



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 9, 2018

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health and Human Services

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

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

Hearing: Friday, February 9, 2018, 8:30 a.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of this measure, and offers comments. The Coordinator defers to the Department of Human Services (DHS) in regard to the contracting and implementation of homeless programs; to the Department of Health (DOH) in regard to the administration of programs for individuals with serious mental illness, and to the Office of Youth Services in regard to the potential use of properties identified in this measure.

PURPOSE: The purpose of the bill is to require DHS, in consultation with 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 court-ordered involuntary hospitalization to a psychiatric facility pursuant to part IV of chapter 334, Hawaii Revised Statutes. In addition, the bill appropriates \$500,000 for fiscal year 2018-2019 to be expended by DHS for the purposes of the pilot project, including administrative expenses and any necessary renovations to the facility.

Homelessness remains one of the most pressing challenges facing Hawaii, and the State has adopted a comprehensive framework to address homelessness that focuses on three primary leverage points – affordable housing, health and human services, and public safety. The Coordinator has worked closely with both DHS and DOH to implement this framework

through the expansion of homeless outreach and other homeless programs, including services specifically targeting homeless individuals with serious mental illness and/or substance use disorders. The coordinated efforts to implement the State's framework to address homelessness have made progress in reducing the number of homeless individuals statewide. In 2017, the statewide Point in Time (PIT) count found that the number of homeless people in Hawaii had *decreased* for the first time in eight years – a decrease of 701 people between 2016 and 2017.

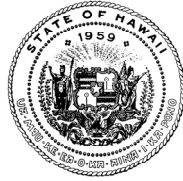
However, the Coordinator is concerned about the adverse impact that an appropriation for this measure may have on priorities in the Governor's supplemental budget request for existing homeless services. Collectively, the homeless programs administered by DHS and other State agencies represent an array of financial and other 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 to transition at-risk and homeless individuals and families into stable housing, and is also designed to prevent homelessness by assisting formerly homeless individuals with maintaining housing over time. Accordingly, the Coordinator respectfully requests the Legislature's support of the Governor's Executive Budget request, which includes over \$15 million for homeless services administered by DHS and DOH.

The Coordinator notes that part IV of chapter 334, Hawaii Revised Statutes (HRS), outlines a process for individuals to be involuntarily hospitalized at a psychiatric facility. As defined in HRS §334-1, a "psychiatric facility" is "a public or private hospital or part thereof which provides inpatient or outpatient care, custody, diagnosis, treatment or rehabilitation services for emotionally distressed persons, mentally ill persons or persons suffering from substance abuse." The unused residential facility, which is identified in the measure as the potential site of the proposed pilot project, does not meet this definition. In addition, the administration and oversight of a psychiatric hospital facility requires specialized skills and expertise that is beyond the current capacity of DHS, and there is substantial difference between the administration of a homeless shelter and a hospital facility.

The Coordinator further notes that HRS §334-60.6 establishes that a psychiatric facility may detain a subject for a period of no more than ninety days. As currently drafted, it is unclear whether this same ninety day period applies to the pilot program facility, or whether the pilot program facility is intended to be a location where homeless individuals who are involuntarily hospitalized may be discharged to following the maximum ninety day stay in a psychiatric facility.

If this measure moves forward, the Coordinator suggests clarifying whether the pilot project facility is intended to have a different definition from “psychiatric facility” as defined by HRS §334-1. In addition, the Coordinator suggests clarifying whether the pilot program is intended to serve homeless individuals during their stay in a psychiatric facility, or following their stay in a psychiatric facility.

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 COMMENTING ON HB2021
RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: Friday, February 9, 2018 at 8:30 a.m. Room Number: 329

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

9 The purpose of this Act is to require the DHS, in consultation with the DOH, to
10 establish a pilot project to provide housing and mental health treatment for homeless
11 individuals with severe mental illness who are subject to court-ordered involuntary
12 hospitalization pursuant to part IV of chapter 334, Hawaii Revised Statutes with the goal
13 of enabling these individuals to find permanent housing through housing first programs.

14 The AMHD appreciates the intent of this bill and offers the following comments.

1 AMHD Homeless Outreach Services

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

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

11 Linkage to health care services, Social Security benefits, entitlements, workforce
12 development, job training opportunities, emergency shelters, transitional housing,
13 clothing, mental health treatment, substance use treatment, service coordination,
14 collateral contacts, advocacy on their behalf, and/or assistance with finding individuals
15 with a home in the private marketplace are examples of tasks that Homeless Outreach
16 providers assist with. Homeless Outreach case managers help to complete
17 Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)
18 applications using the SSI/SSDI Outreach, Access, and Recovery (SOAR) model.

