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DEPARTMENT OF HEALTH
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Testimony in SUPPORT of HB 1541, HD2
RELATING TO THE DEPARTMENT OF HEALTH

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

SENATOR BRANDON J.C. ELEFANTE, CHAIR
SENATE COMMITTEE ON LABOR AND TECHNOLOGY

Hearing Date: March 25, 2026, 1:00 PM Room Number: 225

1 **Department Position:** The Department of Health (Department) strongly supports this measure.

2 **Department Testimony:** The Hawaii State Hospital (HSH) provides the following testimony on
3 behalf of the Department and the Developmental Disabilities Division (DDD).

4 The Department strongly supports HB 1541, HD2, which exempts certain positions from
5 civil service.

6 This measure is essential to ensuring the Department can effectively manage and deliver
7 critical services for individuals with mental health needs and developmental disabilities by
8 exempting certain key positions from civil service, including the Federal Initiatives Operations
9 Coordinator in the DDD and two additional associate administrators, two project managers, one
10 security manager, two security officers, one building manager, and two investigators in the
11 HSH. All the identified positions are budgeted, and the Department appreciates the
12 Legislature's action in recognizing the importance of these roles.

13 The HSH and the DDD serve some of our most vulnerable populations and operate in
14 complex environments that require rapid decision-making, specialized expertise, and strong
15 leadership. These exempt positions do not fit into existing civil service classes because their

1 duties and responsibilities are highly specialized, often requiring advanced professional
2 knowledge, unique skill sets, and flexibility beyond the scope of standardized classifications.
3 Many of these roles involve strategic planning, federal compliance, security oversight in
4 forensic settings, and implementation of complex initiatives that cannot be adequately
5 addressed within the fixed structure of civil service position descriptions. Additionally, the
6 evolving nature of behavioral health and developmental disability services demands
7 adaptability and innovation, which are difficult to achieve under traditional classification and
8 recruitment systems.

9 As noted below, the following positions must be exempt from Chapter 76 as they do not
10 fit within the current civil service structure:

11 The Federal Initiatives Operations Coordinator in the DDD is responsible for developing
12 operational solutions that ensure compliance with federal requirements for Hawaii's Medicaid
13 1915(c) Home and Community-Based Services (HCBS) Waiver for individuals with intellectual
14 and developmental disabilities. This role safeguards eligibility for federal matching funds. Key
15 responsibilities include interpreting complex federal regulations, analyzing necessary policy and
16 operational changes, assessing resource needs, and overseeing planning and implementation to
17 maintain compliance and protect funding for essential services. This position demands
18 specialized knowledge and experience that cannot be adequately classified under any existing
19 civil service class.

20 The two additional associate administrator positions are leadership roles that carry
21 executive-level authority and responsibilities that involve high-level decision-making, policy
22 development, and strategic planning critical to the hospital's operations and compliance. Each
23 role exercises significant independent judgment and autonomy in managing complex functions
24 with minimal supervision. The Associate Administrator Chief of Staff coordinates strategic
25 initiatives and serves as the executive liaison across sections; and the Associate Administrator
26 of Operations and Security Services ensures the safety and functionality of essential

1 infrastructure such as plant operations, security, dietary services, and telecommunications.
2 Each role spans multiple work units, regulatory domains, and critical hospital systems, requiring
3 advanced expertise and leadership to ensure operational integrity, maintain compliance,
4 safeguarding patient safety, and minimizing organizational risk. These positions demand
5 specialized knowledge and experience that cannot be adequately compensated under any
6 existing civil service class. HSH also notes that the other Associate Administrators at equivalent
7 levels are already exempt under §334-4, HRS.

8 The HSH is the only state-operated forensic psychiatric hospital in the state, functioning
9 under unique requirements and processes that differ significantly from other state entities and
10 facilities. Serving a highly specialized, high-risk population, the hospital demands advanced
11 expertise and training, and staff must deploy rapid decision-making to ensure patient safety,
12 regulatory compliance, and operational continuity. HSH must meet stringent federal and state
13 mandates, including Joint Commission standards, while maintaining a therapeutic environment
14 that balances clinical care with security. Therefore, the project manager, security, investigator,
15 and building manager positions do not align with similar positions within civil service.

16 The two project manager positions require specialized project management expertise
17 and independent judgment to oversee complex, hospital-wide initiatives in a highly regulated
18 behavioral health environment. These projects often involve critical infrastructure, patient care
19 processes, and compliance improvements. Their work directly affects the safety of patients and
20 staff and operational efficiency. These roles are essential for ensuring compliance with federal
21 and state regulations, Joint Commission standards, and hospital policies, requiring specialized
22 knowledge to support organizational strategy.

