

STATE OF HAWAII
DEPARTMENT OF HEALTH
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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.

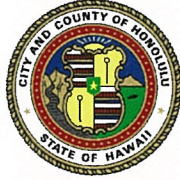
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April 2, 2018

The Honorable Donovan M. Dela Cruz, Chair
and members of the Committee on Ways and Means
Hawaii State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

LATE

Dear Chair Dela Cruz and Committee Members:

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

The Mayor's Office of Housing **offers comments** on House Bill No. 2021, H.D. 2, S.D. 1, Relating to Homeless Individuals with Severe Mental Illness, especially in regards to housing and homelessness.

Honolulu Mayor Kirk Caldwell has maintained a consistent and clear position on homelessness: **The only permanent solution to homelessness is housing with an effective support system. Housing is the stable platform upon which all other outcomes depend, including mental and physical health, educational success, and gainful employment.** Furthermore, he and his administration have embraced a data-informed and evidence-based approach to homelessness – we utilize strategies that are proven and measurable.

Three City-supported programs illustrate our housing-focused approach. Our Housing First Program for the chronically homeless, when fully deployed, will provide 315 vouchers serving approximately 425 of the most vulnerable homeless members of our community. A University of Hawaii evaluation shows 89% of clients remain in housing after two years, with clients 64% less likely to visit the emergency room and 61% less likely to be arrested after two years. And it's cost effective at \$20,000-\$30,000 per person, rather than the estimated \$40,000-\$80,000 per unsheltered homeless person.

Hale Mauliola, our low-barrier (e.g., takes pets) and housing-focused emergency shelter (Navigation Center), is almost always full. It is being expanded to serve up to 104 persons. It is effective: In January, for example, 50% of the exits from the shelter were into

permanent housing.

Kahauiki Village, led by businessman Duane Kurisu, is an example of a public-private partnership that delivers permanent housing for homeless families. The State gave the land, the City provided the infrastructure, and Mr. Kurisu and his many collaborators provided leadership and results. On January 12, 2018, 30 families (114 individuals) moved into their own homes, with kitchens and bathrooms, and were no longer counted among the homeless population. **The project took six months and one day, from groundbreaking to move-in!** When the full array of 153 units is completed, the cost per unit will be less than \$130,000, including infrastructure. These will all be places “fit for human habitation,” dignified homes for Hawaii families.

We ask you to focus funding on proven programs, such as those illustrated above, as well as other effective programs, including LEAD, Rapid Rehousing, housing-focused outreach, civil legal services, mental health services, and substance abuse disorders services. The City cannot address homelessness alone. Please do not fund programs which have failed elsewhere and lack evidence-based support. **Support proven programs backed by both science and true aloha for the most vulnerable in our midst.**

While the intention of the current bill is laudable, Housing First would meet the needs of the clients targeted. Consequently we urge the committee to expand funding for Housing First, which is an evidence-based program with proven success here in Hawaii, as noted above in the University of Hawaii evaluation. We already know what works and do not need another experiment or pilot. Additional funding to support the implementation of assisted community treatment and the work of adult protective services would be helpful in moving target clients from the street into Housing First programs.

We believe that everyone – every child, woman, and man – needs and deserves a safe place to call home, a place truly fit for human habitation and community. On Monday, March 19th the City opened Kauhale Kamaile, our newest housing project in Waianae for homeless and formerly homeless families. Mayor Caldwell handed the keys to three families who had previously been homeless on the Leeward Coast. Some of the children being housed had never lived in a place with a door that locked, a roof overhead, and hot water. Do not all of our keiki deserve at least that?

Very truly yours,



Marc Alexander
Executive Director, Office of Housing

LATE

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

RE: Testimony in SUPPORT of HB 2021, HD2, SD1: RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

HEARING: Tuesday, April 3, 2018 at 10:00 am, Conference Room 211

My name is Alicia Fuqua. I am in the second-year of my master's program at the Myron B. Thompson School of Social Work at UH Manoa. I am testifying in favor of House Bill 2021, HD2, SD1. My field experience includes working with individuals with severe mental illness and homelessness.

In the U.S., 1 in 25 will be homeless sometime in their lives, and in Hawai'i alone there are an estimated 7,220 homeless individuals. Due to deinstitutionalization, many individuals with severe mental illness are not receiving the proper care. As a result, mentally ill individuals make up a large number of homeless persons with severe mental illness, where many of them may end up in the criminal justice system. They may get picked up by the police multiple times, and the procedure of going in and out of jail becomes routine to the point of institutionalization. This process criminalizes the mentally ill in which the community views them as a threat, thus, unwelcomed. They also do not receive the appropriate care in prisons or emergency rooms.

As stated in the bill, individuals are required to provide appropriate identification documentation such as, social security card, driver's license, or state identification. This creates more barriers for severely mentally ill homeless individuals to receive care. Often times identification is lost or stolen, and the individual may experience cognitive impairments or psychosis which makes it almost impossible to obtain appropriate documentation. This requirement perpetuates the cycle of homelessness. A possible amendment may have the requirement of appropriate identification changed into a guideline to prevent further barriers.

As a social worker, I strive to protect and empower vulnerable populations. Many lack the necessary services needed to address general or mental health issues.

Please vote **YES** on HB 2021, HD2, SD1 to allow greater access to care for those most in need.

Respectfully submitted,

Alicia Fuqua