

EXECUTIVE CHAMBERS HONOLULU

DAVID Y. IGE GOVERNOR

February 14, 2018

TO: The Honorable Senator Josh Green, Chair

Senate Committee on Human Services

The Honorable Senator Will Espero, Chair

Senate Committee on Housing

The Honorable Rosalyn H. Baker, Chair

Senate Committee on Commerce, Consumer Protection, and Health

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

SUBJECT: SB 2330 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL

ILLNESS

Hearing: Wednesday, February 14, 2018, 3:15 p.m.

Conference Room 016, 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.



PANKAJ BHANOT DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

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

February 9, 2018

TO: The Honorable Senator Josh Green, Chair

Senate Committee on Human Services

The Honorable Senator Will Espero, Chair

Senate Committee on Housing

The Honorable Rosalyn H. Baker, Chair

Senate Committee on Commerce, Consumer Protection, and Health

FROM: Pankaj Bhanot, Director

SUBJECT: SB 2330 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL

ILLNESS

Hearing: Wednesday, February 14, 2018, 3:15 p.m.

Conference Room 016, State Capitol

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

<u>PURPOSE</u>: 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.

(Seehttps://brilliant-solutions/housing-services/ for a program established in San Francisco). Also, see https://www.huduser.gov/portal/publications/hsgfirst.pdf that 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. The 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 is designed. Housing First is voluntary, 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 Kawailoa 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 Kawailoa 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 Kawailoa 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.

Thank you for the opportunity to testify on this bill.



ON THE FOLLOWING MEASURE:

S.B. NO. 2330, RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS.

BEFORE THE:

SENATE COMMITTEES ON HUMAN SERVICES, AND ON HOUSING, AND ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Wednesday, February 14, 2018 **TIME:** 3:15 p.m.

LOCATION: State Capitol, Room 16

TESTIFIER(S): Russell A. Suzuki, Acting Attorney General, or

Andrea J. Armitage, Deputy Attorney General

Chairs Green, Espero, and Baker and Members of the Committees:

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

Testimony of the Department of the Attorney General Twenty-Ninth Legislature, 2018 Page 2 of 2

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.



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TESTIMONY COMMENTING ON SB2330 RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

SENATOR JOSH GREEN, CHAIR SENATE COMMITTEE ON HUMAN SERVICES

SENATOR WILL ESPERO, CHAIR SENATE COMMITTEE ON HOUSING

SENATOR ROSALYN H. BAKER, CHAIR SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date and Time: Wednesday, February 14, 2018 at 3:15 p.m. Room Number: 16

- 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.
- The purpose of this bill is to require the DHS, in consultation with the DOH, to
- establish a pilot project to provide housing and mental health treatment for homeless
- individuals with severe mental illness who are subject to court-ordered involuntary

- hospitalization pursuant to part IV of chapter 334, Hawaii Revised Statutes with the goal
- of enabling these individuals to find permanent housing through housing first programs.
- The AMHD appreciates the intent of this bill and offers the following comments.

AMHD Homeless Outreach Services

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

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

Linkage to health care services, Social Security benefits, entitlements, workforce development, job training opportunities, emergency shelters, transitional housing, clothing, mental health treatment, substance use treatment, service coordination, collateral contacts, advocacy on their behalf, and/or assistance with finding individuals with a home in the private marketplace are examples of tasks that Homeless Outreach 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.
- 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.
- 7 In addition to Homeless Outreach services, AMHD provides specialized
- treatment and group home housing for approximately 808 individuals, including those
- 9 who living in 24 hour, 8-16 hour, and semi-independent group homes. There are over
- 100 eligible individuals who receive supported housing/bridge subsidy through the
- AMHD. These individuals live with a serious mental illness (SMI) and have the option to
- live independently in housing of their choice with services that support their movement
- towards assuming the role of a neighbor or tenant. AMHD Crisis Mobile Outreach
- (CMO) services are available to adults in an active state of crisis.
 - Use of the Hawaii Youth Correctional Facility (HYCF) as a Psychiatric Facility
- Though with very positive intent, there are a number of potential flaws with this
- bill as written. Our understanding is that land used by HYCF may not be available for
- use in a program with adult clients.

