the service
8		delivery system as guided by needs assessment data and
9		performance related information;
10	(5)	Establish standards and rules for psychiatric
11		facilities and their licensing, where applicable;
12	(6)	Establish standards and rules for services in the
13		areas of mental health and substance abuse treatment,
14		including assurances of the provision of minimum
15		levels of accessible service to persons of all ages,
16		ethnic groups, and geographical areas in the State;
17	(7)	Ensure community involvement in determining the
18		service delivery arrangements appropriate to each
19		community of the State;
20	(8)	Cooperate with public and private health, education,
21		and human service groups, agencies, and institutions

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1		in establishing a coordinated system to meet the needs
2		of persons with mental or emotional disorders and
3		substance abuse difficulties;
4	(9)	Evaluate and monitor all services in the fields of
5		mental health and substance abuse where [such]
6	·	services are supported fully or in part by state
7		resources;
8	(10)	Promote and conduct research, demonstration projects,
9		and studies concerned with the nature, prevention,
10		intervention, and consequences of mental or emotional
11		disorders and substance abuse;
12	(11)	Keep records, statistical data, and other information
13		as may be necessary in carrying out the functions of
14		the mental health system and this chapter;
15	(12)	Advocate patients' rights in all psychiatric
16		facilities in the State and investigate any grievances
17		submitted to the department by any patient in a
18		psychiatric facility, except as provided in section
19		334E-2(d). The department shall establish rules and
20		procedures for the purpose of this paragraph within

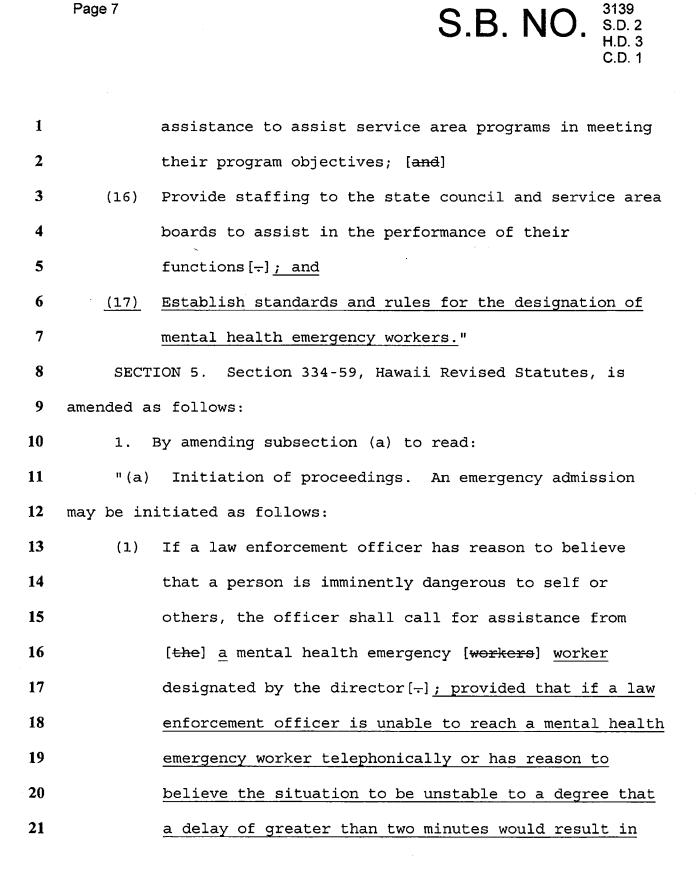
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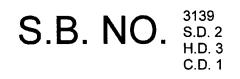
1		one year after January 1, 1985, and post the rules in
2		a conspicuous manner and accessible place;
3	(13)	Promote and conduct a systematic program of
4		accountability for all services provided, funds
5		expended, and activities carried out under its
6		direction or support in accordance with sound
7		business, management, and scientific principles;
8	(14)	Coordinate mental health resources in each county of
9		the State by the development and presentation of a
10		comprehensive integrated service area plan developed
11		by the service area administrator in conjunction with
12		the service area board. The service area
13		administrator and the service area board, in
14		collaboration with private and public agencies serving
15		their population, shall submit recommendations for the
16		statewide comprehensive integrated service plan,
.17		including needs assessment, program planning, resource
18		development, priorities for funding, monitoring, and
19		accountability activities;
20	(15)	Oversee and coordinate service area programs and
21		provide necessary administrative and technical