23 The security manager and officer roles at HSH are fundamentally different from typical
24 civil service security positions because they are leadership roles that operate within a highly
25 specialized, high-risk environment that requires continuous oversight and rapid response to
26 emergent situations involving court-committed individuals with severe mental health

1 conditions. These positions require specialized skills such as crisis intervention, behavioral risk
2 assessment, and the ability to ensure security in a therapeutic setting without compromising
3 patient rights. Their responsibilities extend beyond routine security functions to include
4 emergency preparedness planning, policy development, and compliance with federal and state
5 regulations, Joint Commission standards, and hospital accreditation requirements—tasks that
6 demand advanced knowledge of mental health care operations and institutional safety
7 protocols. These positions are integral to the hospital’s clinical mission and coordinate closely
8 with treatment teams to prevent harm, manage patient elopement risks, and respond to
9 violent or life-threatening incidents using approved intervention techniques. All of these
10 functions are generally outside of the normal civil service duties of this class. Additionally, as
11 these safety officer positions would not be law enforcement officers under Chapter 353C, HRS,
12 there is not a conflict with the Department of Law Enforcement.

13 The two investigator positions are critical to maintaining a safe, compliant, and
14 therapeutic environment for both patients and staff. Investigators must interpret and apply
15 intricate statutes, rules of evidence, and hospital policies within a highly regulated mental
16 health environment, where confidentiality and sensitivity are paramount. Their work demands
17 significant autonomy and discretion in decision-making, as findings directly impact patient
18 safety, staff accountability, legal compliance, and HSH’s operational integrity. Given the
19 complexity and sensitivity of cases—often involving legal standards, union agreements, and
20 accreditation requirements—the position demands independence and specialized investigative
21 expertise.

22 The building manager position requires high-level responsibility for ensuring the safety,
23 functionality, and compliance of a highly complex facility that serves vulnerable populations.
24 This position exercises independent judgment and technical expertise to manage HSH
25 operations and construction-related issues, including the numerous construction deficiencies
26 and related investigations associated with the Hale Ho’ōla building at the HSH. This position is

1 responsible for identifying problems, recommending solutions, and coordinating corrective
2 actions for building repairs and alterations, while overseeing preventive maintenance and
3 ensuring critical building systems are operational. This includes extensive coordination with
4 internal and external stakeholders to identify, investigate, and remediate defects, and oversight
5 of all aspects of capital improvement projects to ensure building work minimizes disruption to
6 patient care and secure facility operations. Given the complexity of the HSH environment—
7 where construction and maintenance activities directly impact patient care, security, and public
8 safety—the Building Manager must exercise strategic decision-making, problem-solving, and
9 authority to direct contractors and internal teams.

10 By exempting these positions, the Department can fill critical leadership and operational
11 roles quickly, improve continuity of care and compliance with federal and state mandates,
12 enhance security and risk management in high-risk clinical settings, and strengthen DDD's
13 ability to implement federal initiatives and improve outcomes for individuals with intellectual
14 and developmental disabilities.

15 HB1541, HD2, is a practical and necessary step to support the Department's mission of
16 protecting and improving the health and well-being of Hawaii's residents.

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



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Third Legislature, State of Hawaii
The Senate Committee on Health and Human Services
The Senate Committee on Labor and Technology

Testimony by
Hawaii Government Employees Association
March 25, 2026

H.B.1541 H.D.2 – RELATING TO THE DEPARTMENT OF HEALTH

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the purpose and intent of H.B.1541 H.D.2, which is to exempt positions in the Hawaii State Hospital and the Developmental Disabilities Division of the Department of Health from the civil service.

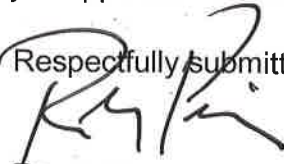
Exempt employees do not have the same rights compared to civil service employees as they are considered “at-will” by the employer. We have consistently opposed the creation of more exempt positions in government, and more recently, we have advocated that exempt employees that are included within a collective bargaining unit receive *just-cause* protections, just like civil service employees.

This proposal is part of a larger issue, which is that the civil service system and SOH HR must become more flexible, competitive, and adaptive to the current job market and public demands. There are methods the SOH can implement to streamline its hiring and recruiting while keeping employees within the civil service. Among other things, the SOH should look to adequately price these civil service positions to appropriately reflect a competitive salary, comparable to similar positions within the public and private sector, and in general, the market rate. The SOH should also look to reform its civil service hiring processes to create a more efficient and effective system, so that prospective employees are not waiting to hear back from a job that they applied to months ago. The solution to streamline hiring and recruiting is not to exempt positions which would be at the expense of an employee’s job-security; rather, the solution is to re-think the way we recruit, hire, and compensate civil service positions.

Likewise, exempting positions may hinder the SOH’s ability to recruit and retain employees because the stability and benefits that come with civil service positions are arguably the most persuasive incentives for a prospective employee to seek employment within local government.

Accordingly, the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes H.B. 1541 H.D.2.

We appreciate your consideration of our testimony in opposition to H.B.1541 H.D.2.

