

From: mailinglist@capitol.hawaii.gov
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To: HMS Testimony
Cc: kimoc@ihs-hawaii.org
Subject: Submitted testimony for HB83 on Mar 17, 2017 14:50PM

HB83

Submitted on: 3/17/2017

Testimony for HMS on Mar 17, 2017 14:50PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kimo K. Carvalho	IHS, The Institute for Human Services	Oppose	Yes

Comments: Kimo K. Carvalho 546 Kaaahi Street Honolulu, HI 96817 RE: IHS TESTIMONY IN OPPOSITION TO HB83 HD1 Honorable Chair, IHS would like to voice our opposition to HB83 HD1 for the following reasons: 1. While “safe zones” are effective in cities like Seattle where it is part of a systematic housing placement program with infrastructure being built quickly, this is not a policy or program that would be effective for the State of Hawaii. Hawaii is not in a similar situation to these cities, and therefore, it is not the same applicable situation. 2. A safe zone would only be effective in Honolulu if it were temporary (no more than 1-2 months), staffed with 24/7 security and social service workers, abide by safety and public health standards, which would require infrastructure for potable water, restrooms, waste removal, and temporary facilities to keep medicine and food refrigerated – just to name a few. Money being proposed for this type of concept could be better utilized for existing emergency or specialty shelters that not only work effectively – like our Hale Mauiola facility at Sand Island – but could potentially be expanded to offer more homeless more options. IHS and other homeless agencies provide unsheltered homeless with many emergency and specialty shelter options that are tailored to their specific needs. More importantly, these programs funded through DHS sets the goal to end homelessness by navigating these clients into housing programs. 3. From a clinical perspective, shelters should be thought of as a clinical tool that gets homeless into behaviors that are conducive to becoming responsible tenants. Safe zones do not provide that same level of clinical intervention and temporary stabilization needed. Taking clients from Safe Zones into housing placement programs would require more resources to provide wrap around services that would be better utilized for programs like Housing First targeting chronically homeless. Mahalo, Kimo K. Carvalho Director of Community Relations IHS, The Institute for Human Services, Inc.

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