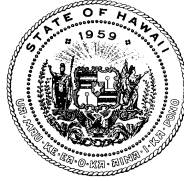


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUNA HO OKELE

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

WRITTEN  
TESTIMONY ONLY

Testimony in SUPPORT of S.B. 3139 SD2  
RELATING TO CRISIS SERVICES

REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

REPRESENTATIVE LISA MARTEN, CHAIR  
HOUSE COMMITTEE ON HUMAN SERVICES

Wednesday, March 13, 2024, 10:30 a.m., Room 329/Video

1 **Fiscal Implications:** The Department of Health (“Department”) requests funding for this  
2 measure be considered as a vehicle to expand services, including staff support, provided it does  
3 not supplant the requests outlined in the Governor's executive budget request.

4 **Department Position:** The Department supports this measure, requests amendments for clarity  
5 and consistency with other subsections.

6 **Department Testimony:** Adult Mental Health Division (AMHD) provides the following  
7 testimony on behalf of the Department.

8 The Department appreciates the support for a behavioral health crisis center, and  
9 planning is well underway. The Department currently has funding to begin operations during  
10 the current fiscal year but projects needing an additional \$6.7 million in annual funding.

11 For efficiency purposes, the Department is uncertain of the necessity to define Mental  
12 Health Emergency Worker in statute with subsequent required rulemaking. The Department  
13 contracts for this service and includes the requirements in the contract. The Department can

1 update its rules, without the statute change, when it next does rulemaking for the applicable  
2 chapter. However, the Department has no objection to the definition itself.

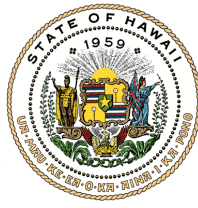
3 In addition to considering deletion of Sections 3 and 4, the Department respectfully  
4 requests consideration of the following proposed technical correction and amendment:

5 SECTION 2.

6 “(b) The department may lease or acquire a facility to operate a behavioral health crisis center  
7 to treat and refer ~~[patients]~~ individuals in behavioral health crisis, including those from the  
8 criminal justice system, to appropriate services and providers.”

9 Thank you for the opportunity to testify and for your consideration of these requested  
10 changes.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



JORDAN LOWE  
DIRECTOR

MICHAEL VINCENT  
Deputy Director  
Administration

JARED K. REDULLA  
Deputy Director  
Law Enforcement

SYLVIA LUKE  
LT GOVERNOR  
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII  
**DEPARTMENT OF LAW ENFORCEMENT**

*Ka 'Oihana Ho'okō Kānāwai*

715 South King Street  
Honolulu, Hawaii 96813

TESTIMONY ON SENATE BILL 3139, SENATE DRAFT 2

RELATING TO CRISIS SERVICES

Before the House Committees on

Health & Homlessness

And

Human Services

Wednesday, March 13, 2024; 10:30 a.m.

State Capitol Conference Room 329, Via Videoconference

Testifier: Michael Vincent

Chairs Belatti and Martin, Vice Chairs Takenouchi and Amato, and members of the Committees:

The Department of Law Enforcement (DLE) **supports** Senate Bill 3139, Senate Draft 2 and offers amendments for consideration by the Committee.

This bill establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services.

The law enforcement goals of this bill are significant to all sectors of our community. Courts and legislative bodies have made it clear that our law enforcement officers are required to take a closer look when they arrive on scene, if they can safely do so, with the goal of better understanding any interaction, encounter, or response for the purpose of helping those who may be in crisis, suffering from some form of crisis or impairment whether physical, developmental, cognitive, psychological, mental health, or substance disorder influencing their behavior. When they can safely do so, officers do

their best to look at the entire picture of the encounter when formulating what action needs to be taken.

