



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 271: RELATING TO HOMELESSNESS

TO: Senator Josh Green, Chair, Human Services; Senator Will Espero, Chair, Housing; Senator Lorraine R. Inouye, Chair, Transportation and Energy, and Members, Committees on Human Services, Housing, Transportation/Energy
FROM: Terrence L. Walsh, Jr., President & Chief Executive Officer
Hearing: **Wednesday, 2/8/17; 1:15 pm; CR 225**

Thank you for the opportunity to provide written testimony **in support** of SB 271, making appropriations for multiple housing initiatives to assist with homelessness and housing issues. I am Terry Walsh, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 60 years. CCH has programs serving elders, children, developmentally disabled, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i. Ending homelessness is a top priority for 2017.

Catholic Charities Hawaii support the following sections of this bill which address our priorities in ending homelessness. We also propose the following funding levels for your consideration:

- Section 2 - **\$7 million** for housing subsidies for homeless families (and individuals) through the Rent Supplement Program.
- Section 3- **\$3 million** for the Housing First program, statewide
- Section 4- **\$2.5 million** for rapid rehousing. We suggest an amendment to line 21 to also target prevention of homelessness. Add at end of Line 21: "and to prevent families and individuals at risk of homelessness to obtain/retain rental housing."
- Section 6- **\$1.5 million** for homeless outreach. Please clarify that these funds would include outreach to street kids (unaccompanied youths) via DHS's Office of Youth Services.
- Section 9- **\$1 million** for outreach to mentally ill homeless persons
- Section 10- **\$800,000** to DOH for outreach, counseling, diversion services to unsheltered persons experiencing substance abuse.

This funding would provide outreach, rental subsidies and specialized services for high risk homeless populations of street kids, mentally ill and persons experiencing substance abuse, as critical resources for families and individuals who just need rental subsidies to prevent homelessness or to obtain rental housing. We know Housing First works—98.1% of clients have successfully retained housing. Rental subsidies work: Court eviction cases were down 25% in December 2016, after just 9 months since the inception of rental subsidies via the Coordinated Statewide Homeless Initiative. Hawaii has the #1 rate of homelessness in the US. We need these multi-faceted approaches to housing Hawaii's residents experiencing homelessness .

We strongly urge your support SB 1215 to work towards our goal of ending homelessness in Hawaii. Please contact me at terry.walsh@catholiccharitieshawaii.org; or Legislative Liaison, Betty Lou Larson, bettylou.larson@catholiccharitieshawaii.org, or at 373-0356, if you have any questions.





HAWAII SUBSTANCE ABUSE COALITION

SB271 HOMELESS APPROPRIATION

COMMITTEE ON HUMAN SERVICES: Senator Green, Chair; Senator Chang, Vice Chair

COMMITTEE ON HOUSING: Senator Espero, Chair; Senator Harimoto, Vice Chair

COMMITTEE ON TRANSPORTATION AND ENERGY: Senator Inouye, Chair; Senator Dela Cruz, Vice Chair

- Wednesday, Feb. 8, 2017 at 1:15 p.m.
- Conference Room 225

HSAC Supports SB271:

Good Morning Chairs Green, Espero, Inouye; Vice Chairs Chang, Harimoto, Dela Cruz; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than 30 treatment and prevention agencies across the State.

HSAC supports this bill and emphasizes that:

- **Section 3 Substance Abuse: Include treatment in addition to the aforementioned supportive services for mental illness and substance use disorders especially since chronic homelessness is more likely to have chronic substance use disorders. Include co-occurring disorders because many people with SMI also have chronic substance use disorders. And many have co-morbidity, multiple illnesses.**
- **Section 3: Homeless Outreach Services: Include staff who have technical backgrounds in a treatment environment so that they better understand substance use disorders when providing outreach services.**
- **Section 6 Homeless Outreach Services: Include outreach services that focuses on substance use disorders as well as mental health issues.**

HSAC recommends that we consider that the recent governmental reports that enumerate the huge costs for not treating chronic substance use disorders. The costs of drug abuse and addiction to our nation are staggering.¹

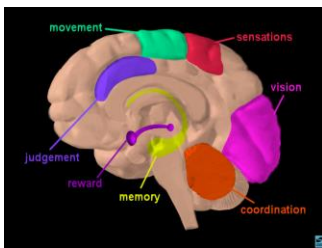
¹ Estimating the costs of substance abuse to the Medicaid hospital care program. Fox K1, Merrill JC, Chang HH, Califano JA Jr. <http://www.ncbi.nlm.nih.gov/pubmed/7832261> Am J Public Health. 1995 Jan;85(1):48-54.

- Substance abuse is associated with almost 20% of all Medicaid hospital costs and nearly 25% of Medicare dollar spent on inpatient care. Over 14% of patients admitted to hospitals have alcohol/drug abuse and addiction disorders.

Drug abuse and addiction are major burdens to society; economic costs alone are estimated to exceed half a trillion dollars annually in the United States, including health, crime-related costs, and losses in productivity. However, staggering as these numbers are, they provide a limited perspective of the devastating consequences of this disease,” Dr. Nora Volkow, Director of the National Institute on Drug Abuse, Congressional Testimony, 3/1/07

- 70% of individuals in state prisons and jails have used illegal drugs regularly. Drug offenders account for more than one-third of the growth in state prison population and more than 80 percent of the increase in the number of prison inmates since 1985.
- The economic burden in the United States for addiction is twice that of any other disease affecting the brain, including Parkinson’s and Alzheimer’ Disease, as well as all the others.
- Alcohol and Drug-related hospital emergency (ED) visits increased 81 percent from 2004 to 2009 while ED visits involving the non-medical use of pharmaceuticals increased 98.4%.²

Science-Based Prevention and Treatment Works.³



➤ Substance abuse and/or addiction as well as their exorbitant costs are avoidable. Like any other disease, it is preventable, it is treatable, and it changes biology.

➤ Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.

➤ Research has shown that every \$1 invested in addiction treatment programs, there is

- o \$4 to \$7 reduction in the cost of drug-related crime,
- o \$3 - \$5 reduction in emergent medical care use (ER and Crisis Center) and
- o Among women – a \$4 reduction in welfare and child welfare costs
- o Among employed men, a \$7 increase in productivity (fewer absences and health claims)
- o Among returning Iraq veterans – a 35% reduction in family medical claims
- o And reductions in family violence problems

Not only is substance abuse a leading cause of preventable hospitalization, it is one of the primary cause of homelessness.

²Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies). *The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. Rockville, MD, December 28, 2010. Available at: <http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>

³ William Dewey, Baord of Scientific Advisors, Friends of NIDA November 2008. http://www.cpdd.vcu.edu/Pages/Index/Index_PDFs/TransitionPaperOctober20081.pdf

With new processes and procedures to identify and coordinate care for high end users of care that have multiple chronic conditions of health issues, we can effectively coordinate care, treat multiple conditions, and improve the effectiveness of treatment outcomes. The proposed funding can validate the cost effectiveness of providing treatment for the chronic homeless population and provide justification for continued funding.

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



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TESTIMONY FOR SENATE BILL 271, RELATING TO HOMELESSNESS

Senate Committee on Human Services
Hon. Josh Green, Chair
Hon. Stanley Chang, Vice Chair

Senate Committee on Housing
Hon. Will Espero, Chair
Hon. Breene Harimoto, Vice Chair

Senate Committee on Transportation and Energy
Lorraine R. Inouye, Chair
Donovan M. Dela Cruz, Vice Chair

Wednesday, February 8, 2017, 1:15 PM
State Capitol, Conference Room 225

Honorable Chair Green, Chair Espero, Chair Inouye, and committee members:

I am Kris Coffield, representing IMU Alliance, a nonpartisan political advocacy organization that currently boasts over 350 members. On behalf of our members, we offer this testimony in support of Senate Bill 271, relating to homelessness.

