

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, April 03, 2016 6:37 PM
To: FINTestimony
Cc: louis@hawaiidisabilityrights.org
Subject: *Submitted testimony for SB2560 on Apr 5, 2016 14:31PM*

SB2560

Submitted on: 4/3/2016

Testimony for FIN on Apr 5, 2016 14:31PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

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April 4, 2016

TO: Representative Sylvia Luke, Chair, Representative Scott Nishimoto, Vice Chair, and the members of the House Committee on Finance

FROM: Trisha Kajimura, Executive Director

RE: Testimony in support of SB 2560, SD2, HD 1 Relating to Mental Health

HEARING: Tuesday, April 5, 2016 2:31 PM, Conference Room 308

Thank you for hearing SB 2560, SD2, HD1, Relating to Mental Health, which requires and appropriates funds for the Department of Health to provide treatment and care for homeless individuals with serious and persistent mental health challenges as a part of its comprehensive mental health system. **Mental Health America of Hawaii supports SB 2560 SD2, HD 1** because our community needs more resources to help mentally ill individuals who are homeless.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawaii over 70 years ago that serves the community by promoting mental health through advocacy, education and service.

Homeless individuals with severe and persistent mental illness (SPMI) are probably the most difficult to serve. They are usually among the chronically homeless and many have a dual diagnosis of addiction. It is reasonable to expect that we are going to have to devote specialized and intensive services to stabilize, treat, and successfully maintain this population in housing. Additional outreach workers will be critical in the success of this effort. Current resources are not enough to move this population into housing.

The Department of Health already provides services to the homeless through existing programs and it is important that new programs or initiatives do not interfere with these programs. We ask you that in funding this measure you also ensure that the Department has the staffing and resources it needs to successfully implement new programs.

Thank you for the opportunity to submit this testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, April 02, 2016 10:46 AM
To: FINTestimony
Cc: christinet54@gmail.com
Subject: *Submitted testimony for SB2560 on Apr 5, 2016 14:31PM*

SB2560

Submitted on: 4/2/2016

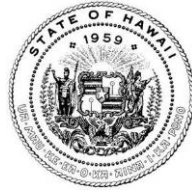
Testimony for FIN on Apr 5, 2016 14:31PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
christine trecker	Individual	Support	No

Comments:

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LATE

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

April 5, 2016

TO: The Honorable Representative Sylvia J. Luke, Chair
House Committee on Finance

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: SB 2560 SD2 HD1 – RELATING TO MENTAL HEALTH

Hearing: Tuesday, April 5, 2016 at 2:31 p.m.
Conference Room 308, State Capitol

POSITION: The Governor's Coordinator on Homelessness supports this measure. The Coordinator notes that the Governor's Executive Budget included a request for \$2 million for homeless outreach services. However, this item was not funded in HB1700 HD1.

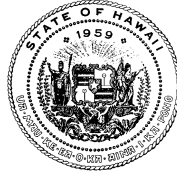
PURPOSE: The purpose of the bill is to require and appropriate funds for the DOH to provide treatment and care for homeless individuals with serious and persistent mental health challenges as a part of its comprehensive mental health system.

The Coordinator notes that this measure includes specific language to address homeless outreach services for homeless individuals with serious and persistent mental health challenges. As the State refines its strategy to emphasize a 'Housing First' approach, the role of homeless outreach services is especially critical. Outreach workers are often the way in which unsheltered persons access housing and other supportive services, such as mental health treatment. Without homeless outreach services, other components of the State's homeless strategy (e.g. Housing First, Rapid Re-Housing, and the Family Assessment Center) may not be as effective.

Unsheltered persons with serious and persistent mental illness are often the highest utilizers of emergency room and other healthcare services. A preliminary analysis of a subset of State Housing First clients by the University of Hawai'i Center on the Family found that estimated healthcare costs for clients dropped an average of 43% in the six months following housing

placement – from an average of \$10,570 per client per month to \$5,980 per client per month. By investing in outreach services and other programs specifically targeting homeless persons with serious and persistent mental illness, the community will realize cost-savings in the longer-term.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH

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LATE

**Testimony SUPPORTING SB2560, S. D. 2, H.D. 1
Relating to Mental Health**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: April 5, 2016, 2:31 p.m. Room Number: 308

1 **Fiscal Implications:** Undetermined at this time. It is possible that when passed and
2 implemented, the proposed legislation will result a significant expansion of outreach, transitional
3 living and other services provided to individuals with serious and persistent mental illnesses
4 (SPMI) who either are or at risk of being homeless. This will have to be addressed through
5 either a significant additional appropriation or a curtailment of other services.

6 **Department Testimony:** The Department of Health (DOH) supports this measure, as long as it
7 does not detract from the administration's other legislative and budgetary priorities, and would
8 like to offer comments.

9 The DOH's mission is to focus on individuals with SPMI who are forensically
10 encumbered, uninsured, or who live in rural areas with very limited access to mental health
11 services.

12 The DOH already provides substantial, significant services to individuals who are
13 homeless. We do this through our administration of a Federal Grant, our homeless outreach
14 contracts, and through our many other programs which, in providing general safety net support
15 for individuals with mental health challenges, help to get and keep people in housing. We

1 provide these services with the collaboration of other state agency partners and the provider
2 community. It is a shared responsibility with many others.

3 One potential concern is the bill may conflate the issue of homelessness and mental
4 health services. The reasons people are homeless are complex, it is not just about mental health
5 supports. It is about the affordable housing shortage, poverty, and access to health care, to name
6 a few reasons. Homeless people may qualify for or have health insurance to cover medically
7 needed mental health supports. Many individuals who are homeless may have mental health
8 challenges, but it is not clear that they have SPMI or would generally qualify for DOH mental
9 health continuing supports.

10 The DOH's Adult Mental Health Division's (AMHD) resources may need to be
11 reallocated or supplemented to fund these services. This bill might also be interpreted as
12 implying that outreach to individuals who are both homeless and have mental health needs is
13 explicitly the responsibility of the AMHD, when in fact many other state agencies, private
14 providers, and public institutions provide support and services to these individuals, which
15 services are generally intended to improve the service recipient's wellbeing and specifically their
16 ability to successfully live in the community.

17 The DOH continues to discuss with the Department of Human Services (DHS) and other
18 partners regarding roles, health insurance access, and to review appropriations for housing,
19 community based support services and resources, with goals of continued collaboration.

20 Thank you for the opportunity to testify.