The Judiciary, State of Hawai‘i

Testimony to the Thirty-First Legislature
2022 Regular Session

Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Wednesday, March 2, 2022, 10:15 AM
Hawai‘i State Capitol
VIA VIDEOCONFERENCE

WRITTEN TESTIMONY ONLY

by:

Shirley M. Kawamura
Deputy Chief Judge, Criminal Administrative Judge,
Circuit Court of the First Circuit

Melanie M. May
Deputy Chief Judge
District Court of the First Circuit

Trish K. Morikawa
Circuit Judge, Mental Health, Drug, and Veterans Treatment Courts
Circuit Court of the First Circuit

Kenneth J. Shimozono
District Judge, Mental Health Calendar
District Court of the First Circuit

Bill No. and Title: Senate Bill No. 2735, S.D.1, Relating to Behavioral Health Crisis Stabilization Beds.

Senate Committee on Ways and Means
Senate Bill No. 2735, S.D. 1, Relating to Behavioral Health Crisis Stabilization Beds
Wednesday, March 2, 2022

Purpose: Appropriates funds to the Adult Mental Health Division of the Department of Health to support increased behavioral health crisis stabilization beds. Effective 1/1/2050. (SD1)

Judiciary's Position:

The Judiciary provides the following testimony in support of Senate Bill No. 2735, SD1 which appropriates funds to increase the number of behavioral health crisis stabilization beds. These additional stabilization beds will aid in fulfilling the requirements of Act 26 (2020) and other requirements of Chapter 704 of the Hawai‘i Revised Statutes. In addition, they would provide alternatives for patients while their cases are pending, as well as upon final disposition of their cases. It also has the potential to divert those suffering mental health crises from the criminal justice system.

Thank you for the opportunity to testify on this measure.

DAVID Y. IGE
GOVERNOR

CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAI'I EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
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ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE SENATE COMMITTEE ON WAYS AND MEANS
ON
SENATE BILL NO. 2735, S.D. 1

March 2, 2022
10:15 a.m.
Room 211 and Videoconference

RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2735, S.D. 1, appropriates an unspecified amount in general funds in FY 23 to the Department of Health for behavioral health crisis stabilization beds.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

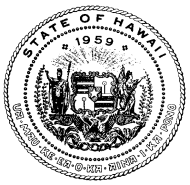
Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai‘i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

DAVID Y. IGE
GOVERNOR OF HAWAII



ELIZABETH A. CHAR, M.D.
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Testimony in SUPPORT of S.B. 2735 S.D. 1
RELATING TO THE BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: 3/2/2022 Hearing Time: 10:15 a.m.

Department Position: The Department of Health ("Department") STRONGLY SUPPORTS this measure and offers comments.

Department Testimony: The Adult Mental Health Division (AMHD) offers the following testimony on behalf of the Department.

The Department is committed to protecting and improving the health and environment for all people in Hawaii including assuring that basic mental health care is available, appropriate, of high quality, and accessible. The AMHD is responsible for leading, fostering and coordinating a comprehensive mental health system that promotes mental wellbeing through the delivery of dignified, holistic, and culturally relevant mental health care and services.

The Department, in collaboration with state agency partners through the task force and working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of short-term behavioral health stabilization services throughout the state creates unnecessary burdens on emergency departments, law enforcement, and individuals living with behavioral health issues. Long-term mental health recovery and community reintegration can be achieved through appropriate clinical intervention and consistent flow through a care continuum based on clinical need and level of care.

All calls to the Department of Health (DOH) Hawaii CARES crisis line, (808) 832-3100 and 1 (800) 753-6879 are answered by trained local behavioral health staff, 24 hours a day, 7 days a week. Callers within the region that includes Hawaii who dial the National Suicide Prevention Lifeline's (NSPL) telephone number, 1 (800) 273-TALK (8255) are routed to the DOH Hawaii CARES crisis line. Nationally, in July 2022, the NSPL number will become "988." There will be no change for the DOH Hawaii CARES crisis line, except for the use of the shortened three digit number for receiving NSPL calls.