The DLE supports this bill which helps our law enforcement agencies with the court and legislative mandates to train officers to respond and help those they encounter who may be suffering from some form of crisis or impairment whether physical, developmental, cognitive, psychological, mental health, or substance disorder influencing their behavior. However, the DLE recommends that this bill be amended to provide law enforcement the additional tool of using specially trained crisis intervention officers to determine if a person is imminently dangerous to themselves or others and have them transported to a designated behavior health crises center for further evaluation. To accomplish this, the DLE recommends the following amendments to Sections 3 and 5 of this bill:

Amend Section 3 of the bill to include the following additional definition:

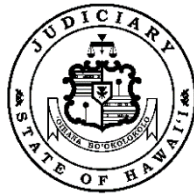
"Crisis intervention officer" means a law enforcement officer who has been trained to recognize and communicate with a person in crisis or suffering from some form of impairment, whether from dementia, Alzheimer's disease, or any physical, developmental, cognitive, psychological, or substance disorder influencing their behavior."

Amend Section 5 of the bill by amending subsection 334-59(a)(1) to read as follows:

(1) If a law enforcement officer has reason to believe that a person is imminently dangerous to self or others, the officer shall call for assistance from ~~[the]~~ a mental health emergency ~~[workers]~~ worker designated by the director~~[.]~~ or a crisis intervention officer. Upon determination by the mental health emergency ~~[workers]~~ worker that the person is imminently dangerous to self or

others, the person shall be transported by ambulance or other suitable means<sup>[7]</sup> to a licensed psychiatric facility or other facility designated by the director for further evaluation and possible emergency hospitalization. If a crisis intervention officer has probable cause to believe that the person is imminently dangerous to self or others, the person shall be transported by ambulance or other suitable means to a designated behavioral health crisis center designated by the director for further evaluation and possible emergency hospitalization. A law enforcement officer may also take into custody and transport to any facility designated by the director any person threatening or attempting suicide. 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 transmitted with the person to a physician, advanced practice registered nurse, or psychologist at the facility.

Thank you for the opportunity to testify in support of this bill and recommend amendments to allow law enforcement crisis intervention officers to support our community.



*The Judiciary, State of Hawai'i*

**Testimony to the Thirty-Second State Legislature  
2024 Regular Session**

**House Committee on Health and Homelessness**

Representative Della Au Belatti, Chair  
Representative Jenna Takenouchi, Vice-Chair

**House Committee on Human Services**

Representative Lisa Marten, Chair  
Representative Terez Amato, Vice-Chair

Wednesday, March 13, 2024 at 10:30 a.m.  
Conference Room 211 & Videoconference

**WRITTEN TESTIMONY ONLY**

by

Rodney A. Maile  
Administrative Director of the Courts

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**Bill No. and Title:** Senate Bill No. 3139, S.D. 2, Relating to Crisis Services.

**Purpose:** Establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services. Defines "mental health emergency worker". Makes an appropriation for the crisis intervention and diversion program. Declares that the appropriation exceeds the state general fund expenditure ceiling for 2024-2025. Effective 12/31/2050. (SD2)

**Judiciary's Position:**

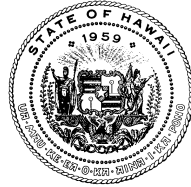
The Judiciary supports the intent of this measure. The establishment and use of behavioral health crisis centers will improve the government response to individuals suffering from serious mental illness, particularly for those who may become, or already are, involved in the criminal justice system. Access to, and the provision of, mental health care and services is integral to diverting those individuals who, but for their mental health crisis, would not be

Testimony for Senate Bill No. 3139, S.D. 2, Relating to Crisis Intervention  
House Committee on Health and Homelessness  
House Committee on Human Services  
Wednesday, March 13, 2024 at 10:30 a.m.  
Page 2

involved with the criminal justice system. Taken together with other bills designed to address the mental health needs of individuals at other intercept points these bills will help to close the proverbial revolving door by building a comprehensive government response that addresses each intercept point. As there are several bills presented that authorize and fund the use of behavioral crises centers, the Judiciary defers to the Department of Health as to the measure best suited to effectuate the purpose of this bill.

Thank you for the opportunity to testify on this measure.