15

- In addition, Section 2, Part (a) states that the DHS and DOH, "shall establish a
- pilot project to operate a facility to provide shelter and mental health treatment for

- 1 homeless individuals with severe mental illness who are subject to court-ordered
- involuntary hospitalization to a psychiatric facility." As defined in §334-1, Hawaii
- Revised Statutes, a "psychiatric facility" means a public or private hospital or part
- 4 thereof which provides inpatient or outpatient care, custody, diagnosis, treatment, or
- 5 rehabilitation services for mentally ill persons or for persons habituated to the excessive
- 6 use of drugs or alcohol for intoxicated persons. Our comment regarding this bill
- 7 language is that if an individual is involuntarily committed to a psychiatric facility, they
- 8 would not be housed in the proposed pilot project, unless it is a psychiatric facility.
- 9 We thank the Legislature for introducing a variety of measures that aim to
- address the issue of homelessness in Hawaii. Respectfully, the AMHD asks for the
- Legislature's support of the Governor's Executive Budget request, SB2065/HB1900,
- which includes appropriations to the DHS and DOH for \$3 million for Housing First, \$3
- million for Rapid Rehousing, \$1.75 million for homeless outreach, and \$800,000 for
- outreach and counseling services for chronically homeless persons with severe
- 15 substance use disorders.
- The AMHD defers to the DHS for their preferred use of the HYCF. The DOH will
- be available for consultation with DHS and the Governor's Coordinator on Homeless to
- 18 coordinate services.
- We thank the committee for considering our testimony.

To: Senate Committees on Human Services

Housing and

Commerce and Consumer Protection and Health

From: Connie Mitchell for IHS, The Institute for Human Services

Date: Feb. 13, 2018

Senate Re: SB2330 Relating to Mental Illness

Committee Chairs and Members of the Committees,

IHS, The Institute for Human Services strongly supports this bill with amendments.

Our community desperately needs more places where Assisted Outpatient Treatment can be implemented, especially past the initiation of medication and treatment which can take place within a community psychiatric hospital unit.

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 and substance abuse to to access the treatment that they needed. Alas, with the shrinking number of psychiatric 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 with a longer stay to treat and stabilize people under family court orders to treat. As the bill stands, the population to be treated may be limited if the site of the facility is designated for the treatment of youth up to the age of 24.

We recommend language be changed to:

- 1) Remove language that describes a "pilot project to prvoide housing and metnal health treatment for homeless individuals with severe metnal illness who are subject to court ordered involuntary hospitalization pursuant to part IV of chapter 334, Hawaii Revised Statutes" and replace with "pilot project to provide shelter and behavioral health treatment for homeless individuals with severe mental health and or substance use disorders who are subject to court ordered Community Treatment under the Assisted Community Treatment statute."
- 2) Remove the specificity of the venue for treatment and broaden options for a place where such treatment might be hosted and
- 3) Ensure the description of target of this program remain a wider population of adults who are court ordered for behavioral health treatment.
- 4) <u>Keep the number of beds flexible</u>, should a housing option be found that would allow for a few more or less patients to be treated at a time.

Thank you for the opportunity to offer testimony.



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COMMITTEE ON HUMAN SERVICES COMMITTEE ON HOUSING COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

WEDNESDAY, February 14, 2018, 3:15 PM, room 16

SB 2330, Relating to Homeless Individuals with Severe Mental Illness

TESTIMONY

Nina Eejima, Legislative Committee, League of Women Voters of Hawaii

Chair Green, Committee on Human Services; Chair Espero, Committee on Housing; Chair Baker, Committee on Commerce, Consumer Protection, and Health; and Committee Members:

The League of Women Voters of Hawaii supports SB 2330 that, inter alia, 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.

We agree that the state has a gap in services for homeless individuals with severe mental illness who often cycle between homelessness, emergency room treatment, incarceration, and hospitalization. We note that this places a significant burden on our health care system through excessive use of expensive emergency department, inpatient treatment, and crisis services and that currently no mental health service providers in Hawaii provide housing and services to individuals subject to court-ordered involuntary commitment. 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.

Thank you for the opportunity to submit testimony.

<u>SB-2330</u> Submitted on: 2/12/2018 12:43:13 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gay Mc Phail	Testifying on behalf of Citizens for a Safer Windward	Support	No

Comments:



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833 Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON HUMAN SERVICES
Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair
and

SENATE COMMITTEE ON HOUSING Senator Will Espero, Chair Senator Breene Harimoto, Vice Chair and

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Testimony in Support of SB 2330

Tuesday February 13, 2018, 3:15 pm, Room 016

The Hawai'i Psychological Association (HPA) endorses Senate Bill 2330, 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.

SB 2330 would provide shelter and treatment to homeless members of the community with the greatest need and the fewest resources, with possible cost savings for the community and its health care system. For these reasons, we respectfully urge you to support SB 2330.