Admission to the AMHD's short-term behavioral health Stabilization Bed Units (SBUs) is coordinated through the DOH Hawaii CARES crisis line. Use of these short-term behavioral health SBUs can improve behavioral health status and overall health outcomes, support the recovery process, and decrease the likelihood of individuals needing to be hospitalized or incarcerated. These beds are designed to assist individuals who do not meet medically necessary criteria for acute hospitalization, but need behavioral health support to: 1) stabilize the individual's mental health and substance use conditions, and 2) assess and link the individual to appropriate long-term behavioral health services and treatment to allow for more successful community tenure. Services are provided 24/7 to support individuals who are decompensating and are at risk of needing a higher level of care, including hospitalization. The average length of admission to a short-term behavioral health SBU is between three to 14 days. For example, an individual in need of mental health and/or substance use disorder stabilization, may be admitted to a short-term behavioral health SBU and linked to intensive case management where a case manager arranges for wrap-around services, including support provided by a Hawaii Certified Peer Specialist.

Through a Request for Proposal (RFP), the AMHD is seeking to expand the number of short-term behavioral health SBUs from 19 SBUs on Oahu and Hawaii Island combined. The AMHD is prepared to increase its SBU capacity up to 40 beds statewide. The increase in the number of beds was estimated based on the number of calls received through the DOH Hawaii

CARES crisis line as well as an anticipated increase related to the COVID-19 pandemic and its toll on mental health. The annual cost for these additional beds is estimated at $5,500,000.

The Legislature's support for expanding AMHD's short-term behavioral health stabilization beds statewide, including sub-acute stabilization services, to sustain existing program operations is extremely beneficial. The cost of these beds per night are less than one third the cost of hospitalization if the individual were to decompensate further and need to be hospitalized. For this reason, we believe short-term behavioral health stabilization beds have both health and fiscal benefits for the state.

All community efforts combined will enhance the state's current care continuum by helping to reduce unnecessary emergency department admissions, promoting jail diversion opportunities, and better assisting individuals with behavioral health issues to be appropriately triaged through a statewide coordinated care continuum.

Offered Amendments: None.

Thank you for the opportunity to testify.

Fiscal Implications: The Department humbly requests that this measure be considered as a vehicle to provide this needed funding so long as it does not supplant the priorities and requests outlined in the Governor's Executive Budget request.

HAWAII SUBSTANCE ABUSE COALITION

DSB2735 SD1 Fund Crisis Beds for AMHD
COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair
Wednesday, Mar 2 2022: 10:15 : Videoconference

Hawaii Substance Abuse Coalition supports SB2735 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.

Crisis Stabilization Units (CSU) are small inpatient facilities of less than 16 beds **for people in a mental health crisis whose needs cannot be met safely in residential service settings.**[1] CSUs try to stabilize the person and get him or her back into the community quickly.

1. **A 24-Hour crisis lines** are often the first point of contact for a person in crisis or their loved one providing assessments, screening, triage, preliminary counseling, and information and referral services.

2. **Offers immediate attention to resolving the crisis in a less intensive setting** than a hospital.

3. **Serves as drop-off centers for law enforcement** to reduce unnecessary arrests.

4. **Mobile crisis teams intervene** wherever the crisis is occurring, often working closely with the police, crisis hotlines and hospital emergency personnel.

5. **Act as gatekeepers for inpatient hospitalization** and

6. **Connect an individual with community-based programs** and other services.

[1] National Alliance on Mental Illness (NAMI) 2015 https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Crisis-Service-FS.pdf

CSU are also very effective for suicide prevention and reducing the fragmentation of mental health care.

Crisis mental health care in the United States is inconsistent and inadequate per SAMHSA. Our country's approach to crisis mental health care must be transformed.[2]

We cannot afford to pay the exorbitant price of not offering crisis care:

1. The human cost of emotional pain of families struggling to access care.
2. The opportunity cost of lost community contribution as mental illness represents our nation's largest source of disability.
3. The costs of law enforcement and the justice system teams dedicating a disproportionate number of resources to address issues that result from a person's untreated crisis; and
4. The ever-escalating cost of inpatient healthcare for individuals who are unable to access needed community-based services in a timely manner.

