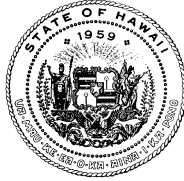


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



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

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony in SUPPORT of S.B. 1492, S. D. 2
RELATING TO MENTAL HEALTH**

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

Hearing Date, Time and Room Number: Wednesday, March 22, 2023, 9 a.m. in Rm. 329/VIDEO

1 **Fiscal Implications:** The Department of Health (“Department”) requests that this measure be
2 considered as a vehicle to provide needed funding so long as it does not supplant the priorities
3 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. This process
6 will also require the Judiciary and other sources of relevant data to electronically submit this
7 data to the Department. The Department has developed the BH808.hawaii.gov website that
8 already reports the number of crisis calls received by the Hawaii CARES 988 crisis line which is
9 our preferred one stop shop for receiving behavioral health crisis response and for coordinated
10 and efficient care. Resources needed for this data system also includes staff to maintain the
11 system and to coordinate 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 as noted
24 in our testimony for SB1472 SD2 and are currently working to improve analyzing and reporting
25 important data metrics to assess the effectiveness of these 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 care and treatment information for the
3 individual. We respectfully defer to the Judiciary on items in this measure that impact judicial
4 proceedings and defer to the Department of the Attorney General for legal matters.

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

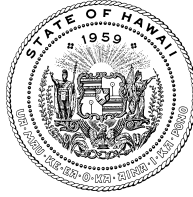
9 Thank you for the opportunity to testify on this measure.

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 and
14 the same sum or so much thereof as may be necessary for fiscal year 2024-2025 for:

- 15 (1) Procurement of software;
16 (2) Preparation of the website for data collection and publication of data reports
17 regarding responses to mental health crises;
18 (3) One full-time (1.0 FTE) coordinator position;
19 (4) One full-time (1.0 FTE) data positions; and
20 (5) One full-time (1.0 FTE) epidemiologist position.

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



EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

House Committee on Health and Homelessness

Wednesday, March 22, 2023

9:00 a.m.

State Capitol, Conference Room 329 and Videoconference

In Support

S.B. No. 1492, S.D. 2, Relating to Mental Health

Aloha Chair Belatti, Vice Chair Takenouchi, and Members of the House Committee on Health and Homelessness:

The Office of the Governor **supports** S.B. No. 1492, S.D. 2, Relating to Mental Health.

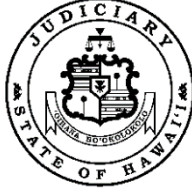
This Administration is focused on finding solutions that address and provide additional resources to support Hawaii's ongoing mental health and homelessness challenges.

S.B. No. 1492, S.D. 2 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. 2 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. 2 would complement programs already in place by granting providers and the judicial system with 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**

House Committee on Health and Homelessness
Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

Wednesday, March 22, 2023, 9:00 a.m.
Conference Room 329 & Via Videoconference

by:

Brandon M. Kimura
Deputy Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

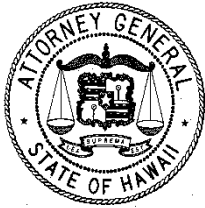
Bill No. and Title: Senate Bill No. 1492, S.D.2, Relating to Mental Health.

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 who are 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. Requires the Department of the Attorney General to assist with the preparation and filing of petitions for assisted community treatment, unless declined by the petitioner. Appropriates funds to the Department of Health for software and data collection and publication. Effective 12/31/2050. (SD2)

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.

Thank you for the opportunity to testify on this measure.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-SECOND LEGISLATURE, 2023**

ON THE FOLLOWING MEASURE:

S.B. NO. 1492, S.D. 2, RELATING TO MENTAL HEALTH.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH AND HOMELESSNESS

DATE: Wednesday, March 22, 2023 **TIME:** 9:00 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Ian T. Tsuda, Deputy Attorney General

Chair Belatti and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments.

The purposes of this bill are to (1) add new sections to chapter 334, Hawaii Revised Statutes (HRS), that require the Department of Health (DOH) to (A) track and publish data on responses to mental health crises and (B) take certain actions upon receipt of a report that a mentally ill individual requires assistance, (2) amend section 334-60.5(i), HRS, to indicate that a court's denial of a petition for involuntary hospitalization will serve as notice to the DOH that the subject of the petition should be evaluated for assisted community treatment (ACT), and (3) amend section 334-123, HRS, to require the Department of the Attorney General to assist individuals in filing ACT petitions. The bill also appropriates funds for the DOH to procure software and prepare for data collection and publication of reports of and responses to mental health crises.