Thank you for this opportunity to offer testimony in support of SB 2330.

Respectfully submitted,

Julie Takishima-Lacasa, Ph.D. Chair, Legislative Action Committee Hawai'i Psychological Association

SB-2330

Submitted on: 2/9/2018 7:08:29 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

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

Comments:

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.

<u>SB-2330</u> Submitted on: 2/13/2018 2:09:22 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying on behalf of OCC Legislative Priorities Committee of the Democratic Party of Hawaii	Support	No

Comments:

SB-2330

Submitted on: 2/8/2018 1:56:26 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl		Support	No

Comments:

Living downtown Honolulu, I often see people who seem to be outside during the day due to their

facility only being a place to sleep. Many of these people seem to have mental issues. It seems that if there was somewhere they could be and possibly have health and mental care during the day it would help them? I hope that this is the intent?

<u>SB-2330</u> Submitted on: 2/8/2018 2:09:51 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

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

Comments:

Testimony to:

Committee on Human Services

Senator Josh Green, Chair Senator Stanley Chang, Vice Chair

Committee on Housing

Senator Will Espero, Chair Senator Breene Harimoto, Vice Chair

Committee on Commerce, Consumer Protection and Health

Senator Rosalyn Baker, Chair Senator Jill Tokuda, Vice Chair

Wednesday, Feb. 14, 2018 3:15 pm, Conf Rm 16

From: C. Malina Kaulukukui, MSW

Submitted on: Feb. 9, 2018

Re: SB2330: Relating to Homeless Individuals with Severe Mental Illness

Position: Support, with comments

Aloha, Chairs Green, Espero, Baker, and members of the committees. 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 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 it's 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.

<u>SB-2330</u> Submitted on: 2/9/2018 4:51:10 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

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

Comments:

Strongly support...

SB-2330

Submitted on: 2/9/2018 8:06:36 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing	
Joan Gannon	West Hawaii CHC	Support	No	1

Comments:

To: Committee on Human Services, Committee on Housing, Committee onCommerce ConsumerProtection and Health

From: Joan Gannon Chairperson of Committee on Protecting Marine Life. Democratic Party Hawaii Island

i support SB2330. I see and have known people with severe mental illness who are homeless. I feel they should be given as much help as we can.

Thank You Joan

<u>SB-2330</u> Submitted on: 2/9/2018 9:55:12 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Lacques		Support	No

Comments:

<u>SB-2330</u> Submitted on: 2/9/2018 10:44:21 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
TOM DIGRAZIA		Support	No

Comments:

I support this proposed legislation, particularly if it is aimed at the very vulnerable among our houseless: young people ages 18-24.

<u>SB-2330</u> Submitted on: 2/12/2018 2:13:18 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing	
Frances		Support	No	1

Comments:

SB-2330

Submitted on: 2/12/2018 9:19:26 AM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Godbey Carson		Support	No

Comments:

I am a volunteer board member of IHS, a supporter of FACE Housing Now!

This bill concerns a life-changing, life-saving community treatment option for homeless mentally ill persons under court order for treatment.

Please approve this bill, with requested amendments below, to establish a place for those homeless persons court ordered for treatment be placed at a facility where they might receive treatment, given the Hawaii State Hospital does not take any civil commitments.

The Hawaii State Hospital has not accepted a civil commitment in over 16 years. Community hospitals have fewer and fewer inpatient psychiatric beds and they cannot keep patients long enough to fully stabilize them. So there are too few options for persons who might be placed under court order to treat their mental illness. This bill will help by providing a pilot program of up to 10 individuals at one time to be treated in a secured setting.

HOWEVER, SB2330 needs to be amended to:

- 1) target ALL adults, not just transition age youth;
- 2) be a general setting and not just the Youth Correctional Facility, so that adults older than age 24 could be served by this pilot program; and
- 3) acknowledge that the initiation of treatment could be done at a hospital and the person could then be transitioned to this shelter to continue stabilization, which could lower costs of services considerably.

Thank you.

SB-2330

Submitted on: 2/12/2018 2:41:51 PM

Testimony for HMS on 2/14/2018 3:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Janine Tully	Individual	Support	No

Comments:

Submitted to: HMS/HOU/CPH

I strongly support SB2330 Relating to Homeless Individuals with Severe Mental Illness

I personally have seen the pain that such a condition causes in families.

Thank you,

Janine Tully

(808) 282-5914