19 In 2017, AMHD provided homeless outreach services to 2,817 consumers
20 identified as homeless on the islands of Kauai, Oahu, Maui, and Hawaii. Homeless

1 Outreach services are accessed in a variety of ways including homeless shelters and by
2 contacting Homeless Outreach providers directly to request assistance.

3 In addition to Homeless Outreach services, AMHD provides specialized
4 treatment and group home housing for approximately 808 individuals, including those
5 who living in 24 hour, 8-16 hour, and semi-independent group homes. There are over
6 100 eligible individuals who receive supported housing/bridge subsidy through the
7 AMHD. These individuals live with a serious mental illness (SMI) and have the option to
8 live independently in housing of their choice with services that support their movement
9 towards assuming the role of a neighbor or tenant. AMHD Crisis Mobile Outreach
10 (CMO) services are available to adults in an active state of crisis.

11 Use of the Hawaii Youth Correctional Facility (HYCF) as a Psychiatric Facility

12 Though with very positive intent, there are a number of potential flaws with this
13 bill as written. Our understanding is that land used by HYCF may not be available for
14 use in a program with adult clients.

15 In addition, Section 2, Part (a) states that the DHS and DOH, “shall establish a
16 pilot project to operate a facility to provide shelter and mental health treatment for
17 homeless individuals with severe mental illness **who are subject to court-ordered**
18 **involuntary hospitalization to a psychiatric facility.**” As defined in §334-1, Hawaii
19 Revised Statutes, a “psychiatric facility” means a public or private hospital or part
20 thereof which provides inpatient or outpatient care, custody, diagnosis, treatment, or

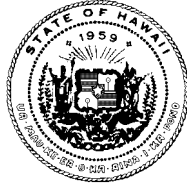
1 rehabilitation services for mentally ill persons or for persons habituated to the excessive
2 use of drugs or alcohol for intoxicated persons. Our comment regarding this bill
3 language is that if an individual is involuntarily committed to a psychiatric facility, they
4 would not be housed in the proposed pilot project, unless it is a psychiatric facility.

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

12 The AMHD defers to the DHS for their preferred use of the HYCF. The DOH will
13 be available for consultation with DHS and the Governor's Coordinator on Homeless to
14 coordinate services.

15 We thank the committee for considering our testimony.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 8, 2018

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health & Human Services

FROM: Pankaj Bhanot, Director

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

Hearing: Friday, February 9, 2018, 8:30 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure and offers comments.

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 court-ordered involuntary hospitalization to a psychiatric facility. Appropriates funds.

We agree that 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, the Office of Youth Services (OYS), Hawaii Youth Correctional Facility (HYCF), and the community enough time and resources to further study the successful models highlighted above and to develop the best plan.

Further, due respect must be given to the current plans of OYS and HYCF, to continue the progress of juvenile justice reform and transformation of the HYCF. OYS and HYCF have proposed administration measures HB2364/SB7981 that will establish the Kawaihoa Youth and Family Wellness Center at the HYCF that incorporates a more therapeutic and rehabilitative focus, and will expand the population HYCF may serve to include young adults.

The OYS/HYCF Kawaihoa Youth and Family Wellness Center proposal, like this one, seeks to fill the gap in services, with the intent to provide mental health treatment services, substance abuse treatment services, a crisis shelter for homeless youth, a crisis shelter for commercially sexually trafficked youth, vocational training, group homes, day treatment programs, educational services, and such other services as may be required to meet the needs of the youth at risk and young adults at risk.

We must also be mindful that the although the Kawaihoa Youth and Family Wellness Center is the way of the future, OYS and HYCF, must still maintain the primary function of the HYCF as the state's only youth correctional facility.

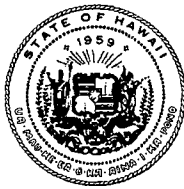
DHS appreciates this opportunity to work with the legislature, OYS/HYCF, DOH, PSD, and the community to determine the best use of resources and expertise available to address the needs of vulnerable youth, at risk young adults, as well as individuals with SMI, provide required operational and programmatic safeguards so that minors and adults are not housed, reside, or are in program together, and address stakeholder and community concerns.

Regarding Section 2, clarification is required as DHS does not have operational authority over OYS or HYCF, as OYS is an attached agency of DHS for administrative purposes. If the facility being considered is at HYCF, OYS and HYCF must be included in this collaborative. The Department of Public Safety (PSD) should also be consulted as they have authority over certain vacant facilities located at HYCF.

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.

