

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

April 3, 2018

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

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

SUBJECT: **HB 2021 HD1 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

Hearing: Tuesday, April 3, 2018, 10:00 a.m.
Conference Room 211, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of this measure, and offers comments.

PURPOSE: The purpose of the bill is to require the Department of Human Services (DHS), in consultation with the Department of Health (DOH), to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with serious mental illness who are subject to an assisted community treatment order or court-ordered guardianship. The bill specifies that DHS shall use a suitable unused state facility to provide shelter and mental health treatment services. In addition, the bill appropriates an unspecified amount for fiscal year 2018-2019 to be expended by DHS for the purposes of the pilot project, including the hiring of staff, administrative expenses, and any necessary renovations to the facility.

The Coordinator appreciates the Legislature's innovative approach to addressing homelessness, and recognizes the particular needs of individuals with serious mental illness who may lack capacity to make an informed decision to voluntarily seek or comply with recommended treatment. Of an estimated 7,220 homeless individuals statewide, the 2017 Point in Time (PIT) count found that 1,662 individuals (23%) were severely mentally ill – including 1,174 who were unsheltered and living in places not fit for human habitation.

As currently drafted, the measure specifically requires the use of a “suitable unused state facility,” limits the number of people who may receive shelter and treatment to no more than ten, and requires a homeless individual to provide “appropriate identification documents” to be eligible for services. The prescriptive nature of these requirements may unintentionally slow or impede implementation by further narrowing the potential facilities for the project and the number of homeless individuals who may be eligible. If this measure moves forward, the Coordinator suggests that these specific items be amended to be guidelines, rather than requirements.

With regard to section 3 of the measure, the appropriation provides funding for a social worker and social service assistant, and it is unclear if the intention is for DHS to establish new positions to administer the pilot project or if the administration of the facility may be contracted out to a nonprofit organization. The Coordinator notes that DHS currently delivers homeless services through the purchase of services provided by nonprofit organizations, and does not directly staff or deliver services for individuals experiencing homelessness. While the measure provides for DHS to procure mental health treatment services, it is unclear if DHS is permitted to procure other services that may be necessary for the implementation of the pilot project and further clarification of this language may be necessary.

The costs to implement this measure may be significant due to the specialized nature of the services required, and the Coordinator is concerned about potential adverse impact on priorities identified in the Governor’s Supplemental Budget request. The Governor’s Supplemental Budget request includes funding for critical programs, such as for Housing First, Rapid Rehousing, and homeless outreach. Collectively, the homeless programs administered by DHS and other State agencies represent an array of financial resources designed to provide one-time crisis assistance, as well as medium term (3-24 months) and longer-term support. This mix of short-, medium-, and long-term assistance is designed not only to transition at-risk and homeless individuals and families into stable housing, but also designed to prevent homelessness by assisting formerly homeless individuals in maintaining housing over time. In addition, the Supplemental Budget request includes appropriations for the Rental Housing

Revolving Fund and Dwelling Unit Revolving Fund, which are necessary to increase the availability of affordable housing inventory in the community. Accordingly, the Coordinator respectfully asks for the Legislature's support of the Governor's Supplemental Budget request.

Finally, the State approach to homelessness includes a focus on oversight and accountability for public funds used for this purpose. DHS established performance measures for homeless services contracts in response to Act 234, Session Laws of Hawaii 2016. This approach emphasizes reporting and transparency, and ties payment for homeless services to provider performance. In 2017, DHS executed a series of contracts for housing placement, emergency grant, homeless outreach, and shelter that establish specific performance benchmarks and condition payment in part upon meeting these benchmarks, which are related to the end goal of placing homeless individuals into permanent housing. The State's intent is to apply similar benchmarks and conditions to all new contracts for homeless services. If this measure moves forward, the Coordinator respectfully requests that data from the pilot project be entered into the Homeless Management Information System (HMIS) to evaluate the effectiveness of these programs in addressing homelessness and to gain a better understanding of the target populations served by these programs.

Thank you for the opportunity to testify on this bill.