JOSH B. GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA  
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD  
COUNCIL CHAIRPERSON  
LUNA HO'OMALU O KA PAPA

STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
STATE COUNCIL ON MENTAL HEALTH  
P.O. Box 3378, Room 256  
HONOLULU, HAWAII 96801-3378

**WRITTEN  
TESTIMONY  
ONLY**

**STATE COUNCIL ON MENTAL HEALTH**  
**Testimony to the House Committee on Health & Homelessness**  
**House Committee on Human Services**  
**in Support of S.B. 3139 SD2**  
**RELATING TO CRISIS INTERVENTION**

**CHAIRPERSON**

Katherine Aumer, PhD

**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

John Betlach

**SECRETARY**

Eileen Lau-James, DVM

**MEMBERS:**

Naomi Crozier, CPS

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Lea Dias, MEd

Jean Okudara, CSAC

Ray Rice, MEd

Mary Pat Waterhouse

Kristin Will, MA, CL, CSAC

Fern Yoshida

**IMMEDIATE PAST**

**CHAIRPERSON:**

Richard I. Ries PsyD, MSEd

**EX-OFFICIO:**

Marian Tsuji, Deputy Director  
Behavioral Health Administration

**WEBSITE:**

scmh.hawaii.gov

**EMAIL ADDRESS:**

doh.scmhchairperson@  
doh.hawaii.gov

**March 13, 2024, 10:30 a.m., CR329 and Videoconference**

Chairs Belatti and Marten, Vice-Chairs Takenouchi and Amato, and Members of the Committees:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii advisory commission on drug abuse and controlled substances and county service area boards on mental health and substance abuse.

The State Council on Mental Health members unanimously support the intent of SB3139 SD2. In supporting this measure, the Council is looking for a continuum of care that can honestly respond to the treatment and recovery of individuals who have a mental illness. It also seeks to reduce healthcare costs by avoiding unnecessary hospitalization. This measure supports the two interrelated goals by supporting Crisis Intervention and Diversion Services Programs and Behavioral Health Crisis Centers.

Thank you for the opportunity to testify. Should you have any questions, please contact us at [DOH.SCMHChairperson@doh.hawaii.gov](mailto:DOH.SCMHChairperson@doh.hawaii.gov).





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

**TO:** Honorable Rep. Della Au Belatti,  
Chair, House Committee on Health and Homelessness  
  
Honorable Rep. Lisa Marten,  
Chair, House Committee on Human Services

**FROM:** Connie Mitchell, Executive Director  
IHS, The Institute for Human Services, Inc.

**RE:** [SB3139 SD2](#) - RELATING TO CRISIS SERVICES

**HEARING:** Wednesday, February 13, 2024, at 10:30 AM

**POSITION:** IHS supports the passing of SB3139 with amendments.

The Institute for Human Services, IHS, supports the passing of SB3139 SD2. Establishing a Crisis Intervention and Diversion Services Program would help integrate programs between AMHD and ADAD, which are already under the Deputy Department for Behavioral Health. Moreover, the measure would help law enforcement and emergency services personnel who are called to transport individuals with nonviolent MH-1 orders.

We request that the language in Section 3, line 7 regarding the definition of a “mental health emergency worker” be changed to “mental health crisis workers” and amended to include law enforcement officers trained, certified and designated by their respective departments under national standards should be included in the definition of mental health emergency worker.

Thank you for the opportunity to testify.



## THE QUEEN'S HEALTH SYSTEM

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To: The Honorable Della Au Belatti, Chair  
The Honorable Jenna Takenouchi, Vice Chair  
Members, House Committee on Health & Homelessness

The Honorable Lisa Marten, Chair  
The Honorable Terez Amato, Vice Chair  
Members, House Committee on Human Services

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 13, 2024

Re: Comments on SB3139 SD2 – Relating to Crisis Services

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The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide comments on SB3139 SD2 which establishes a crisis intervention and diversion services program within the Department of Health (DoH) to expand existing services to divert those with mental health issues to appropriate health care services. Queen's Manamana campus and emergency department experience some of the highest acuity mental and behavioral health patients in our state and as such we see worth in the Department providing further emphasis on the role of mental health emergency workers in helping to determine appropriate crisis intervention and emergency stabilization care with the caveat that these workers should have clinical competence and experience.

Under the current Adult Mental Health Division's policy and procedure manual (No.60.411), MHEW are required to have college or postgraduate work and are clinicians; with competency and experience working with persons with mental illness (experience should include recognizing mental disorders, suicide risk and intervention techniques, etc.).

We urge the Department and stakeholders to carefully examine existing crisis intervention services that Queen's and others are employing, in particular with regard to MH1 patients, to ensure that those experiencing mental health crisis are not reflexively sent to acute care/emergency department settings which are already operating at high capacities. Other measures moving through the legislature this Session include authorization and funding to the State to direct resources to

*The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

developing crisis intervention services and stabilization facilities; we support those efforts and see them intrinsically tied to this and similar bills.

Furthermore, we urge the Committee to keep in mind the impact this bill and others have with regard to the overall continuum of care. Investing in the crisis intervention stage of care is only part of solving the broader mental/behavioral healthcare challenges facing our community. Investment in residential care programs, expanding mobile crisis teams, incentivizing and expanding the mental/behavioral health workforce, and investing in the public/private mental health infrastructure is critical if we are to see improvements in the quality of care for those most in need of services.

Thank you for allowing us to testify on SB3139 SD2.



To: The Honorable Della Au Belatti, Chair  
The Honorable Jenna Takenouchi, Vice Chair  
House Committee on Health & Homelessness

The Honorable Lisa Marten, Chair  
The Honorable Terez Amato, Vice Chair  
House Committee on Human Services

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, March 13, 2024, 10:30 AM, Conference Room 329

RE: **SB3139, SD2 Relating to Crisis Services**

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AlohaCare appreciates the opportunity to provide testimony in **support of SB3139, SD2**. This measure establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services; defines "mental health emergency worker"; and makes an appropriation for the crisis intervention and diversion program.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 84,000 Medicaid and dual-eligible health plan members on all islands. Approximately 40 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare appreciates the whole-person care approach of this measure, acknowledging persons experiencing mental health issues, substance use disorders, or homelessness require a compassionate and holistic approach. We are hopeful that the proposed establishment of a crisis intervention and diversion program—as a complement to the proposed Behavioral Health Crisis Center pilot project in HB1831—will be a critical component of the crisis continuum to provide rapid access to appropriate care and support for persons experiencing a behavioral health crisis who might otherwise matriculate through the criminal justice system. Redirecting these persons to appropriate behavioral health care services is aligned with a whole-person care approach, while also supporting systemic improvements, resulting in reductions in unnecessary criminalization, law enforcement resources, emergency room resources, and acute care facility resources.

Mahalo for this opportunity to testify in **support of SB3139, SD2**.



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair  
Rep. Jenna Takenouchi, Vice Chair

### COMMITTEE ON HUMAN SERVICES

Rep. Lisa Marten, Chair  
Rep. Terez Amato, Vice Chair

Date: March 13, 2024  
From: Hawaii Medical Association  
Beth England MD, Chair- HMA Public Policy Committee

## **RE: SB 3139 SD2, RELATING TO CRISIS SERVICES Position: Support**

The Hawaii Medical Association is deeply concerned about the impact of mental illness across the state. According to the National Alliance for the Mentally Ill (NAMI), Hawai'i lost 176 lives to suicide in a single year<sup>1</sup>. Despite the high rate of suffering and death associated with mental health disorders, an astounding 67% of affected adults in Hawai'i do not receive proper treatment<sup>2</sup>. This is the highest rate of any state in the country. The situation is even worse for our keiki. Prior to the outbreak of COVID, over 70% of children in Hawai'i suffering from a major depressive episode did not receive treatment<sup>3</sup>. During the pandemic, widespread isolation and social distancing has strained an already overburdened system. Calls to the Hawai'i Crisis Text Line increased by 54% in April 2020, indicating that an even higher proportion of patients are not receiving the mental health care that they need<sup>4</sup>.