CSU can bridge the unacceptable gap in our continuum of care using national best practice guidelines.

We appreciate the opportunity to provide testimony and are available for further questions.

[2] SAMHSA: National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit 2020 https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

HAWAIʻI HEALTH
& HARM REDUCTION CENTER
The New Chapter for Life Foundation and The CHOW Project

TESTIMONY IN SUPPORT OF SB 2735 SD1

TO: Chair Dela Cruz, Vice-Chair Keith-Agaran, & Members – Senate Committee on Ways and Means
FROM: Trisha Kajimura
Deputy Director - Community
DATE: March 2, 2022 at 10:15 AM

Hawaiʻi Health & Harm Reduction Center (HHHRC) **supports** SB 2735 SD1 which appropriates funds to the Adult Mental Health Division of the Department of Health to support increased behavioral health stabilization beds.

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawaiʻi and the Pacific. We work with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many of our program participants live with mental health issues and co-occurring disorders such as substance use. In addition to specialized healthcare services, we provide homeless outreach and housing support services to individuals who suffer from inadequate mental health care. We have also been providing stabilization services through a contract with the Adult Mental Health Division of the Department of Health since December 2021. The need for this service in our community is high and adequate funding would make this service accessible to more of Hawaiʻi's communities.

The "Involuntary Hospitalization Task Force" of 2019, formed by Act 90 and Act 263 of the 2019 Legislature, identified subacute stabilization residential services as a gap in the continuum of the behavioral healthcare system. Filling this gap means that appropriate care can be provided to people experiencing a mental health crisis who do not need emergency department or inpatient hospitalization levels of care. This prevents the unnecessary expense of higher than needed levels of care and together with other services breaks the cycle of patients going from the street to the emergency room and back to the street.

Stabilization, which typically allows for 14-day stays is much more than just beds. It allows individuals with mental health concerns from a variety of circumstances (homelessness, post or pre substance abuse treatment, re-entry from incarceration, post-inpatient care) a safe place to connect with longer-term supports including medical care, housing and case management.

Thank you for the opportunity to testify in support of this bill.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the Senate Committee on Ways and Means
Wednesday, March 2, 2022; 10:15 a.m.
State Capitol, Conference Room 211
Via Videoconference

RE: SENATE BILL NO. 2735, SENATE DRAFT 1, RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS.

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2735, Senate Draft 1, RELATING TO BEHAVIORIAL HEALTH CRISIS STABILIZATION BEDS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would appropriate an unspecified amount of general funds for fiscal year 2022-2023 for behavioral health crisis stabilization beds.

This bill would take effect on January 1, 2050.

The HPCA recognizes that the mental health needs of the State continue to outweigh present capacity. These needs were greatly exacerbated due to the profound level of stress placed on individuals, families, and entire communities as economic hardships, disruptions in normalcy, and the stark isolation of quarantine have greatly complicated daily life. This has led to an increase in violent crime, domestic violence, and the explosion of substance abuse and addiction in Hawaii and across our Nation. Also, due to years of budget cuts and the reduction of essential services, our "social safety net" is in tatters.

This bill seeks to help address this situation by providing additional resources for the most severe types of situations where emergency personnel are able to triage and provide medical assistance to the ill who pose a danger to themselves and to others. Because of this, we commend this Committee and the Legislature for recognizing this need and urge your support for the measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiipca.net.

TESTIMONY ON BEHALF OF HAWAI'I PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Donovan Dela Cruz, Vice Chair Gil Keith-Agaran
Senate Committee on Ways and Means

From: Dr. Denis Mee-Lee, Legislative Committee Co-Chair
Hawai'i Psychiatric Medical Association

Time: 10:15 a.m., March 2, 2022

Re: SB 2735, SD1 Relating to Behavioral Health Crisis Stabilization Beds

Position: **SUPPORT**

Dear Chair Dela Cruz, Vice-Chair Keith-Agaran and Members of the Committee,

The Hawai'i Psychiatric Medical Association (HPMA) appreciates this opportunity to testify in support of SB 2735 SD1, relating to behavioral health crisis stabilization beds, which would appropriate funds to the adult mental health division of the department of health to support increased behavioral health crisis stabilization beds.