The Judiciary, State of Hawai'i

Testimony to the Senate Committee on Ways and Means

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

Tuesday, April 3, 2018, 10:00 AM
State Capitol, Conference Room 211

WRITTEN TESTIMONY ONLY

by

Yvonne B. Yim

Program Manager

Office of the Public Guardian

Intergovernmental and Community Relations Department

Bill No. and Title: House Bill No. 2021, H.D. 2, S.D. 1, Relating to Homeless Individuals with Severe Mental Illness.

Purpose: Requires the Department of Human Services, in consultation with the Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with severe mental illness who are subject to an assisted community treatment order or court ordered guardianship. Requires adult protective services to request a court ordered guardianship for homeless individuals with severe mental illness and consult with the family court and other appropriate agencies on homeless individuals with severe mental illness who were subjected to an assisted community treatment order. Requires homeless individuals with severe mental illness to provide identification documentation prior to receiving shelter and mental health treatment. Appropriates funds. Requires approval from Department of the Attorney General. Effective 7/1/3000.

Judiciary's Position:

The Office of the Public Guardian (OPG) supports the intent of the proposed pilot project, but has concerns relating to its implementation.

This bill requires the Department of Human Services (DHS), Adult Protective Services (APS), to seek guardianship for severely mentally ill homeless individuals prior to the



House Bill No. 2021, H.D. 2, S.D. 1, Relating to Homeless Individuals with
Severe Mental Illness
Senate Committee on Ways and Means
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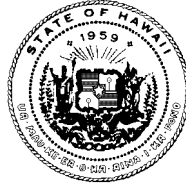
establishment of the pilot project. If, however, there is no suitable family member, friend, or other person willing and able to serve as the individual's guardian, APS may seek to have the Family Court appoint OPG as guardian of an incapacitated person for these individuals pursuant to chapter 551A, Hawai'i Revised Statutes (HRS).

OPG currently serves as guardian for more than 700 adults statewide, with the office's 9 social workers each carrying a caseload of between 70 to 80 wards. Assuming guardianship of ten severely mentally ill persons with intense psychosocial needs will place increased work demands on OPG's already overtaxed staff, and would require the services of an additional social worker (half-time) and social service assistant (half-time). While the bill appropriates funds for the pilot project, including for the hiring of a social worker and social service assistant, all moneys are appropriated to DHS, and there is no requirement for transfer of any funds to the Judiciary. Further, OPG would require continued funding for these positions in the future should the duration of the guardianships extend beyond the life of the pilot project.

Adult Protective Services oversees persons who are "at risk." The identified participants, however, may not meet APS criteria. Therefore, Institute of Human Services or Department of Health staff may be better suited to initiate and complete the guardianship paperwork. If it is determined that OPG guardianship is appropriate, it should be incumbent upon APS staff to provide the requisite paperwork as a condition of OPG guardianship.

The specific criteria that will be used to select the homeless persons with severe mental illness is unclear, but should take into consideration the severity of an individual's condition, and the individual's level of compliance, adherence to treatment plans, and decisional capacity.

Thank you for the opportunity to testify on House Bill No. 2021, H.D. 2, S.D. 1.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

April 2, 2018

TO: The Honorable Senator Donovan M. Dela Cruz, Chair
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 2021 HD2 SD1 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

Hearing: Tuesday, April 3, 2018, 10:00 a.m.
Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and offers comments. Responding to the amendments made by Senate Committees on Human Services and Commerce, Consumer Protection, and Health, DHS provides that the need for guardianship does not necessitate a referral to the DHS Adult Protective Community Services Branch (APS), unless the person is a vulnerable adult and the situation meets the definition of abuse as defined in section 346-222, Hawaii Revised Statutes. APS may pursue guardianship for vulnerable adults who are abused; however, it is not the only agency that can effectively petition for guardianship.

DHS suggests at a minimum that DHS be given appropriate time, appropriation and human resources to work with the Department of Health, other relevant agencies or branch of government, and community advocates to develop the appropriate memorandum and processes to address the needs of this population.

PURPOSE: The purpose of this bill requires the Department of Human Services, in consultation with the Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with severe mental illness

who are subject to an assisted community treatment order or court ordered guardianship. Requires adult protective services to request a court ordered guardianship for homeless individuals with severe mental illness and consult with the family court and other appropriate agencies on homeless individuals with severe mental illness who were subjected to an assisted community treatment order. Requires homeless individuals with severe mental illness to provide identification documentation prior to receiving shelter and mental health treatment. Appropriate funds. Requires approval from Department of the Attorney General.