Respectfully submitted,

Randy Perreira
Executive Director



www.AlohaILHawaii.org

Mar 25, 2026

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Senate Committee on Health and Human Services
The Honorable Brandon J.C. Elefante, Chair
Senate Committee on Labor and Technology
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HB1541 HD2 – Relating to the Department of Health

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a Center for Independent Living (CIL) serving cross-disability consumers statewide. AILH provides peer counseling, independent living skills training, transition support, information and referral, and advocacy so people with disabilities of all ages can live in the community of their choice.

AILH strongly supports HB1541 HD2.

Why this bill matters for Independent Living

HB1541 HD2 exempts certain positions in the Department of Health's Developmental Disabilities Division (DDD) and the Hawaii State Hospital (HSH) from civil service, and authorizes additional leadership and project management positions at HSH and any secure psychiatric rehabilitation facility. These targeted changes are about stabilizing a workforce that is central to safe discharge, community transition, and long-term supports for disabled people with the highest support needs.

For AILH, strong staffing at DDD and HSH is not abstract. When those teams are understaffed, consumers experience:



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- Longer stays in institutional settings when they could live in the community with the right supports.
- Delays in discharge planning, housing, and service coordination.
- Increased risk of preventable crises that could have been avoided with timely, person-centered planning.

Current staffing challenges in Hawaii

Public reports show that Hawaii State Hospital has struggled with “severe and chronic” staffing shortages that nurses themselves describe as a major health and safety concern for both patients and staff. In one report, nurses cited a vacancy rate around 20 percent and described being “short every day every shift,” with burnout and safety risks for patients with complex forensic and psychiatric needs. These conditions make it harder to do careful transition planning and to coordinate with community partners such as AILH.

Statewide, the Department of Health has acknowledged broader health workforce shortages, including behavioral health, which directly affect access to care in every island community. For Independent Living, this translates into fewer options for people to step down from institutional settings and receive supports where they live, work, and learn.

National data on DD and psychiatric workforce crises

Hawaii’s experience is consistent with national data. Community-based providers serving people with intellectual and developmental disabilities report severe staffing shortages: in a 2023 national survey, 95 percent of I/DD service providers reported moderate or severe staffing shortages, with vacancy rates often exceeding 20 percent and turnover around 44 percent. These shortages cause providers to close programs, reduce capacity, and make it harder to connect people to community services even when they are eligible.



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Hospitals and psychiatric facilities face similar crises. Evidence summarized by national nursing and patient safety organizations show that each additional patient assigned to a nurse significantly increases the risk of adverse outcomes and mortality, and that understaffed units see more injuries, incidents, and burnout. Understaffing in psychiatric settings does not just affect in-hospital safety; it also slows down assessment, treatment, and discharge planning that should lead to community-based care.

How HB1541 helps Independent Living and AILH's partnership

From an Independent Living perspective, the goal is not more institutionalization, but safer, shorter, and better-coordinated stays with clear pathways back to the community. HB1541 supports that goal in several ways:

- **Additional associate administrators and project managers at HSH:** These roles can focus on discharge planning, collaboration with community partners, and system improvement for a secure psychiatric rehabilitation facility. That work is essential for getting people into the least restrictive, community-based settings as quickly and safely as possible.
- **Exempt positions in DDD and HSH:** Allowing key positions to be civil-service exempt can improve hiring flexibility in a highly competitive behavioral health workforce market, making it easier to recruit specialized staff who understand complex developmental and psychiatric needs.
- **Stronger partnerships with community providers:** When DDD and HSH are adequately staffed and have dedicated leadership, they are better able to coordinate with Centers for Independent Living, housing providers, and community agencies to plan smooth transitions, avoid re-hospitalization, and support long-term independence.

AILH consumers and their families consistently report that transitions between hospital, facility, and home are the most stressful moments in their



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lives. When staffing is inadequate, they experience delays, miscommunication, and gaps in service. When staffing is adequate and leadership is empowered, those same systems can work in partnership with Independent Living programs to build person-centered, culturally grounded, and community-based plans.

Suggested guardrails

AILH supports HB1541 HD2 with the understanding that:

- These exemptions and added positions will be used to recruit and retain qualified staff, not to undermine worker protections.
- DOH will pair staffing flexibilities with clear expectations for collaboration with community partners, including Centers for Independent Living and cross-disability organizations.
- Metrics will track not only staffing levels but also discharge rates to community settings, reduced length of stay where clinically appropriate, and consumer satisfaction with transition planning.

Conclusion

Investing in DDD and Hawaii State Hospital staffing is an investment in community living. HB1541 HD2 strengthens the infrastructure that allows disabled people with complex needs to receive high-quality treatment and then return to their homes, families, and communities with the supports they need.

AILH respectfully urges the Communities to pass HB1541 HD2.

Thank you for the opportunity to testify.

Aloha,



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HB-1541-HD-2

Submitted on: 3/17/2026 3:12:25 PM

Testimony for HHS on 3/25/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
ANNETTE TASHIRO	Individual	Support	Written Testimony Only

Comments:

As a retired Civil Service personnel, I feel I need to support this bill because we need the required personnel to be hired and compensated appropriately. The Civil Service system is outdated, and we must respond to the needs of our people who require the appropriate services.