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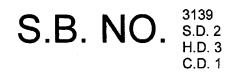


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1	serious harm to the individual, others, or property,
2	the law enforcement officer may act to gain control of
3	the individual. Once the law enforcement officer has
4	gained control of the individual, the law enforcement
5	officer shall call for assistance from a mental health
6	emergency worker designated by the director; provided
7	that the law enforcement officer shall document why
8	the situation necessitated that the law enforcement
9	officer gain control of the individual. Upon
10	determination by the mental health emergency [workers]
11	worker that the person is imminently dangerous to self
12	or others, the person shall be transported by
13	ambulance or other suitable means $[-7]$ to a licensed
14	psychiatric facility or other facility designated by
15	the director for further evaluation and possible
16	emergency hospitalization. If a crisis intervention
17	officer has probable cause to believe that a person is
18	imminently dangerous to self or others, the crisis
19	intervention officer shall call a mental health
20	emergency worker to determine if the person shall be
21	transported by ambulance or other suitable means to a

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1 behavioral health crisis center designated by the 2 director as determined by a mental health emergency 3 worker. A law enforcement officer may also take into 4 custody and transport to any facility designated by 5 the director any person threatening or attempting 6 suicide. The law enforcement officer shall make 7 application for the examination, observation, and 8 diagnosis of the person in custody. The application 9 shall state or shall be accompanied by a statement of 10 the circumstances under which the person was taken 11 into custody and the reasons therefor, which shall be 12 transmitted with the person to a physician, advanced practice registered nurse, or psychologist at the 13 14 facility. As used in this paragraph, "crisis intervention 15 16 officer" has the same meaning as defined in section 17 353C-1; 18 (2) Upon written or oral application of any licensed

physician, advanced practice registered nurse,
psychologist, attorney, member of the clergy, health
or social service professional, 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 dangerous to self or others and in need of care or 7 8 treatment, or both, giving the findings 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 15 facility designated by the director for emergency 16 examination and treatment, or both. The ex parte 17 order shall be made a part of the patient's clinical 18 record. If the application is oral, the person making 19 the application shall reduce the application to 20 writing and shall submit the same by noon of the next 21 court day to the judge who issued the oral ex parte

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3139 S.D. 2 S.B. NO. The written application shall be executed order. subject to the penalties of perjury but need not be sworn to before a notary public [-]; or Any licensed physician, advanced practice registered (3)nurse, physician assistant, or psychologist who has examined a person and has reason to believe the person is: (A) Mentally ill or suffering from substance abuse; (B) Imminently dangerous to self or others; and (C) In need of care or treatment [+], may direct transportation, by ambulance or other suitable means, to a licensed psychiatric facility or other facility designated by the director for further evaluation and possible emergency hospitalization. A licensed physician, an advanced practice registered nurse, or a physician assistant may administer treatment as is medically necessary, for the person's safe transportation. A licensed psychologist may

19 administer treatment as is psychologically necessary."

20 2. By amending subsections (d) and (e) to read:

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1 Emergency hospitalization. If the psychiatrist or "(d) 2 advanced practice registered nurse with prescriptive authority 3 and who holds an accredited national certification in an 4 advanced practice registered nurse psychiatric specialization 5 who performs the emergency examination has reason to believe 6 that the patient is: 7 Mentally ill or suffering from substance abuse; (1)8 (2) Imminently dangerous to self or others; and 9 (3) In need of care or treatment, or both [+], 10 the psychiatrist or advanced practice registered nurse with 11 prescriptive authority and who holds an accredited national 12 certification in an advanced practice registered nurse 13 psychiatric specialization shall direct that the patient be 14 hospitalized on an emergency basis or cause the patient to be 15 transferred to another psychiatric facility or other facility 16 designated by the director for emergency hospitalization, or 17 both. The patient shall have the right immediately upon 18 admission to telephone the patient's guardian or a family member 19 including a reciprocal beneficiary, or an adult friend and an 20 attorney. If the patient declines to exercise that right, the 21 staff of the facility shall inform the adult patient of the

