

# SB 2118

Measure Title: RELATING TO THE HOMELESS.

Report Title: Homeless; Department of Health; Triage Centers; Mental Health; Substance Abuse; Appropriation

Description: Requires the department of health to establish a triage center pilot program that focuses on serving homeless individuals with substance abuse issues or mental illness. Appropriates funds for the establishment of the triage center and case management services. Appropriates funds for mental health services and substance abuse treatment efforts. Repeals 6/30/2015.

Companion:

Package: Housing and Homeless

Current Referral: HMS/HTH, WAM

Introducer(s): CHUN OAKLAND, GALUTERIA, GREEN, Baker, Dela Cruz, Ihara, Kahele

NEIL ABERCROMBIE  
GOVERNOR OF HAWAII



LORETTA J. FUDDY, A.C.S.W., M.P.H.  
DIRECTOR OF HEALTH

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**Senate Committees on Human Services and Health**

**S.B. 2118, The Homeless**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**February 6, 2012**

1 **Department's Position:** The Department of Health (DOH) supports the intent of this measure as long  
2 as its implementation does not impact or replace the priorities set forth in the Executive Supplemental  
3 Budget for Fiscal Year 2012-2013.

4 **Fiscal Implications:** Unspecified sums to be expended by the DOH are appropriated for July 1, 2012  
5 through June 30, 2015.

6 **Purpose and Justification:** By addressing the homeless individual's needs of substance addiction and  
7 mental illness in conjunction with housing assistance, the State may be able to end the repeated and  
8 costly cycle of inappropriate hospitalizations and incarcerations.

9 Stable housing is a critical component in the continuum of substance abuse treatment and  
10 recovery. Approximately 16 percent of clients served by Alcohol and Drug Abuse Division (ADAD)  
11 contracted providers do not have stable housing at admission. At discharge and follow-up, unstable  
12 housing status is reduced to 13 percent and 2 percent, respectively.

13 As a member of the Governor's Hawaii Interagency Council on Homelessness, which is a  
14 24-member council comprised of community leaders, state department directors, and federal agency  
15 representatives, the Department of Health is involved with the development of a unified plan on

*Promoting Lifelong Health & Wellness*

1 addressing homelessness by increasing transitional and permanent housing options and acquiring  
2 increased federal funding.

3 We appreciate the benefits of a triage center that would provide the necessary services to  
4 homeless persons, who may require multiple services such as substance abuse treatment and mental  
5 health services in conjunction with homeless assistance. It should be noted, however, that as needs are  
6 identified and priorities are assigned to address the issue of homelessness, the proposed services in this  
7 measure must also be viewed within the context of the Department's Supplemental Budget Request.

8 The bill raises additional concerns about the impact on the Adult Mental Health Division  
9 (AMHD). The pilot requires case management services, medical assessment, behavioral health services,  
10 and substance abuse treatment. The number of individuals who may require services is in the hundreds,  
11 if not more. There is no diagnostic or other specification of the criteria, other than the term  
12 homelessness, by which individuals would receive state funded services. The additional staff required  
13 for this triage center is not described, nor are the qualifications of those conducting the triage. The  
14 financial impact of providing the required services, and the portion which may be subject to federal  
15 matching funds, is not calculated, but is expected to be significant.

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



## **HAWAII DISABILITY RIGHTS CENTER**

1132 Bishop Street, Suite 2102, Honolulu, Hawaii 96813

Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928

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### **THE SENATE THE TWENTY-SIXTH LEGISLATURE REGULAR SESSION OF 2012**

**Committee on Human Services  
Committee on Health  
Testimony in Support of S.B. 2118  
Relating to The Homeless**

**Monday, February 6, 2012, 3:00 P.M.  
Conference Room 229**

Chair Chun-Oakland, Chair Green and Members of the Committees:

I am Louis Erteschik, Acting Executive Director at the Hawaii Disability Rights Center, and am testifying in support of this bill.

In particular, we support the provisions herein, as well as any efforts by the legislature, to provide additional funding for mental health services for all individuals, be they homeless or not. We are very concerned that the state has retreated in its efforts in the past few years to provide adequate community based mental health services. In fact, there is certainly evidence that some percentage of people who are homeless also have a mental illness. To that extent, any funds that the legislature can provide will help alleviate problems facing both groups of individuals.

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





HAWAII SUBSTANCE ABUSE COALITION

**SB2118 Relating to Homeless** Establish a triage center pilot program for co-occurring disorders with the homeless.

- SENATE COMMITTEE ON HUMAN SERVICES: Senator Chun-Oakland, Chair; Senator Ihara, Vice Chair
- SENATE COMMITTEE ON HEALTH: Senator Green, M.D. Chair; Senator Nishihara, Vice Chair
- Monday, Feb. 6, 2012; 3:00 p.m.
- Conference Room 229

### **Hawaii Substance Abuse Coalition Supports SB2118**

Aloha Senator Chun-Oakland and Senator Green, Chairs; and Senator Ihara and Senator Nishihara, Vice Chairs; and Distinguished Committee Members. My name is Alan Johnson, Chair of HSAC, a statewide hui of about 20 treatment and prevention agencies.

#### **SUMMARY**

Fragmented systems present some of the greatest barriers to the essential integration of services for persons with co-occurring mental and substance use disorders involved in the criminal justice system. An integrated approach, such as a triage center, to provide and fund services is necessary for persons with co-occurring (mental illness and substance abuse) disorders being diverted from incarceration.