In the absence of a comprehensive crisis stabilization system, patients experiencing a mental health crisis face limited options. Law enforcement and emergency medical services (EMS) offer immediate response 24 hours a day, but often lead to excessive costs, delays in care, and/or inadequate treatment<sup>4</sup>. Emergency departments (ED) are appropriate for severely mentally ill patients (i.e. acutely psychotic or actively threatening themselves or others), but are not designed for prolonged treatment over 8-12 hours.

The Substance Abuse and Mental Health Services Association (SAMHSA) identified "regional crisis call center, crisis mobile team response and crisis receiving and

### **2024 Hawaii Medical Association Officers**

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President  
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

stabilization facilities as the ‘three core components of an effective crisis system’<sup>5</sup>. Research assessing the impact of these programs to be associated with healthcare cost savings, reductions in emergency department visits and psychiatric admissions, and improved connection to mental health resources. Thank you for allowing the HMA to testify in support of this measure.

#### References

1. Resources – National Alliance for Mental Illness Hawaii. (n.d.). Retrieved February 20, 2022, from <https://namihawaii.org/resources/>
2. Adult Data 2021. (n.d.). Mental Health America. <https://www.mhanational.org/issues/2021/mental-healthamerica-adult-data>
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4. Child & Adolescent Mental Health Division. (n.d.). State of Hawaii Department of Health. <https://health.hawaii.gov/camhd/>
5. The Substance Abuse and Mental Health Services Administration. (n.d.). Crisis Services: Meeting Needs, Saving Lives | SAMHSA Publications and Digital Products. US Department of Health and Human Services. <https://store.samhsa.gov/product/crisis-services-meeting-needs-saving-lives/PEP20-08-01-001>

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#### **2024 Hawaii Medical Association Public Policy Coordination Team**

Beth England, MD, Chair  
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

# Hawai'i Psychological Association

*For a Healthy Hawai'i*

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www.hawaiipsychology.org

Phone: (808) 521 -8995

## COMMITTEE ON HEALTH & HOMELESSNESS

**Rep. Della Au Belatti, Chair**

**Rep. Jenna Takenouchi, Vice Chair**

## COMMITTEE ON HUMAN SERVICES

**Rep. Lisa Marten, Chair**

**Rep. Terez Amato, Vice Chair**

**March 13, 2024 10:30 A.M Conf Rm 329 & via Video conference**

### **Testimony in Strong Support on SB3139 SD2 RELATING TO CRISIS SERVICES**

The Hawai'i Psychological Association (HPA) strongly supports SB3139 SD2; which establishes within the Department of Health a Crisis Intervention and Diversion Services Program to expand existing services to divert those with mental health issues to appropriate health care services.

Behavioral Crisis Centers are a much-needed step in developing a system of diversion towards pathways that will treat the underlying conditions that contribute to the criminal behaviors. Without a functioning crisis center and properly trained mental health emergency workers, like the ones outlined in this measure, our state is crippled of the ability to divert those with treatable mental health and substance use disorders to effective programing.

#### Mental Illness Should Not be Criminalized

**There is a disproportionate number of individuals with severe mental health conditions who are incarcerated** - Up to a 1/3 of those incarcerated have serious mental illness.

**People with mental illness are 10x more likely to be incarcerated than they are to be hospitalized.** The justice system is often the de facto entry point for individuals with mental health disorders, substance use disorders, or both.

**Diversion programs reduce recidivism.** People who participate in diversion programs are less likely to re-offend than those who are incarcerated. This is because diversion programs help people address the underlying causes of their criminal behavior, which reduces the risk of future offending.

**Diversion programs promote public safety.** By reducing recidivism, diversion programs help to make our communities safer. People who are receiving treatment are less likely to engage in criminal behavior, which benefits everyone.

The crisis centers can provide much needed access to care

**Diversion programs provide much-needed treatment.** Incarceration does not address the underlying mental health or substance use issues that contribute to criminal behavior. Diversion programs offer a path to treatment and recovery, which can help people get their lives back on track.

Diversion programs are more cost-effective than incarceration.

In the long run, it is less expensive to invest in diversion programs than it is to incarcerate people with mental health or substance use disorders.

Comment on a Coordinated Legislative Approach to Criminal Justice and Mental Health

A coordinated, comprehensive and integrated behavioral health system is desperately needed to achieve the appropriate diversion of individuals with mental health disorders and substance use disorders to proper and effective care. Many bills this session target the intersection of mental illness and criminal justice, but focus on just one component. In order to have a comprehensive systemic approach, our legislation should also be comprehensive and systematic.

This bill (SB3139) creates the crisis and diversion program to address the initial crisis. Without a crisis center to divert individuals to and a program to oversee and monitor, it will not work. Without properly trained officers to get them there, it will not work.

We also need specially trained and designated law enforcement officers to identify and divert those with mental illness to the crisis center (SB2345); the brick and mortar crisis center itself (HB1831); the Assisted Community Treatment (ACT) program that will manage and monitor the process and put the systems in place to identify those in the legal system that are in need of treatment (SB3141); and the handling of involuntary hospitalizations and authorization for screenings for ACT (HB2159).

Each of these measures needs adequate funding to make it all happen, which overall is a cost savings for the government and the public. There will be a marked reduction in recidivism, which also benefits overall public safety and quality of life for all.

As for individuals, these measures – with adequate and appropriately targeted funding – will provide services that actually helps.

Thank you for the opportunity to provide input into this important bill.

Sincerely,



Raymond A Folen, Ph.D., ABPP.  
Executive Director

**REFERENCES**

Fader, T. & Kelly E. (2020). *Just and well: Rethinking how states approach competency to stand trial*. The Council of State Governments Justice Center. <https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf>

National Center for State Courts. (2022). *National Diversion Landscape: Continuum of Behavioral Health Diversions Survey Report*. National Judicial Task Force to Examine State Courts' Response to Mental Illness. [https://www.ncsc.org/\\_data/assets/pdf\\_file/0022/77143/National-Diversion-Landscape.pdf](https://www.ncsc.org/_data/assets/pdf_file/0022/77143/National-Diversion-Landscape.pdf)



National Center for State Courts. (2023). *State Courts Leading Change: Report and Recommendations*. National Judicial Task Force to Examine State Courts' Response to Mental Illness.

[https://www.ncsc.org/data/assets/pdf\\_file/0031/84469/MHTF\\_State\\_Courts\\_Leading\\_Change.pdf](https://www.ncsc.org/data/assets/pdf_file/0031/84469/MHTF_State_Courts_Leading_Change.pdf)



**SB3139 SD2 Crisis Bed Funding**  
**COMMITTEE ON HEALTH & HOMELESSNESS**

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

**COMMITTEE ON HUMAN SERVICES**

Rep. Lisa Marten, Chair

Rep. Terez Amato, Vice Chair

Wednesday, Mar 13, 2024: 10:30: Room 329 Videoconference

**Hawaii Substance Abuse Coalition Strongly Supports SB3139 SD2:**

*ALOHA CHAIRS, VICE CHAIRS, 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.*

**HSAC strongly supports** a Crisis Intervention and Diversion Program within the Department of Health to divert those with mental health issues from the criminal justice system to appropriate health care services:

**HSAC supports the amendments made to improve services:**

- Add co-occurring disorders with substance abuse given that so many people who have severe substance use disorders such as stimulants like methamphetamine have drug induced psychosis, or for those who are severely mentally impaired often have co-occurring substance use disorders such that they are frequently arrested are unsheltered homeless and in dire need of co-occurring (mental health and substance abuse) intervention and crisis care.
- Changes to allow crisis bed services instead of only licensed psychiatric facilities.

**We support a Crisis Intervention and Diversion Services program so that there can be collaboration with law enforcement, mental health providers and community including:**

- The authority to lease or acquire facilities to operate a Behavioral Health Crisis center
- Support a “mental health emergency worker” designation to provide crisis stabilization to help determine if a person meets the criteria for emergency crisis services.

## Summary

**HSAC commends the legislature for developing diversion and crisis stabilization** alternatives for people subject to their mental health or co-occurring substance use disorder disease. This is an exciting time for Hawaii to expand both our criminal justice diversion programs and our crisis stabilization services.