HPMA represents between 100 and 200 physicians, who, after medical school, receive four additional years of specialty training in psychiatric hospitals, clinics and the community.

We support the legislature's efforts to address gaps in the State's system to treat individuals with severe behavioral health needs who may not require emergency room level crisis care.

As noted in a 2018 Journal of Mental Health and Clinical Psychology article, "Behavioral Health Crisis Stabilization Centers: A New Normal", there has been a promising shift in resources and funding from institutionalized care to crisis stabilization centers.

Studies have shown that the cost of crisis stabilization centers is significantly less than emergency rooms and psychiatric inpatient units.

The urgent need in Hawai'i for quality behavioral health care is significant; SB 2735, SD1 is an important step toward addressing that demand.

Thank you for the opportunity to testify on SD 2735, SD1.

CATHOLIC CHARITIES HAWAI'I

TESTIMONY IN SUPPORT OF SB 2735 SD1: RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS

TO: Senate Committee on Ways and Means

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i

Hearing: Wednesday, March 2, 2022; 10:15 am; via videoconference

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members, Committee on Ways and Means:

Thank you for the opportunity to provide written testimony **in Support** of S2735, SD1, which appropriates funds to the Adult Mental Health Division (AMHD) of the Department of Health to support increased behavioral health crisis stabilization beds. I am Rob Van Tassell, with Catholic Charities Hawai'i. We are also a member of Partners In Care (PIC).

Catholic Charities Hawai`i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai`i for 75 years. CCH has programs serving elders, children, families, homeless, and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai`i. Catholic Charities Hawai'i has a long history of working in the areas of affordable housing and homelessness.

The COVID pandemic has stressed the mental health of many residents of Hawai`i. It brought into the light the growing mental health needs among many in our communities across the state. All too often, severely mentally ill persons are briefly treated at the ER, and then released. Sometimes they may become homeless but often these are people who are housed, yet they are too ill to function and so end up again, and again, in the ER. We need to expand crisis stabilization beds to provide vital assistance to promote their ability to function in the community. Filling this gap between ER care and longer-term treatments can help reduce repetitive ER visits.

Crisis stabilization beds cost significantly less than visits to the ER. They can provide a period of time for the person to become stable on medications, as well as receive intensive case-management to find the right supportive services for them. These beds would help to create a more connected and coordinated system of services, so people do not fall through the cracks and are forced to return to the ER to receive needed treatment.

We urge your support to address growing serious mental health needs on our community.

Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or alohabettylou@hotmail.com, if you have any questions.

CLARENCE T. C. CHING CAMPUS • 1822 Ke'eaumoku Street, Honolulu, HI 96822
Phone (808)373-0356 • bettylou.larson@CatholicCharitiesHawaii.org

PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB2735, SD1
RELATING TO BEHAVIORAL HEALTH CRISIS STABILIZATION BEDS

TO: Senate Committee on Ways and Means,

FROM: Partners In Care (PIC)

Hearing: Wednesday, March 2nd, 2022, 10:15 am via videoconference

Position: **SUPPORT WITH COMMENTS**

Chair Dela Cruz and Members of the Senate Committee on Ways and Means:

Partner In Care, Oahu's Continuum of Care, stands in **support** of **SB 2735 SB1 with comments.**

I am writing to testify on behalf of Partners in Care, a coalition of agencies providing homeless services on Oahu, in support of SB2737. This bill will expand the number of short-term behavioral health Stabilization Bed Units (SBUs) from 19 to 40 statwide. These are a critical link in the array of services AMHD provides for people with severe mental illness, many of whom are homeless, and has the potential to reduce the cycle of jail, ER/hospital, and streets. It gives individuals a period of time to get stabilized and linked to appropriate services.