We appreciate the comments and expertise of other departments and agencies who choose to submit testimony.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
OFFICE OF YOUTH SERVICES
1010 Richards Street, Suite 314
Honolulu, Hawaii 96813

February 8, 2018

TO: The Honorable John M. Mizuno, Chair
House Committee on Health and Human Services

FROM: Merton Chinen, Executive Director

SUBJECT: **HB 2021, Relating to Homeless Individuals with Severe Mental Illness**

Hearing: Friday, February 9, 2018, 8:30 a.m.
State Capitol, Conference Room 329

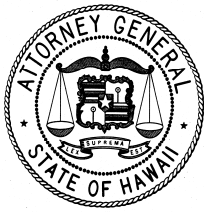
OFFICE'S POSITION: Office of Youth Services (OYS) offers the following comments.

- Hawaii Youth Correctional Facility (HYCF), by executive order and statute, currently serves only incarcerated youth, through age eighteen.
- During the past two years, HYCF has engaged with community to explore and plan on how the campus can support the continued efforts for juvenile justice reform, incorporating a restorative justice and aloha framework to address gaps in services, and identify pathways that will lead to fewer youth and young adults to enter the adult criminal justice system.
- OYS has introduced legislation, S.B. 2791 and H.B. 2364, to establish the Kawailoa youth and family wellness center (KYFWC) at the Hawaii Youth Correctional Facility (HYCF). The overarching goal of establishing the Kawailoa youth and family wellness center (KYFWC) is to be a pu'uhonua, or place of healing, for youth and young adults. The bill includes providing an array of programs and services for youth and young adults to age twenty-four, including mental health services, and crisis shelters for homeless youth. OYS has also introduced a CIP request to continue the planning process for the transformation of the HYCF campus from a correctional to a therapeutic model, in alignment with the proposed establishment of the KYFWC.

- Additional resources would bolster the continuum of care for this vulnerable population of youth and young adults as they transition from various systems of care to integrate more fully back into community.

PURPOSE: The purpose of the measure is to require 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, and appropriate funds.

Thank you for the opportunity to present this testimony.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018**

ON THE FOLLOWING MEASURE:

H.B. NO. 2021, RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS.

BEFORE THE:

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

DATE: Friday, February 9, 2018

TIME: 8:30 a.m.

LOCATION: State Capitol, Room 329

TESTIFIER(S): Russell A. Suzuki, Acting Attorney General, or
Andrea J. Armitage, Deputy Attorney General

Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides these comments.

The purpose of this measure is to require the Department of Human Services, in consultation with Department of Health, to establish a pilot project to operate a facility to provide shelter and mental health services to homeless individuals who suffer from severe mental illness, and who are subject to court-ordered involuntary hospitalization pursuant to part IV of chapter 334, Hawaii Revised Statutes (HRS). The Department of Human Services shall use an unused residential facility within the Hawaii youth correctional facility campus for this purpose. The pilot project shall last for an unspecified period of time. The bill appropriates \$500,000 for fiscal year 2018 – 2019 to establish the pilot project, to be expended by the Department of Human Services.

This measure aims to create an alternative placement for the involuntary civil commitment of homeless persons who have a severe mental illness. There are two legal problems with this approach. The first concern is that section 334-60.5(j), HRS, requires that persons subject to an involuntary civil commitment order be "hospitalized" in a "psychiatric facility." Section 334-60.5(j) provides:

If the court finds that the criteria for involuntary hospitalization under section 334-60.2(1) has been met beyond a reasonable doubt and that the criteria under sections 334-60.2(2) and 334-60.2(3) have been met by clear and convincing evidence, the court may issue an order to any law enforcement officer to deliver the subject to a facility that has agreed

to admit the subject as an involuntary patient, or if the subject is already a patient in a **psychiatric facility**, authorize the facility to retain the patient for treatment for a period of ninety days unless sooner discharged.
[Emphasis added.]

Section 334-1, HRS, defines "psychiatric facility" as "a public or private **hospital** or part thereof which provides inpatient or outpatient care, custody, diagnosis, treatment or rehabilitation services for mentally ill persons or for persons habituated to the excessive use of drugs or alcohol or for intoxicated persons." [Emphasis added.] The facility envisioned by this bill does not appear to be a hospital as required by the definition of psychiatric facility in section 334-1, HRS. It would have to be a facility that is licensed by the Department of Health pursuant to section 334-21, HRS ("licensing of psychiatric facilities"), and chapter 11-93, Hawaii Administrative Rules ("broad service hospitals").