We agree there is a gap in services for mentally or severely mentally ill (SMI) individuals who are homeless. Based on preliminary research, other similar proposals utilize a Housing First approach with extensive wrap around services for those with severe mental illness. U.S. Department of Housing & Urban Development has published reports on these types of programs and other jurisdictions have successfully established similar programs (see <http://brilliantcorners.org/brilliant-solutions/housing-services/> for a program established in San Francisco). Also, <https://www.huduser.gov/portal/publications/hsgfirst.pdf> lists essential components for a successful program including but not limited to: direct placement into housing; mental health case management services in the community; provision of housing and treatment services separately; and careful monitoring of outcomes.

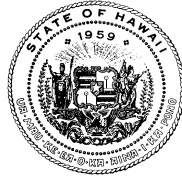
Per section 346-378, HRS, the state's Housing First program has been in operation on O'ahu for over four years (and recently expanded to neighbor islands), and has provided supportive housing to 115 chronically homeless, highly vulnerable individuals, and family members during this period. Housing retention rate of the state's Housing First program is approximately 97% – that is 97% remain housed – which far exceeds the national average of 80%.

However, to address the needs of individuals with SMI or those who are court-ordered involuntarily to treatment as proposed will require a very different skill set and expertise than the way the state's Housing First program which is voluntary, and wraps services and places individuals and families in permanent housing in private rentals throughout the community. This proposal will require DHS, DOH, and the community enough time and resources to further study the successful models highlighted above and to develop the best plan.

DHS also requests that should this measure move forward, that appropriations do not supplant budget priorities identified in the Governor's supplemental budget. As evidenced by the

2017 Point In Time Count's finding of the first *decrease* in the number of homeless counted in eight years, the coordinated homeless services system has made tremendous progress in the last four years, and requires the legislature's focus and support to maintain this momentum.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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LATE

**TESTIMONY COMMENTING ON HB2021 HD2 SD1
RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date and Time: Tuesday, April 3, 2018 at 10:00 a.m.

Room Number: 211

1 The Department of Health (DOH) supports the intent of this bill, offers the
2 following comments, and defers to DHS.

3 The DOH acknowledges that homelessness is one of the State's most significant
4 and challenging social concerns. The DOH and the Adult Mental Health Division
5 (AMHD) partner with other state agencies and with both AMHD contracted and non-
6 AMHD contracted community programs to address the mental health needs of
7 individuals experiencing homelessness. Key partners include the Governor's
8 Coordinator on Homelessness (GCH), Department of Human Services (DHS),
9 Department of Transportation (DOT), Department of Public Safety (PSD), the City and
10 County of Honolulu, law enforcement, and community based health and human service
11 programs.

12 As amended by the Senate Committees on Human Services and Commerce,
13 Consumer Protection, and Health the purpose of this bill is to require the DHS, in
14 consultation with the DOH, to establish a pilot project to operate a facility to provide

1 shelter and mental health treatment for homeless individuals with severe mental illness
2 who are subject to an assisted community treatment order or court ordered
3 guardianship. Additionally, this bill requires adult protective services to request a court
4 ordered guardianship for homeless individuals with severe mental illness and consult
5 with the family court and other appropriate agencies on homeless individuals with
6 severe mental illness who were subjected to an assisted community treatment order.
7 Homeless individuals with severe mental illness are required to provide identification
8 documentation prior to receiving shelter and mental health treatment. In addition to
9 DHS submitting a pilot project report to the legislature, this bill requires approval of
10 Section 2 from the Department of the Attorney General (ATG).

11

12 Pilot Project for Homeless Individuals with Severe Mental Illness Who are Subject to an
13 Assisted Community Treatment Order or Court Ordered Guardianship

14 Regarding the proposed bill, the DOH defers to the DHS for their preferred use of
15 a suitable unused state facility. The DOH notes that the proposed bill outlines what may
16 be potentially useful and helpful methods to get certain homeless individuals with
17 severe mental illness into the types of settings, and receiving necessary services and
18 supports they require to have better outcomes in their lives. More discussion and
19 review will be required in order to fully design and implement a pilot project with a
20 probability of success.

1 The DOH will be available for consultation with DHS and the Governor's
2 Coordinator on Homeless to coordinate services, to help design new programs, and to
3 work with other stakeholders on this pressing social issue.

4 The DOH defers to the ATG for legal issues involved with Section 2.

5

6 AMHD Homeless Outreach Services

7 The AMHD continues its commitment to increasing and strengthening linkages to
8 housing and community based referrals that support recovery. The AMHD continues to
9 work with Projects for Assistance in Transition from Homelessness (PATH) Formula
10 Grant Homeless Outreach providers to link homeless individuals to case management
11 and recovery support services so that the realization of recovery may reduce the barrier
12 of discrimination and the stigma of mental illness.

13 AMHD Homeless Outreach providers focus their outreach efforts on locating
14 individuals who live with Serious Mental Illness (SMI), who are chronically homeless,
15 and who meet AMHD's eligibility criteria for AMHD funded services.

16 Linkage to health care services, Social Security benefits, entitlements, workforce
17 development, job training opportunities, emergency shelters, transitional housing,
18 clothing, mental health treatment, substance use treatment, service coordination,
19 collateral contacts, advocacy on their behalf, and/or assistance with finding individuals
20 with a home in the private marketplace are examples of tasks that Homeless Outreach
21 providers assist with. Homeless Outreach case managers help to complete

1 Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)
2 applications using the SSI/SSDI Outreach, Access, and Recovery (SOAR) model.

3 In 2017, AMHD provided homeless outreach services to 2,817 consumers
4 identified as homeless on the islands of Kauai, Oahu, Maui, and Hawaii. Homeless
5 Outreach services are accessed in a variety of ways including homeless shelters and by
6 contacting Homeless Outreach providers directly to request assistance. AMHD
7 contracted with the Institute for Human Services (IHS) for Homeless Intensive Case
8 Management Plus (ICM-Plus) services to address the needs of homeless individuals on
9 Oahu who are frequently arrested or who may be subject to multiple emergency
10 department MH-1 calls who are no otherwise connected with continuing services.

11 In addition to Homeless Outreach services, AMHD provides specialized
12 treatment and group home housing for approximately 746 individuals, including those
13 who living in 24 hour, 8-16 hour, and semi-independent group homes. There are over
14 150 eligible individuals who receive supported housing/bridge subsidy through the
15 AMHD. These individuals live with a serious mental illness (SMI) and have the option to
16 live independently in housing of their choice with services that support their movement
17 towards assuming the role of a neighbor or tenant. AMHD Crisis Mobile Outreach
18 (CMO) services are available to adults in an active state of crisis.

19

1 We thank the Legislature for introducing a variety of measures that aim to
2 address the issue of homelessness in Hawaii. Respectfully, the AMHD asks for the
3 Legislature's support of the Governor's Executive Budget request, SB2065/HB1900,
4 which includes appropriations to the DHS and DOH for \$3 million for Housing First, \$3
5 million for Rapid Rehousing, \$1.75 million for homeless outreach, and \$800,000 for
6 outreach and counseling services for chronically homeless persons with severe
7 substance use disorders.

8 We thank the committee for considering our testimony.



HB2021 HD2 Homeless Pilot for Facility for SMI

COMMITTEE ON WAYS AND MEANS

- Senator Donovan Dela Cruz, Chair; Senator Gilbert Keith-Agaran, Vice Chair
- Tuesday, April 3, 2018: 10:00 am.
- Conference Room 211

Hawaii Substance Abuse Coalition (HSAC) Supports HB2021 HD2 SD1 and offers Comments:

GOOD MORNING CHAIRS, VICE CHAIRS AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 non-profit alcohol and drug treatment and prevention agencies.

Comments:

HSAC recommends adding language to include “or severe co-occurring mental illness and substance use disorders.”

- Given the data, there is a very high probability that substance abuse or addiction is prevalent with this population. Including such treatment will greatly increase the potential for positive outcomes.

Also, HSAC recommends that treatment for severe chronic physical illness as well as chronic substance use disorders be

- Addressed in an Assisted Community Treatment that is located in a community based setting.
- Flexibility to allow contracted services with community providers in addition to state operated facilities as suggested by other testifiers.