Mental health and substance abuse providers frequently cite the problem of co-occurring serious mental illnesses and substance use disorders as the most difficult situation they face (NASMHPD and NASADAD, 1999). They are at risk for homelessness and incarceration.

Substance abuse treatment is particularly critical for individuals with co-occurring mental illnesses. A recent study revealed that among homeless clients with co-occurring disorders, those who reported extensive participation in substance abuse treatment showed clinical improvement comparable to or better than individuals without co-occurring disorders (Gonzalez and Rosenheck, 2002).

#### **SUPPORTING INFORMATION**

The current human service environment is hardly conducive to funding expensive jail diversion and systems integration projects. Recently, taxpayer sentiment no longer supports increased expenditures of limited public resources to build and fill more jails rather than the less expensive and more effective method to provide community-based treatment and supports for people who otherwise could be safely maintained in the community.

No single system can effectively interrupt the cycle of repeated arrest and incarceration for persons with co-occurring disorders. Diversion programming must include the necessary services for individuals with mental illness and substance use disorders. A Crisis Triage Center, based on existing programs across the United States, can prioritize the diversion of nonviolent people with mental illness and substance abuse issues from booking into jail to treatment services in the community using case management, assessments, support services and substance abuse programs.

Further, the Crisis Triage Center could develop an array of "back door" support services, including service linkage staff, crisis respite beds, dedicated capacity at the detoxification unit, fast track access to substance abuse residential treatment, and next day appointments for mental health and substance abuse services.

People who are homeless must have access to a full range of outpatient and residential treatment services, including crisis interventions, individual supportive therapy, family or group therapy, medication management, and therapeutic approaches that address multiple problems. Access to coordinated treatment for co-occurring mental illnesses and substance use disorders also is necessary and superior to other approaches for reducing alcohol and drug use, homelessness, and the severity of mental symptoms among people with co-occurring disorders (Carey, 1996; Drake et al., 1998).

## **CONCLUSION**

Resources for housing, treatment and support services are limited. Communities must seek resources to fill known service gaps while looking for new ways to use scarce resources more effectively through better integration and coordination (Glover and Gustafson, 1999).

When centrally organized, a triage center pilot would create a synergy that will produce integrated services well beyond the scope of what any single system could have hoped to mobilize on its own. Yet, the blending of these resources can create a holistic service continuum that can transcend the categorical restrictions of fragmented services.

Overcoming the many diverse needs and services of this co-occurring population, combined with the reality that no one local service could have possibly provide the array of services required, means that an effective response is impossible without integrating programs. This triage service system would develop programming that comprehensively addresses the needs of individuals with complex problems.

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

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 04, 2012 10:07 AM  
**To:** HMS Testimony  
**Cc:** robertscottwall@yahoo.com  
**Subject:** Testimony for SB2118 on 2/6/2012 3:00:00 PM

**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2118

Conference room: 229  
Testifier position: Support  
Testifier will be present: Yes  
Submitted by: Scott Wall  
Organization: Individual  
E-mail: [robertscottwall@yahoo.com](mailto:robertscottwall@yahoo.com)  
Submitted on: 2/4/2012

Comments:  
At least it appears a reasoned response.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Saturday, February 04, 2012 11:51 PM  
**To:** HMS Testimony  
**Cc:** ndavlantes@aol.com  
**Subject:** Testimony for SB2118 on 2/6/2012 3:00:00 PM  
**Attachments:** SB2118.doc

**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2118

Conference room: 229  
Testifier position: Support  
Testifier will be present: Yes  
Submitted by: Nancy Davlantes  
Organization: Individual  
E-mail: [ndavlantes@aol.com](mailto:ndavlantes@aol.com)  
Submitted on: 2/4/2012

Comments:



This testimony could be given for any one of the numerous bills being proposed to deal with the distressing problem of homelessness here in Hawaii.

Regarding the mentally ill homeless, here is my Example A:

At the time I write this testimony, right down the street from the Capitol, on the makai-Diamond Head corner of Punchbowl and Beretania, is a mentally disturbed homeless woman who has been parked at the corner for the last couple of weeks. I have seen her urinating on herself, just sitting in the hot sunshine dressed much too warm for the temperature, with her walker and an increasing pile of trash and garbage surrounding her.

I called the Homeless Hotline and they have made numerous attempts to reach out to her, but to no avail. I walked over the HPD headquarters and the officer there told me they were unable to help unless there was clear evidence the woman was being a threat to herself or others.

Infringing on the civil liberties of anyone is anathema to me, but at the same time, if we allow her to die from heat stroke or fail to address her situation, then what kind of society are we?

I fear that we are becoming inured to this – a parade of people pass by her each day with nary a glance. Hawaii cannot ignore this – it is festering wound that is not going to heal on its own. If “aloha” means anything, it must mean that we are our brothers’ (and sisters’) keepers. I am not religious, but I believe this and I believe that something must be done.

Thank you for the opportunity to submit testimony on this issue. How we deal with it will say much about just what kind of people we are.

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, February 05, 2012 8:20 AM  
**To:** HMS Testimony  
**Cc:** emailcvk@aol.com  
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**Categories:** Purple Category

Testimony for HMS/HTH 2/6/2012 3:00:00 PM SB2118

Conference room: 229  
Testifier position: Support  
Testifier will be present: No  
Submitted by: Carol Kozlovich  
Organization: Individual  
E-mail: [emailcvk@aol.com](mailto:emailcvk@aol.com)  
Submitted on: 2/5/2012

Comments: