

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

March 14, 2016

TO: The Honorable Representative Della Au Belatti, Chair
House Committee on Health

The Honorable Representative Dee Morikawa, Chair
House Committee on Human Services

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

SUBJECT: SB 2560 SD2 – RELATING TO MENTAL HEALTH

Hearing: Monday, March 14, 2016 at 2:00 p.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator on Homelessness supports this bill provided that its passage does not replace or adversely impact priorities indicated in the Executive Budget. The Coordinator defers to the Department of Health (DOH) regarding specific details relating to the administration and implementation of the proposed services for homeless individuals with serious and persistent mental health challenges.

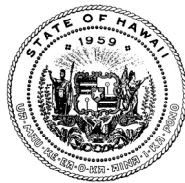
PURPOSE: The purpose of the bill is to require and appropriate funds for the DOH to provide treatment and care for homeless individuals with serious and persistent mental health challenges as a part of its comprehensive mental health system.

The Coordinator notes that this measure includes specific language to address homeless outreach services for homeless individuals with serious and persistent mental health challenges. Both DOH and the Department of Human Services (DHS) currently contract nonprofit organizations to provide homeless outreach, including services specifically targeted for individuals with serious and persistent mental health challenges. The Coordinator notes that DOH and DHS work together to align and target their services for homeless individuals, and

asks for the Legislature's support of the Governor's Executive Budget request, which includes \$2 million for homeless outreach.

The Coordinator also notes that this measure aligns with Goal 1, Objective 1 of the Hawaii Interagency Council on Homelessness Strategic Plan to End Homelessness, which is to "Refocus homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing."

Thank you for the opportunity to testify on this bill.



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

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

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 14, 2016, 2:00 p.m. Room Number: 329

1 **Fiscal Implications:** Undetermined at this time.

2 **Department Testimony:** The Department of Health (DOH) supports this measure and would
3 like to offer comments.

4 The DOH's mission is to focus on individuals with serious and persistent mental illnesses
5 (SPMI) who are forensically encumbered, uninsured, or who live in rural areas with very limited
6 access to mental health services.

7 The DOH already provides substantial, significant services to individuals who are
8 homeless. We do this through our administration of a Federal Grant, our homeless outreach
9 contracts, and through our many other programs which, in providing general safety net support
10 for individuals with mental health challenges, help to get and keep people in housing. We
11 provide these services with the collaboration of other state agency partners and the provider
12 community. It is a shared responsibility with many others.

13 One potential concern is the bill may conflate the issue of homelessness and mental
14 health services. The reasons people are homeless are complex, it is not just about mental health

1 supports. It is about the affordable housing shortage, poverty, and access to health care, to name
2 a few reasons. Homeless people may qualify for or have health insurance to cover medically
3 needed mental health supports. Many individuals who are homeless may have mental health
4 challenges, but it is not clear that they have SPMI or would generally qualify for DOH mental
5 health continuing supports.

6 **The bill should clearly specify and focus on individuals with SPMI challenges and for**
7 **whom these challenges prevent the person from obtaining housing and residing successfully in**
8 **the community.** The DOH's Adult Mental Health Division's (AMHD) resources may need to be
9 reallocated to fund this service. This bill might also be interpreted as implying that outreach to
10 individuals who are both homeless and have mental health needs is explicitly the responsibility
11 of AMHD, when in fact many other state agencies, private providers, and public institutions
12 provide support and services to these individuals, which services are generally intended to
13 improve the service recipient's well being and specifically their ability to successfully live in the
14 community.

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

18 Thank you for the opportunity to testify.

19 **Offered Amendments:** None.



HAWAII SUBSTANCE ABUSE COALITION

SB2560 SD2 TREATMENT FOR HOMELESS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

COMMITTEE ON HEALTH: Representative Belatti, Chair; Representative Creagan, Vice Chair

- Monday, March 14, 2016 at 2:00 p.m.
- Conference Room 329

HSAC Supports SB2560 SD2:

Good Morning Chair Belatti; Vice Chair Creagan, And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

Effective, appropriate and accessible treatment for homeless people addresses substance use disorders because many homeless experience multiple, complex needs and often encounter significant barriers in receiving the services they need.¹

DrugFacts

- Many people who suffer from mental illness are addicted to drugs. People who suffer from mood and anxiety disorders are roughly twice as likely to be addicted to drugs. The interactions between mental illness and drug addiction can worsen the course of both. Moreover, drug addiction results in compulsive behaviors that weaken the ability to control impulses, despite the negative consequences.²
- These comorbid disorders share risk factors: overlapping genetic vulnerabilities, overlapping environmental triggers such as stress and trauma, involvement of similar brain regions, and both are developmental disorders that often begin in younger years.
- Addressing the whole person's needs in their environment must include a homeless person's substance-related issues.