If the requirement that individuals to be housed in the facility be involuntarily hospitalized is removed from the bill, there remains a constitutional problem with requiring this one facility to be on the grounds of the Hawaii youth correctional facility. This appears to run afoul of article XI, section 5, of the Hawaii Constitution, which provides that legislative power over lands under the control of the State and its political subdivisions be exercised only by general laws. A law that requires one specific facility to be placed on a specific plot of state land is not a general law. See *Sierra Club v. Dept. of Transportation*, 120 Hawai'i 181, 202 P.3d 1226 (2009), as amended (May 13, 2009). And in this case, the problem may be further exacerbated if the land set aside to the Hawaii youth correctional facility by executive order contains restrictions for its use. This problem could be solved by removing the specific designation of land and saying, instead, "a suitable unused state facility."

We respectfully request that the Committee consider our comments.

HB-2021

Submitted on: 2/8/2018 5:52:24 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Connie Mitchell	IHS, The Institute for Human Services	Support	Yes

Comments:

Members of the Committee,

IHS, The Institute for Human Services strongly supports this bill. When the Assisted Community Treatment Statute was passed a few years ago, we thought we would be able to assist many chronically homeless persons with mental illness to access the treatment tht they needed though court ordered treatment.. Alas, with the shrinking number of psyhcatric beds in community hospitals and the Hawaii State Hospital no longer accepting any civil commitments because of their crowded census, our community desperately needs an alternate facility to treat and stabilize people under civil court orders.to treat.. We do believe the amount of funding allocated may not be sufficient to equip, furnish and staff the pilot program with a nurse and two psych technicians and a part time psychiatrist and operational expenses. The number of beds should also remain flexible should the facility allow for a few more pateints at a time.

Thank you fo rthe opportunity to provide testimony



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES **Representative John M. Mizuno, Chair** **Representative Bertrand Kobayachi, Vice Chair**

Testimony in Support of HB 2021

February 9, 2018, 8:30 am, House Conference Room 329

The Hawai'i Psychological Association (HPA) supports House Bill 2021 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 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.

Respectfully submitted,

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

HB-2021

Submitted on: 2/8/2018 12:25:38 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII
TO THE COMMITTEE ON HEALTH & HUMAN SERVICES
THE SENATE
TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018
Friday, February 9, 2018
8:30 a.m.
Hawaii State Capitol, Conference Room 329**

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

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair, and Members of the Committee on Health & Human Services:

Good morning. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii ("DPH"). Thank you for the opportunity to provide written testimony on House Bill No.2021 relating to facilities for homeless individuals with Severe Mental Illness.

The OCC Legislative Priorities Committee is in support of House Bill No. 2021 and is in favor of its passage.

House Bill No.2021 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 for homeless individuals with severe mental illness who are subject to court-ordered involuntary hospitalization to a psychiatric facility.

Specifically, the DPH Platform provides that "[w]e 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 House Bill No. 2021 provides for shelter and mental health treatment for homeless individuals with Severe Mental Illness, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ **Melodie Aduja**

Melodie Aduja, Chair, OCC Legislative Priorities Committee

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

HB-2021

Submitted on: 2/7/2018 8:22:16 PM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

Subject:

We support this proposal. While the Hawaii State Hospital does a reasonable job of providing mental health care to its patients, virtually all of them are Court ordered pursuant to a criminal charge. A main gap in our delivery system is the lack of facilities to treat individuals who are civilly committed. We would urge the legislature to look at establishing such facilities and this proposal to utilize space at HYCF seems like a good step in a needed direction.

Four Reasons Why House Bill 2021 Should Have a Hearing

Aloha Representative Mizuno,

I am writing to explain why it is important to discuss House Bill 2021 in your joint committee hearing. There are at least four reasons for hearing the bill.

First, there are many negative images of the homeless in public circulation. But, in truth, the great majority of the negative anecdotes people and the media provide relate to a relatively few individuals who are mostly in need of serious medical help. Because of current laws, these people move in and out of mental hospitals without any sustained care.

Second, the negative images generated by this small group of homeless clearly has a detrimental effect on our communities. In Kailua, merchants, tourists, parents, teachers, school children and the general populace are upset by a semi-nude woman wandering the streets as well as a few individuals shouting obscenities in various public places or appearing disheveled wandering on school property.

Third, much police time is taken up with dealing with this small number of individuals. The police save records of certain individuals' citations so, after these individuals collect enough citations, they can temporarily place these individuals either in a mental hospital ward or in jail. But these individuals soon return to the streets because of the legal obstacles to helping them gain the necessary care. The result is not only a frustrated police force but a frustrated community who clearly sees the police unable to effectively address the problem.