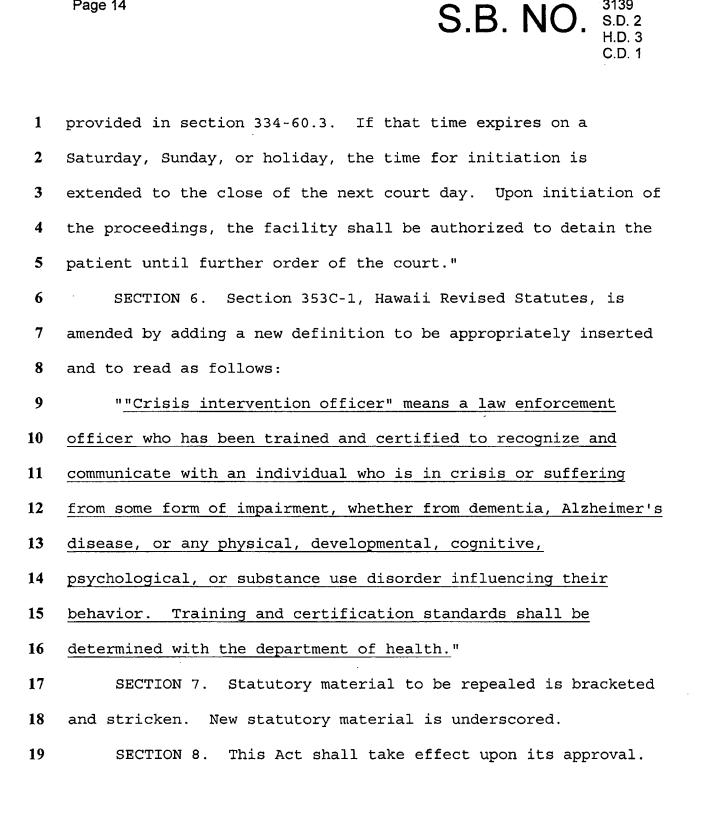
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1 right to waive notification to the family, including a 2 reciprocal beneficiary, and shall make reasonable efforts to 3 ensure that the patient's guardian or family, including a 4 reciprocal beneficiary, is notified of the emergency admission 5 but the patient's family, including a reciprocal beneficiary, 6 need not be notified if the patient is an adult and requests 7 that there be no notification. The patient shall be allowed to 8 confer with an attorney in private.

9 (e) Release from emergency hospitalization. If at any time during the period of emergency hospitalization the treating 10 11 physician determines that the patient no longer meets the 12 criteria for emergency hospitalization and the examination 13 pursuant to section 334-121.5 has been completed, the physician 14 shall expediently discharge the patient. If the patient is 15 under criminal charges, the patient shall be returned to the 16 custody of a law enforcement officer. In any event, the patient 17 shall be released within forty-eight hours of the patient's 18 admission to a psychiatric facility $[\tau]$ or other facility 19 designated by the director, unless the patient voluntarily 20 agrees to further hospitalization, or a proceeding for court-21 ordered evaluation or hospitalization, or both, is initiated as

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27th APPROVED this day of

June , 2024

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GOVERNOR OF THE STATE OF HAWAI'I

THE SENATE OF THE STATE OF HAWAI'I

Date: May 1, 2024 Honolulu, Hawai'i 96813

We hereby certify that the foregoing Bill this day passed Final Reading in the Senate

of the Thirty-Second Legislature of the State of Hawai'i, Regular Session of 2024.

President of the Senate

Clerk of the Senate

SB No. 3139, SD 2, HD 3, CD 1

THE HOUSE OF REPRESENTATIVES OF THE STATE OF HAWAII

Date: May 1, 2024 Honolulu, Hawaii

We hereby certify that the above-referenced Bill on this day passed Final Reading in the House of Representatives of the Thirty-Second Legislature of the State of Hawaii, Regular Session of 2024.

Scott K. Saiki Speaker House of Representatives

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Brian L. Takeshita Chief Clerk House of Representatives