The Department is concerned that the DOH will not have the information it needs to track and publish the data described under section 2 of this bill. While the DOH plays a significant role in the administration of mental health services, it is not involved with nor privy to information regarding every mental health crisis or intervention occurring in the State. To ensure that the DOH is provided with access to this information that will enable the DOH to track and publish this data, we suggest amending section 2 by

designating the current wording of the new section being added to part I of chapter 334, HRS, as subsection (a) and adding a subsection (b) to the new section starting on page 2, line 20, as follows (underscoring omitted for purposes of readability, except for material that differs from the S.D. 2):

§334- Data concerning persons experiencing a mental health crisis. (a) The department shall track and publish data regarding reports of, and the department's response to, persons experiencing a mental health crisis. The reports required under this section shall be updated at least monthly, be reported on the department's website, and include the number of:

- (1) Crisis reports, disaggregated by county, made to a department hotline, crisis line, or other means for the public to contact the department, including through department-contracted service providers, and the disposition of the reports;
- (2) Persons transported for emergency examination pursuant to section 334-59, disaggregated by type of transport, length of time in the emergency room, disposition of the matter, and the county in which the facility where the person was transported is located;
- (3) Assisted community treatment evaluations performed prior to discharge pursuant to section 334-121.5 and the disposition of the evaluations;
- (4) Assisted community treatment petitions filed pursuant to section 334-123, category of the petitioner, whether the attorney general assisted with the petition, disposition of the petition, length of time to disposition, and number of persons currently under an assisted community treatment order;
- (5) Court orders for treatment over the patient's objection sought pursuant to section 334-161, disposition of the orders sought, and number of patients currently under a court order for treatment;
- (6) Administrative orders for treatment over the patient's objection sought pursuant to section 334-162, disposition of the orders sought, and number of patients currently under an administrative order for treatment; and
- (7) Involuntary hospitalization petitions filed pursuant to section 334-60.3, disposition of the petitions, length of time to disposition, and number of patients currently under an involuntary hospitalization petition.

(b) Every licensed physician, psychiatrist, psychologist, advanced practice registered nurse with prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization, hospital, psychiatric facility, or petitioner for an

order for involuntary hospitalization, an order for treatment over the patient's objection, or an order for assisted community treatment, shall provide the information tracked under this section to the department. Individuals or entities involved in the same mental health crisis event may coordinate among each other to provide a single report of the event to the department. The reports and information shall be submitted to the department in the manner, form, and time schedule prescribed by the department.

The Department respectfully requests that the Committee consider these recommendations.

Thank you for the opportunity to testify.



SB1492 SD2 Mental Health Diversion to Crisis Beds

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Wednesday, Mar 22, 2023: 9:00 : Room 329 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.



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

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

Honorable Rep. Jenna Takenouchi,
Vice Chair, House Committee on Health and Human Services

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

RE: SB1492 – RELATING TO MENTAL HEALTH.

HEARING: March 22, 2023 at 9:00 am.

POSITION: IHS strongly supports the passing of SB1492.

IHS, the Institute for Human Services has been providing emergency shelter services to adult men, women, and families with children on Oahu for over 40 years, many who struggle with chronic homelessness and mental illness and/or substance use disorder. Many of our chronically homeless neighbors who choose to live unsheltered or cycle through our shelters, are familiar to us, the Honolulu Police Department, emergency departments and other emergency service providers.

IHS is in strong support of SB1492, which appropriates funds for the Department of Health to track and publicly report data relating to crisis reports, emergency mental health transports, and court-orders for treatment; and assigns responsibility to the Department of Health to review reports about persons having severe mental illnesses who need assistance; assess whether the person may fulfill the criteria for assisted community treatment; and, if the person meets the criteria, facilitate the process for an assisted community treatment order by coordinating service providers and engaging the Attorney General's staff to assist in developing petitions and filing them.

There is evident need for increased communication between public and private service providers, including in the prescription of medical interventions such as long-acting injectables. With the establishment of a centralized database, providers can more confidently respond in crisis situations with life-transforming initiation of longer acting treatment in instances of persons transported to emergency departments for emergency mental health evaluations.

Thank you for the opportunity to testify.

SB-1492-SD-2

Submitted on: 3/17/2023 6:39:07 PM

Testimony for HLT on 3/22/2023 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Comments	Written Testimony Only

Comments:

We think having the Health Director file petitions with the assistance of the Attorney General is a good idea. Many families do not know how to navigate the system and the expertise of the DOH and AG will provide valuable assistance. We also think that the Court's referral to the Department of Health for the purpose of conducting an assessment for suitability for the ACT program after the denial of a petition for involuntary commitment is a good idea. These are both provisions that could help strengthen the ACT program and provide needed treatment to some individuals.