¹ Providing Treatment for Homeless People with Substance Use Disorders (2003) Suzanne Zerger, Ken Kraybill, National Health Care for the Homeless Council. <http://www.nhchc.org/wp-content/uploads/2011/09/CA05RCasestudies-FINAL5.pdf>

² National Institute of Drug Addiction: Drug Facts: Comorbidity: Addiction and Other Mental Disorders (2011). <https://www.drugabuse.gov/publications/drugfacts/comorbidity-addiction-other-mental-disorders>

- Best practices provide interdisciplinary teams that are typically made up of medical, mental health, substance use, and social service providers. Providers work collaboratively to address all aspects of the homeless person's care.



A continuum of comprehensive services is needed to address serious and persistent mental health by prioritizing access to appropriate housing as well as providing comprehensive, well-integrated, client-centered services with uniquely-qualified staff that includes the specific approaches for substance use disorders.

We appreciate the opportunity to testify and are available for questions.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2016 7:35 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: *Submitted testimony for SB2560 on Mar 14, 2016 14:00PM*

SB2560

Submitted on: 3/12/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2016 8:44 AM
To: HLTtestimony
Cc: melanie.boehm@usw.salvationarmy.org
Subject: *Submitted testimony for SB2560 on Mar 14, 2016 14:00PM*

SB2560

Submitted on: 3/14/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	The Salvation Army Addiction Treatment Services and Family Treatment Services	Support	No

Comments:

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To: HLTtestimony
Cc: marypatw@gmail.com
Subject: Submitted testimony for SB2560 on Mar 14, 2016 14:00PM

SB2560

Submitted on: 3/14/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Pat Waterhouse	PAIMI and Waipahu Aloha Clubhouse	Support	No

Comments: I am emailing my testimony to the Committee on Health.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2016 12:18 PM
To: HLTtestimony
Cc: louis@hawaiidisabilityrights.org
Subject: Submitted testimony for SB2560 on Mar 14, 2016 14:00PM

SB2560

Submitted on: 3/12/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Comments Only	Yes

Comments: We believe this is an excellent vehicle for funding a variety of programs and services to address problems of chronic mental illness in our community. We are working with the Mental Health Task Force and the Senate and House Chairs of the Committees on Human Services to develop more specific proposals as the legislative session advances. In the meantime, passage of this bill will greatly facilitate that process.

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House Committee On Human Services
Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

March 11, 2016

NOTICE OF HEARING

DATE:	Monday, March 14, 2016
TIME:	2:00PM
PLACE:	Conference Room 329

Support for SB 2560, SD2, Relating to Mental Health

I am in strong support of this important measure to ensure accessibility for mental health care and treatment for homeless individuals.

Thank you to Senators TOKUDA, BAKER, CHUN OAKLAND, DELA CRUZ, ENGLISH, GALUTERIA, INOUE, KOUCHI, NISHIHARA, Kidani for introducing this important measure for mental health care and treatment for homeless individuals.

Requiring the department of health to provide treatment care for homeless individuals with serious and persistent mental health challenges.

Your support of this important measure is appreciated.

Thank you for your time and consideration.

Respectfully submitted

Rachel Kruse

Master's Social Work Candidate, 2016

rkruse@hawaii.edu

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2016 8:49 AM
To: HLTtestimony
Cc: regoa@hawaii.rr.com
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SB2560

Submitted on: 3/12/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
ANSON REGO	Individual	Support	No

Comments: This bill relating to mental health to require treatment for homeless individuals with serious and persistent mental health challenges is very important. I support it. The mentally ill who are homeless have a specific lack of insight to assist themselves to get out of the homeless cycle. They are specifically vulnerable and in crisis as a result of their illness and homelessness. By providing and requiring stable housing and follow up services for such persons is probably the greatest outreach safety net program. such programs were envisioned many years ago when the mentally ill were removed from the state hospital but were never implemented. There are no non-forensic severely mentally ill in the state hospital today. Unless they have family members, no one in the community can do much without a law which requires the DOH to take the lead to provide the services of housing and follow up for successful residence in the community for the severe and persistent mentally ill. And this bill will also immensely help family members of the mentally ill who themselves have difficulty in helping their loved ones who have severe mental illness and who have especially been off their medication and have become homeless. As a board member of the Nami Hawaii for the past 3 years, I strongly believe this bill provides important care for the severe and persistent mentally ill and for family members of loved ones with such mental illness who become homeless. This bill does not criminalize mental illness but support systems of care for our community and our families, hopefully before criminal violations occur.

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Cc: dylanarm@hawaii.edu
Subject: Submitted testimony for SB2560 on Mar 14, 2016 14:00PM

SB2560

Submitted on: 3/14/2016

Testimony for HLT/HUS on Mar 14, 2016 14:00PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan Armstrong	Individual	Support	No

Comments: The earlier that mental illness in an individual is treated and managed, the better the outcome will tend to be, and the cost to government and non-profit services will be lower over the long term. Mahalo to Senator Tokuda for her leadership on this issue.

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