It's important that this bill responds to the **need for more behavioral health crisis** centers so that more diversions and crisis stabilization can happen in our justice systems.

**These stabilization services will ultimately help people to better access substance abuse or co-occurring disorder residential and outpatient treatment that will help people** with mental health issues and chronic co-occurring substance use disorders 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.

# Opportunity Youth Action Hawai'i

March 12, 2024

House Committee on Health and Homelessness & on Human Services

Hearing Time: 10:30 AM

Location: State Capitol Conference Room 329

Re: SB3139 SD2, RELATING TO CRISIS SERVICES

Aloha e Chairs Au Belatti and Marten, Vice Chairs Takenouchi and Amato, and members of the Committee:

On behalf of the Opportunity Youth Action Hawai'i hui, we are writing in **strong support** of SB3139 SD2, relating to crisis intervention. This bill establishes a Crisis Intervention and Diversion Services Program within the Department of Health to expand existing services to divert those with mental health issues to appropriate health care services.

Establishing a crisis intervention and diversion services program within the Department of Health is important to ensure that individuals struggling with mental health or substance abuse disorders receive prompt and effective care. This program will provide resources and support to those in need, helping to direct them to appropriate treatment and services without delay. By prioritizing a system of support, we can work towards better outcomes and a healthier Hawaii.

Opportunity Youth Action Hawai'i is a collaboration of organizations and individuals committed to reducing the harmful effects of a punitive incarceration system for youth; promoting equity in the justice system; and improving and increasing resources to address adolescent and young adult mental health needs. We seek to improve the continuity of programs and services for youth and young adults transitioning from minor to adult status; eliminate youth homelessness and housing market discrimination against young adults; and promote and fund more holistic and culturally informed approaches among public/private agencies serving youth.

**Please support SB3139 SD2.**



**SB-3139-SD-2**

Submitted on: 3/11/2024 5:55:42 PM

Testimony for HLT on 3/13/2024 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

This is a good idea that should be implemented. Clearly, mental health workers and behavioral crisis centers are better equipped to address these individuals than the current practice of police officers and hospital emergency rooms. We support the Department's efforts.

# COMMUNITY ALLIANCE ON PRISONS

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## COMMITTEE ON HEALTH & HOMELESSNESS

Representative Della Au Belatti, Chair

Representative Jenna Takenouchi, Vice Chair

## COMMITTEE ON HUMAN SERVICES

Representative Lisa Marten, Chair

Representative Terez Amato, Vice Chair

Wednesday, March 13, 2024

Room 329 & Videoconference

10:30

## STRONG SUPPORT FOR SB 3139 SD2 - CRISIS SERVICES

Aloha Chairs Belatti and Marten, Vice Chairs Takenouchi and Amato, and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for almost thirty years. This testimony is respectfully offered on behalf of the 3,838 Hawai`i individuals living behind bars<sup>1</sup> and under the “care and custody” of the Department of Corrections and Rehabilitation of March 4, 2024.

We are always mindful that 858 men who are serving their sentences abroad (43.5% of the male prison population of 1,972) thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons appreciates this opportunity to testify in support of SB 3139 SD2 that establishes a Crisis Intervention and Diversion Services Program within DOH to expand existing services to divert those with mental health issues to appropriate health care services.

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<sup>1</sup> DPS/DCR Weekly Population Report, March 4, 2024.

<https://dcr.hawaii.gov/wp-content/uploads/2024/01/Pop-Reports-Weekly-2024-03.04.pdf>

We are keenly aware of what is happening in our communities, especially those communities that have been chronically underserved. We appreciate the language in this bill that requires a Mental Health Emergency Worker to provide crisis intervention and emergency stabilization services to assist in determining whether a mentally ill person is likely to meet the criteria for emergency admission and examination. Mental health emergency workers are trained in evaluating and de-escalating behavioral health crises, must be the ones responding to people in crisis – not the police, who are ill-equipped to safely and effectively serve people experiencing behavioral health crises.<sup>2</sup>

In past hearings on these crisis bills, Dr. Luke from the Hawai`i State Hospital reported that only about 30% of the people currently there need that level of services. This is concerning since the cost per day for the Hawai`i State Hospital was quoted in excess of \$1,000 a day.