Comments: We would ask for clarification from the AMHD: It is clear that these can serve as step-down from Emergency Department, but does it also serve as an alternative to the Emergency Department? If so, what is the referral process - can individuals be referred by homeless outreach workers, emergency shelters, HONU, CORE, Licensed Residential Care Services, or others? Also, it is understood that behavioral health support and social services/case management are provided to the individuals in the SBUs, but is there also medical staff on hand?

Thank you for the opportunity to testify on this measure. Please do not hesitate to contact us if you have any questions.

Bob Wardlaw, Advocacy Chair, PARTNERS IN CARE, *OAHU'S CONTINUUM OF CARE*
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SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Gilbert S.C Keith-Agaran, Vice Chair

Date: March 2nd, 2022
From: Hawaii Medical Association
Elizabeth England MD, Vice Chair, HMA Legislative Committee
Elizabeth Ann Ignacio MD, Chair, HMA Legislative Committee

Re: SB2735 SD1 Behavioral Health Crisis Stabilization Beds; Department of Health; Appropriation
Position: Support

An astounding 67% of adults suffering from mental illness in Hawaii do not receive treatment[1]. This is the highest rate of any state in the country. Furthermore, over 70% of our keiki that experienced a major depressive episode did not receive treatment[2]. During the pandemic, widespread isolation and social distancing have exacerbated the situation and strained an already overloaded system. Calls to the Hawaii Crisis Text Line increased by 54% in April 2020, indicating an increasing need for mental health treatment[3].

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[4]. 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. Patients in the ED requiring further management are often held for protracted periods of time awaiting an inpatient psychiatric room. Preliminary data from 2021 found that adolescent pediatric patients stayed in the ED for an average of 3.9 days in Hilo. In lieu of receiving specialized care, patients are held for days on end, detained for safety in an often-windowless room. The very process of accessing care in this system has been identified as a trigger for psychiatric symptoms[5].

Crisis stabilization beds provide a vital, resource-sparing alternative. Studies of multiple crisis stabilization unit models across the country have demonstrated decreased costs of care, enhanced treatment, and reduced psychiatric inpatient admissions[5]. Patients that may not be appropriate for discharge home, but who do not require an extended inpatient admission have the option to receive intensive, evidence-based therapy for their illness outside of the hospital.

It is imperative that persons suffering from mental illness have access to a comprehensive behavioral health crisis care system. HMA supports this increase for behavioral health crisis stabilization beds in order to deliver more life-saving care to our severely mentally ill patients.

Thank you for allowing the Hawaii Medical Association to testify in strong support of this measure.

continued

HMA OFFICERS
President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander

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REFERENCES

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3. *Child & Adolescent Mental Health Division*. (n.d.). State of Hawaii Department of Health. https://health.hawaii.gov/camhd/
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5. Saxon, V. (2018, June 8). *Behavioral Health Crisis Stabilization Centers: A New Normal | Crisis Stabilization Unit*. Journal of Mental Health & Clinical Psychology. https://www.mentalhealthjournal.org/articles/behavioral-health-crisis-stabilization-centers-a-new-normal.html

Preliminary Patient Data from Local Emergency Departments

HILO 9/2021 - Present

- 58 adolescent patients with mental health concerns

  - Avg LOS 94 hrs (3.9 days)
  - Median 59 hrs

  - 46 (79%) LOS > 24hrs
  - 30 (52%) LOS > 48 hrs
  - 19 (33%) LOS > 100 hrs

CASTLE 5/2021 - Present

- 34 adolescent patients with mental health concerns

  - Avg LOS 69 hrs (2.9 days)
  - Median 47 hrs

  - 24 (71%) LOS > 24hrs
  - 15 (44%) LOS > 48 hrs
  - 8 (24%) LOS > 100 hrs

HMA OFFICERS
President – Angela Pratt, MD President-Elect – Elizabeth Ann Ignacio, MD
Immediate Past President – Michael Champion, MD Treasurer – Nadine Tenn Salle, MD
Secretary – Thomas Kosasa, MD Executive Director – Marc Alexander

SB-2735-SD-1
Submitted on: 2/25/2022 9:42:08 PM
Testimony for WAM on 3/2/2022 10:15:00 AM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:

Support.