Support:

In any event, HSAC strongly supports non-forensic court-ordered involuntary commitment for people with severe mental illness. Housing and treatment are essential. We need such programs to help us “bend” the cost curve by helping people who are high end users of emergent and frequent care.

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



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Testimony in Support of HB 2021_HD2_SD1
Tuesday, April 3, 2018, 10:00 am
Conference Room 211

The Hawai'i Psychological Association (HPA) supports House Bill 2021_HD2_SD1 which requires the Department of Human Services, in consultation with the Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with severe mental illness who are subject to court-ordered involuntary hospitalization to a psychiatric facility.

Severe mental illness is significantly more prevalent among the homeless than the general population. According to the 2017 Hawai'i statewide homeless point-in-time conducted in January 2017, there are 7,220 homeless individuals in the state of Hawai'i, the highest per capita rate of homelessness in the nation. In fiscal years 2014 and 2015, the Queen's Medical Center reported treating 3,441 patients who were homeless.

HB 2021_HD2_SD1 would create a structured format for providing shelter and treatment to the members of the community with the greatest need and the fewest resources. Doing so could ultimately lead to significant cost savings for the community and its health care system.

For these reasons, we respectfully urge you to support HB 2021_HD2_SD1.

Respectfully submitted,

Julie Y. Takishima-Lacasa, PhD
Chair, Legislative Action Committee
Hawai'i Psychological Association

HB-2021-SD-1

Submitted on: 4/2/2018 12:12:59 AM

Testimony for WAM on 4/3/2018 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

To the Honorable Donovan M. Dela Cruz, Chair; the Honorable Gilbert S.C. Keith-Agaran, Vice Chair, and Members of the Senate Committee on Ways and Means:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") on Legislative Priorities of the Democratic Party of Hawaii ("DPH"). Thank you for the opportunity to provide written testimony on **HB2021 HD2 SD1** relating to Individuals with Severe Mental Illness; Homeless; Facility; Appropriation; Department of Human Services; Department of Health; Assisted Community Treatment Order; and Court Ordered Guardianship.

The OCC on Legislative Priorities is in support of **HB2021 HD2 SD1** and is in favor of its passage.

HB2021 HD2 SD1 is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it requires the Department of Human Services, in consultation with the Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with severe mental illness who are subject to an assisted community treatment order or court ordered guardianship; requires adult protective services to request a court ordered guardianship for homeless individuals with severe mental illness and consult with the family court and other appropriate agencies on homeless individuals with severe mental illness who were subjected to an assisted community treatment order; requires homeless individuals with severe mental illness to provide identification documentation prior to receiving shelter and mental health treatment; appropriates funds; and requires approval from Department of the Attorney General, effective 7/1/3000.

Specifically, the DPH Platform provides that "[w]e believe in the concept of "Housing First" to develop affordable, stable housing and support services to break the cycle of homelessness for people with the fewest housing options.

We support dedicated social services and housing opportunities for Hawaii's homeless population, to get them off the streets and reintegrated into society, with specific devoted services for disenfranchised groups including but not limited to the Hawaiian community, aged-out foster kids, youth, returning veterans, the aged, and lesbian, gay, bisexual and transgender homeless." (Platform of the DPH, P. 7, Lines 352-358 (2016)).

"We also support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to obtain whatever support assistance is needed to allow them to remain free of drug dependence." (Platform of the DPH, P. 7, Lines 386-387 (2016)).

Given that **HB2021 HD2 SD1** requires the Department of Human Services, in consultation with the Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health treatment for homeless individuals with severe mental illness who are subject to an assisted community treatment order or court ordered guardianship; requires adult protective services to request a court ordered guardianship for homeless individuals with severe mental illness and consult with the family court and other appropriate agencies on homeless individuals with severe mental illness who were subjected to an assisted community treatment order; requires homeless individuals with severe mental illness to provide identification documentation prior to receiving shelter and mental health treatment; appropriate funds; and requires approval from Department of the Attorney General, effective 7/1/3000, it is the position of the OCC on Legislative Priorities to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja
Melodie Aduja, Chair, OCC on Legislative Priorities

Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889