This bill is to assist persons experiencing behavioral crises and divert them from the criminal legal system into appropriate healthcare services to address their unresolved issues.

This is a national movement to help some of the most vulnerable people in communities access the services they so desperately need. We urge the committees to support crisis intervention and diversion to appropriate health care services. We understand that this and similar bills will most likely go to conference committee and we sincerely hope that something will emerge this session to address the struggles that so many of our friends and neighbors contend with daily.

We urge the legislature to support crisis intervention and diversion for the good of the individuals contending with behavioral health issues and for the good of all our communities.

Mahalo.

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<sup>2</sup> **Behavioral Health Crisis Alternatives**, Vera Institute of Justice  
<https://www.vera.org/behavioral-health-crisis-alternatives>



**SB-3139-SD-2**

Submitted on: 3/12/2024 10:30:29 AM

Testimony for HLT on 3/13/2024 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Christopher Fernandez	Individual	Support	In Person

Comments:

Good Morning Chair Belatti and Chair Marten,

My name is Christopher Fernandez, I am a resident of Oahu, and I have a decade and a half of experience with mental health care; which includes knowledge of community-based treatment of mental illness and substance abuse. I support S.B. 3139 and offer the following comments:

-Placement of clinic sites. The Crisis centers should be a beacon. They should represent the efforts of this state to actually address mental illness and those who suffer from it; and that should be visible to us. In other words, when choosing sites for crisis clinics, they should not be hidden away or established and maintained in ways that make them inaccessible to the general public.

-For the crisis clinics to successfully treat its diverse users, the 5 principles of social rehabilitation should be employed when providing services. The treatment should feel as if it is coming from the community itself and not some institution whose megalithic status intimidates potential users of services. Hospitals and jails feel this way to most people, and therefore employing plans that mimic a hospital and its practices would have an adverse effect on these clinics integrating into the community. The 5 principles provide the following that would be essential for developing alternative models of mental health treatment:

1. A normalized, or home-like environment;
2. Active involvement of clients in their treatment planning;
3. A flexible process with individualized treatment goals;
4. Appropriate clinical challenges, or risk-taking, to learn new skills; and
5. Providing a diverse, well-trained staff.

-Extra-care should be emphasized in triage. If anything like the 2 points above are employed in the development of these clinics then it would be important to ensure that the supply always exceeds the demand. Therefore if we are serious about introducing state-run crisis clinics there should be enough to go around. A citizen in crisis in their home is just as important as the citizen being held in jail whose in crisis waiting for their hearing. But both represent competing

communities vying for a bed in these clinics. Funding should be ample and not adequate to handle this,

Thank you for the opportunity to testify on this measure.

**SB-3139-SD-2**

Submitted on: 3/11/2024 2:34:45 PM

Testimony for HLT on 3/13/2024 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lillian Harwood-AhSing	Individual	Support	Written Testimony Only

Comments:

I am in support of this bill to help provide to those individuals who suffer mental and behavioral health issues the appropriate treatment services to address their needs.

**SB-3139-SD-2**

Submitted on: 3/12/2024 9:15:12 AM

Testimony for HLT on 3/13/2024 10:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carolyn Eaton	Individual	Support	Written Testimony Only

Comments:

Aloha, Chairs Belatti and Marten, Vice Chairs Takenouchi and Amato, and members of the Committees,

My name is Carolyn Eaton and I am a resident of Honolulu. This is one of the bills most promising to me in the current session. It will bring a new structure into existence within DOH to address a component of community mental health which has caused dreadful problems, deaths, year after year, when law enforcement intervenes with people in crisis. I urge you to address this problem with all seriousness and act to give the proposed Crisis Intervention and Diversion Services program top priority.

Mahalo for your hard work, for providing this hope for our State's appropriate attention to any in our community who suffer a crisis of mental health.