According to the 2016 statewide *Point In Time Count* (PITC) report, 7,921 houseless persons were counted on a single night in January last year, up 4 percent from 2015. More than half of these persons were unsheltered. O’ahu accounted for 62 percent of the total (4,940 people), up 1 percent from the previous year. Kaua’i saw a 30 percent increase in the homeless population living on its shores (442 people), while the Big Island saw an increase of 12 percent (1,394 people). Overall, our state saw a 12 percent increase in the number of unsheltered homeless individuals and families and, concurrently, a 4.5 percent decrease in the number of sheltered individuals and families. Notably, the size of the houseless population on O’ahu is up 25 percent from 2009, when 3,638 homeless people were counted. Additionally, Department of Education officials said, last January, that 3,576 public school students are homeless. Last year's PITC captured just over half of them. We know, then, that our state’s homeless population is not only larger than the statistics show, but growing.

Over 30 percent of juvenile arrests in Hawai’i are for running away from home, the highest proportion in the nation. Nationally, one in seven young people between the ages of 10

and 18 will run away. Approximately 75 percent of runaways are female, while 46 percent of runaway and homeless youth report being physically abused, 38 percent report being emotionally abused, and 17 percent report being forced into unwanted sexual activity by a family or household member, according to the National Conference of State Legislatures. Roughly 30 percent runaway children will be approached for commercial sexual exploitation within 48 hours of being on the run, with over 80 percent being approached for the sex trade during the course of their time on streets. A federal study found that an estimated 38,600 runaway youth have been sexually assaulted, in the company of someone known to be sexually abusive, or engaged in sexual activity in exchange for money, food, or shelter. Runaways are perceived as easy targets for sex traffickers because they lack stable shelter, a supportive environment, and financial resources, placing them at greater risk of forced prostitution and sexual servitude.

Traffickers exploit our limited number of available shelter beds to lure young people into exploitation. As the homeless childcare provider Covenant House observes, traffickers tell homeless youth that shelters are full and ask, “Where are you going to go? Why don’t you come with me? I’ll take care of you.” Coupled with threats of and enacted physical and sexual violence against the victims or their families, these coercive techniques compel runaway youth to remain enslaved. LGBTQ youth, who comprise an estimated 40 percent of the runaway and homeless youth population in the United States, are exponentially more likely to fall prey to human traffickers because of discrimination, family and community trauma, and a longing for comfort and acceptance (an estimated 26 percent of LGBTQ adolescents are rejected by their families and put out of their homes simply for being open and honest about who they are). In providing care for victims of human trafficking, IMUAlliance has heard their stories hundreds of times.

We must fund homeless services, especially efforts to provide human services and affordable housing to our state’s unsheltered population, many of whom are gainfully employed and contributing our economy. Moreover, we must find a balance between rampant real estate speculation and meeting the needs of our state’s most economically vulnerable residents. Just as our homeless population has soared over the past few years, so, too, has our state’s cost of housing. The median price of condominiums on O’ahu increased 8.3 percent in 2016 to \$390,000, while the median price for single-family homes increased by 6.5 percent to \$735,000, according to the Honolulu Board of Realtors. Average rent for a 900-square foot apartment in Honolulu now exceeds \$2,200, with the cost of a four-bedroom home in urban Honolulu now exceeding \$1.1 million. At least 44 percent of residences in Hawai’i are owner unoccupied, according to the University of Hawai’i Economic Research Organization, meaning that nearly 50 percent—and by some estimates over half—of Hawai’i’s homes are investment properties.

Many of those properties, in turn, are owned by mainland and foreign buyers, whose real estate market speculation is a prime driver of Hawai’i’s highest-in-the-nation cost of housing. According to a study released in May of 2016 by the Hawai’i Department of Business, Economic Development, and Tourism, there are “clear distinctions” between the average price of homes

bought by local residents, mainlanders, and foreigners. Analyzing purchases made between 2008 and 2015, DBEDT found: “The average sale price was highest among foreign buyers. The average sale price of the total of 5,775 homes sold to foreign buyers from 2008 to 2015 was \$786,186, 28.3 percent higher than the average sale price to the mainlanders (\$612,770) and 64.7 percent higher than the average sale price to local buyers (\$477,460).”