Fourth, homelessness in locales such as Kailua is extremely difficult to correct. Kailua would certainly benefit from the City and County's Housing First program. But with property values approaching \$1,000,000 and the considerable number of illegal Airbnb's, it is nearly impossible to find or build financially viable units. Creating the opportunity to successfully treat the few emotionally disruptive homeless would go a long way to showing the legislature can indeed take effective action on an important public problem in at least one significant way.

Homelessness is certainly a serious problem in Hawaii – effecting the general populace, merchants, tourists, parents, teachers, and school children. Though the problem is perhaps unable to be solved in the short term, there is no doubt that IHS, various churches, and similar groups help many homeless to get by. There is also no doubt that many homeless are able to effectively cope with their unfortunate condition without breaking the law in serious ways. But this “good news” is overwhelmed by a few mentally unstable homeless who create most of the disruption – causing fear of the homeless generally in the community and taking up a considerable amount of police time. Hearing and, moreover, passing House Bill 2021 would go a long way to ameliorating the worse part of the homeless problem in Hawaii. Obviously, it will not solve the problem completely. But it will show that the state legislature cares enough to address the one part of the problem that they can help solve without allocating millions of dollars, the one part of the problem that would make the most difference to people in Hawaii.

Regards,
Dr. Borofsky

Dr. Rob Borofsky
Director, Center for a Public Anthropology
Professor of Anthropology, Hawaii Pacific University
Editor, California Series in Public Anthropology

Date: February 9, 2018

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

From: NASW Hawai'i Chapter

RE: Testimony in Support of H.B. 2021 Relating to Homeless Individuals with Severe Mental Illness

Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health and Human Services:

The National Association of Social Workers- Hawai'i (NASW-Hawai'i) strongly supports HB 2021 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.

There are approximately 51 homeless individuals for every 10,000 people in Hawai'i. In the 2016 Point-in-time survey of homeless individuals in Oahu, approximately 20% of homeless individuals reported having a serious mental illness and 17% reported a substance abuse disorder. The absence of safe and stable living conditions puts homeless individuals with severe mental illness at further risk for abuse, incarceration, and disease. Due to their illness, many homeless individuals with server mental illness do not seek or actively reject treatment services. This puts them at greater risk of endangering themselves and others. To address this occurrence, the State of Hawai'i allows the use of court-ordered involuntary commitment to provide acute mental health services to individuals with severe mental illness.

Upon discharge from inpatient mental health treatment, individuals with mental illness require a comprehensive treatment plan that can include a combination of psychiatric medications and therapeutic interventions to promote their mental wellbeing. However, according psychologist Abraham Maslow's hierarchy of needs model, homeless individuals with severe mental illness are unable to address their mental health needs without first acquiring basic needs of shelter. At present, there are no mental health treatment services that provide housing services for homeless individuals upon discharge of court-ordered mental health treatment.

By establishing a pilot project to provide housing and mental health treatment for homeless individuals with severe mental illness, the State can directly place these individuals into housing and provide mental health care services in a timely and impactful manner.

Sonja Bigalke-Bannan, MSW, LSW
Executive Director
National Association of Social Workers, Hawai'i Chapter

LATE

HB-2021

Submitted on: 2/9/2018 4:04:38 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Ho`omana Pono, LLC	Support	Yes

Comments:

Testimony to the

Committee on Health and Human Services
Rep. John Mizuno, Chair

Friday, Feb. 9, 2018
8:30 am Rm 329

HB 2021

From: C. Malina Kaulukukui

Submitted on: Feb. 8, 2018

Re: HB 2021: Relating to Homeless Individuals with Severe Mental Illness

Position: Support, with comments

Aloha, Chair Mizuno and members of the committee. I am testifying as an individual, although I am a member of a Kailua citizens group organized under the auspices of the Kailua Neighborhood Board to address the growing issues of homelessness in the Windward area. I support the objective of this bill to integrate housing with mental health treatment to a population that may require involuntary hospitalization.

As a psychiatric social worker who formerly worked in the Adult Mental Health Division of the Department of Health (DOH), I am concerned that the responsibility for this proposed pilot project rests primarily with the Department of Human Services (DHS). The current statutory responsibility for involuntary mental health hospitalizations requires the oversight of the DOH, as does the administering/monitoring of locked mental health facilities. It seems that the impetus for DHS to assume responsibility for this project is that the proposed facility is on the Hawai'i Youth Correctional Facility campus and therefore under DHS jurisdiction. Perhaps there is a way for a joint project, with each department retaining its statutory obligations.

This is a long-range proposal that has great benefits to our homeless citizens with severe mental illness. It has the potential to be a well-developed, thoughtful endeavor. Mahalo for the opportunity to testify.