



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony in SUPPORT of S.B. 3141  
RELATING TO MENTAL HEALTH**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Friday, February 2, 2024, 1:00 PM, Conference Room 225 & Videoconference

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

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

5 The Department supports the intent of this measure which proposes to track and  
6 publicly report statewide data relating to crisis reports, emergency mental health transports,  
7 court-ordered medications and plans of treatments (“assisted community treatment” [ACT]  
8 orders), and involuntary commitments to the Hawaii State Hospital. However, a majority of the  
9 proposed requirements are already being tracked and reported.

10 Since the time that this bill was introduced, the Department, in partnership with the  
11 University of Hawaii and other state and county agencies, developed and implemented a data  
12 dashboard website (<https://bh808.hawaii.gov>), to better understand Hawaii’s current  
13 behavioral health trends and needs, with a focus on drug overdose, polysubstance use, co-  
14 occurring substance use and mental health disorders, and crisis care. We provide interactive  
15 visualizations of data such as county-level emergency department discharges related to mental  
16 health and co-occurring substance use disorders, number of consumers served by the AMHD

1 each day and by service type, number of and reasons for calls to the Hawaii CARES/988 crisis  
2 line each day, number of dispatches by crisis mobile outreach each month, and number of  
3 admissions to licensed crisis residential shelters each month. The Department is already in the  
4 process of developing visualizations using other key data, such as that of mental health  
5 emergency workers and stabilization beds, and we hope that this website can serve as a key  
6 data tool to assist with program planning and decision-making.

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

8 **Offered Amendments:** None



## **SB3141 Diversion and ACT**

### COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Friday Feb 2, 2024, 1:00 Room 225

### **Hawaii Substance Abuse Coalition Supports SB3141:**

*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, prevention agencies and recovery-oriented services.*

**These reporting and process requirements can help ACT to improve as a comprehensive program to help people with untreated mental illness.**

HSAC supports those provisions in this bill that strengthens the reporting process to aid people having severe mental illness, including evaluating and coordinating with service providers.

It's also important to provide services to those who are denied involuntary commitments so they can be assessed for ACT.

- This can help more people to have access to a mental health evaluation and subsequent treatment that could enable a faster resolution of their cases and a sooner realized benefit from treatment and support for their mental health.

HSAC strongly supports ACT strategies to help people receive effective mental health treatment and/or substance abuse treatment. Providing treatment and support 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



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

**TO:** Honorable Sen. Joy A. San Buenaventura  
Chair, Senate Committee on Health & Human Services  
  
Honorable Sen. Henry J.C. Aquino  
Vice Chair, Senate Committee on Health & Human Services

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

**RE:** SB3141 - RELATING TO MENTAL HEALTH.

**HEARING:** Friday, February 2, 2024 at 1:00 PM

**POSITION:** IHS supports the passing of SB3141

As the homeless service provider that has had the most experience filing petitions for assisted community treatment in the State of Hawai'i, The Institute for Human Service is **in strong support** of this bill. Through better tracking usage of high utilizers of emergency services, our care system's capacity for addressing the needs of mentally ill or substance-abusing individuals who have lost their decisional capacity and are refusing needed mental health treatment to be provided such treatment will expand.

This bill calls upon the Department of Health to track petitions and guardianships filed for the purpose of facilitating behavioral health treatment to coordinate the continued treatment of persons who ordinarily cycle through arrests, emergency care at hospitals, adjudication in the courts and detention in our jails. Many of these individuals have also remained homeless on the streets and other places not meant for human habitation for years.

The Department of Health could begin by establishing a database of said information to help providers in our care systems (emergency departments, jails, homeless services providers, behavioral health case managers, and health plans) deliver safe, coordinated care to some of our most vulnerable homeless individuals. Last year, our team at IHS witnessed the deaths of three individuals who had remained on the streets untreated for many years, and in one case, a woman who had wandered the streets of Honolulu for over twenty years. Desiring to improve our quality and cohesion of care for unsheltered persons, IHS' outreach and clinical case managers, along with a few other service providers, have begun utilizing our own smartphone application to track interactions with clients and services offered/utilized.

While requests could be made of the Department of Health for such assistance in filing a petition for guardianship or assisted community treatment, the legal work of petitioning could be referred out to agencies contracted to do so or contracted out by the AMHD if funding were provided to them. The coordinating function is the key area that the Department of Health could contribute most significantly. Thank you for the opportunity to testify.



## THE QUEEN'S HEALTH SYSTEM

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To: The Honorable Joy San Buenaventura, Chair  
The Honorable Henry Aquino, Vice Chair  
Members, Senate Committee on Health & Human Services

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

Date: February 2, 2024

Re: Comments on SB3141 – Relating to Mental Health

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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 SB3141, which requires the Department of Health (DoH) to track and publicly report certain data relating to crisis reports, emergency mental health transports, and court-ordered treatments, and requires the Department to respond to reports about persons having severe mental illness who are in need of assistance, assess whether those persons may fulfill the criteria for assisted community treatment, and coordinate the process for an assisted community treatment order if indicated. It also 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.

We support the intent of this measure as it seeks to better understand the complexity of mental health crises in our health system. Queen's is uniquely positioned to provide this information to the state as a result of having the busiest emergency departments at our Mananmana and West campuses which receive a disproportionately high number of MH1 individuals and others suffering from mental health crises. Should this measure advance, we strongly urge the Department to engage with the healthcare system early to ensure any data sharing can be accomplished efficiently, securely and reasonably.

Providing resources to develop and implement "statewide media, education, and training activities" is a part of addressing the continuum of care for those suffering from mental health crisis, however, coupled with this effort (or arguable more critical to our state) should be resources to expand and improve the actual assisted community (ACT) treatment infrastructure/facilities and workforce.

*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.*

**SB-3141**

Submitted on: 1/31/2024 4:40:11 PM

Testimony for HHS on 2/2/2024 1:00:00 PM

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

Comments:

We think the idea of tracking all the data referenced in the bill is a good idea. We also think that assessing people for their appropriateness for an ACT order is a good idea.