Researchers who authored the National Low Income Housing Coalition’s *Out of Reach 2016* report found that a full-time worker would need to earn \$34.22/hour to afford a two-bedroom apartment at fair market value in our state, with Honolulu experiencing a 67 percent increase in fair market rent between 2005 and 2015. Average rent for a two-bedroom unit surpassed \$2,100 in 2015, with average rent for a 900-square-foot exceeding \$2,200 in 2016. In the past three years alone, Honolulu rent has increased 23.5 percent. While 47 percent of Hawai’i residents are renters (a number that does not include individuals and families renting outside of the regulated rental market), they earn an average wage of \$14.49/hour, scarcely enough to meet their basic needs. One out of every four households in Hawai’i report that they are “doubling up” or are three paychecks or less away from being homeless, per the Hawai’i Appleseed Center for Law and Economic Justice. Additionally, 54 percent of households are cost-burdened, meaning that they pay more than 30 percent of their income for housing costs. Put simply, homelessness is directly tied to our state’s exorbitant cost of living and penchant for catering to people who use the islands as their own private Monopoly board. We beseech you to seek innovative ways of making Hawai’i more affordable, while funding the services necessary to show aloha for our economically disadvantaged neighbors.

When you fund services for the homeless, you are helping to end slavery in Hawai’i. Mahalo for the opportunity to testify in support of this bill.

Sincerely,
Kris Coffield
Executive Director
IMUAlliance

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 3, 2017 3:44 PM
To: HMS Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB271 on Feb 8, 2017 13:15PM*

SB271

Submitted on: 2/3/2017

Testimony for HMS/HOU/TRE on Feb 8, 2017 13:15PM in Conference Room 225

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 5, 2017 3:13 PM
To: HMS Testimony
Cc: cchaudron08@gmail.com
Subject: Submitted testimony for SB271 on Feb 8, 2017 13:15PM

SB271

Submitted on: 2/5/2017

Testimony for HMS/HOU/TRE on Feb 8, 2017 13:15PM in Conference Room 225

Submitted By	Organization	Testifier Position	Present at Hearing
Camila Chaudron	Individual	Support	No

Comments: Aloha, my name is Camila Chaudron and I am a constituent from the Manoa/Makiki area. I support this bill because I believe that the homelessness problem in Hawaii has gotten out of hand and needs to be addressed in a systematic and comprehensive manner as soon as possible. Mahalo.

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Written Testimony Presented Before the
Senate House Committee on Human Services
and
Senate Committee on Housing
and
Senate Committee on Transportation and Energy

February 8, 2017 1:15pm
by
Dr. Linda Beechinor, APRN, FNP-BC

SB 271 RELATING TO HOMELESSNESS

Chair Green, Vice Chair Chang, and members of the Senate Committee on Human Services; Chair Espero, Vice Chair Harimoto, and members of the Senate Committee on Housing; and, Chair Inouye, Vice Chair Dela Cruz, and members of the Senate Committee on Transportation and Energy, thank you for this opportunity to provide testimony in strong support for SB271, Relating to Homelessness.

I am a family nurse practitioner, practicing in Honolulu for the past 20 years. Currently I am working with the homeless, mentally ill population in the city and county of Honolulu, for the purposes of addressing their immediate mental and physical needs while providing direct links with resources to assist them with their on-going healthcare and housing needs. I work with part of the population this bill seeks to affect.

I believe this bill, in allocating additional funding to the department of human services, health, and transportation, to support homelessness outreach, mitigation, and prevention efforts in the State is necessary, to support on-going programs addressing the needs of our homeless and at risk populations.

I respectfully request that SB271 pass out of these committees. Thank you for your continued support of these essential programs, and for the time and consideration of this bill.

Dr. Linda Beechinor, APRN-Rx, FNP-BC
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From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 8, 2017 8:12 AM
To: HMS Testimony
Cc: edgarespero@gmail.com
Subject: Submitted testimony for SB271 on Feb 8, 2017 13:15PM

SB271

Submitted on: 2/8/2017

Testimony for HMS/HOU/TRE on Feb 8, 2017 13:15PM in Conference Room 225

Submitted By	Organization	Testifier Position	Present at Hearing
Edgar Espero	Individual	Support	No

Comments: In support of measure to reduce and eliminate homelessness in Hawaii.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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