



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

March 18, 2019

TO: The Honorable Representative Chris Lee, Chair
House Committee on Judiciary

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

SUBJECT: SB 1051 SD1 HD1 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

Hearing: Wednesday, March 13, 2019, 9:00 A.M.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator on Homelessness supports this bill.

The Coordinator appreciates the amendments made by the House Committees on Human Services & Homelessness and Health to include the Director of Health as a co-chair of the task force and to include homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to assisted community treatment orders as participants of the future pilot program.

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 task force to determine specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to court-ordered guardianship. The bill also appropriates an unspecified amount of funds to DHS to support the task force.

The Coordinator appreciates the legislature's efforts to address a critical gap in services for homeless individuals experiencing severe mental illness or co-occurring mental illness and substance use disorders. According to the 2018 statewide homeless point in time count, there are an estimated 1,612 homeless individuals with severe mental illness, representing 25% of

the total homeless population. In addition, the 2018 statewide homeless point in time count identified 1,264 homeless individuals who reported chronic substance abuse, representing 19% of the total homeless population.

Current shelter programs for homeless individuals are not designed to assist individuals who are ordered to comply with treatment against their consent, such as individuals with severe mental illness or co-occurring disorders who are subject to assisted community treatment orders or guardianship. Accordingly, the Coordinator supports the establishment of a task force to further examine this issue and make specific recommendations to the legislature on how to address the needs of the identified target population. The task force will assemble key stakeholders to address issues related to appropriate staffing levels and security measures for the pilot program, compliance with licensing and other regulatory requirements, and the intersection of the pilot program with judicial processes related to assisted community treatment and guardianship.

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 in SUPPORT of SB1051 SD1 HD1
RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

REPRESENTATIVE CHRIS LEE, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date and Time: Monday, March 18, 2019 at 2:05 p.m.

Room: 325

1 **Fiscal Implications:** The Department of Health (DOH) plans to leverage federal funding to
2 cover the cost of \$218,700 for the TA support proposed by the Department of Human Services
3 (DHS) in collaboration with the National Council.

4 **Department Testimony:** The DOH supports this bill as currently drafted.

5 The DOH recognizes that it is statutorily responsible for the development and
6 implementation of a statewide mental health system in partnership with government and
7 community organizations.

8 We have conferred with the DHS and are committed to working with DHS as co-chair of
9 this task force in support of making positive steps towards a more functional and integrated
10 system of care. We are already working with DHS and currently have initiatives underway that
11 will improve the mental health care delivery system. We believe that, as a result of this
12 partnership with DHS, task force members, and federal assistance, there is potential to initiate
13 and expand programs based on the recommendations and actions identified by the task force.

14 The DOH also supports and appreciates the efforts of the DHS to request technical
15 assistance from the National Council to address the needs identified in this measure and that
16 they are in receipt of a proposed scope of work that would support our efforts with a total
17 proposed cost of \$218,700. The DOH can leverage federal resources to support this scope of
18 work.

1 The DOH acknowledges that it will take a lot of coordination across departments to
2 implement a comprehensive continuum of care and we are committed to this endeavor.

3 We thank the Legislature for introducing a variety of measures that aim to address the
4 intertwined and complex issue of homelessness, mental illness, and substance abuse in Hawaii
5 and look forward to continued collaboration with legislators, partner agencies, and community
6 stakeholders.

7 Thank you for the opportunity to testify.

8 **Offered Amendments:** None.



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

March 17, 2019

TO: The Honorable Representative Chris Lee, Chair
House Committee on Judiciary

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 1051 SD1 HD1 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

Hearing: March 18, 2019, 2:05 p.m.
Conference Room 325, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this bill, requests additional amendments, and provides comments. DHS appreciates the comments and amendments to the measure made by the Senate Committees on Human Services and Commerce, Consumer Protection, and Health, and House Committees on Human Services & Homelessness and Health . Further, we appreciate the testimony and commitment from the Department of Health, community members, and providers to work on this important issue.

DHS requests amendments addressing requirements of Chapter 92, Hawaii Revised Statutes (HRS), to promote as much work and decision making to be done in the coming year. DHS requests exemption from provisions of section 92-2.5, HRS, recognizing that named members to the task force, especially those from DHS and DOH, work together often on a variety of issues, including work groups addressing overarching behavioral health services. It would be cumbersome and difficult to adhere to the provisions of section 92-2.5, HRS.

Also, as provided by section 92-15, HRS, DHS requests that this measure define the quorum of this task force to be the majority of task force members or their designees present at duly noticed meetings of the task force.

Specifically, DHS requests the following amendments to Section 2:

AN EQUAL OPPORTUNITY AGENCY

(d) For purposes of facilitating the work,
necessary investigation, and to promote decision making,

(1) The task force members may work together,
investigate matters, and make preliminary
decisions without regard to provisions of
section 92-2.5, Hawaii Revised Statutes, so
long as any decisions are included in the
meeting notice of the task force and subject
to further review and comment by the task
force members and members of the public who
are present at a duly noticed meeting of the
task force; and

(2) A majority of task force members or their
designees present at a duly noticed meeting of
the task force shall constitute a quorum of
the task force as provided by section 92-15,
Hawaii Revised Statutes.

~~(d)~~(e) The task force shall submit a report of
its findings and recommendations, including any proposed
legislation, no later than thirty days prior to the
convening of the regular session of 2020.

(f) The task force shall cease to exist on June
30, 2021, unless extended by an act of the legislature.

DHS wants to clarify that the department adheres to the Housing First approach and that the ultimate goal is we are looking toward the necessary services and system changes that will result in permanent supportive housing solutions for individuals with severe mental illness or severe co-occurring mental illness and substance abuse use disorders.

We agree that limiting the focus to court-ordered individuals may be premature, and though court-ordered services is the Legislature's focus, the current proposals of scope of services under review from the National Council for Behavioral Health addresses both court-ordered and non-court ordered populations.

Further, though DHS is not involved in Assisted Community Treatment proceedings authorized by Part VIII, Chapter 334, HRS, we recognize that the Chapter 334, sections 334-121 through -134, HRS, are judicial and procedural safeguards that address decision and oversight making processes, and appear to be somewhat temporary or transitional in nature. We request clarification in the committee report that this task force is not necessarily focused on revising Part VIII, Chapter 334.

Also, in review of the testimony it appears that there seems to be interchange in reference to Hawaii's Assisted Community Treatment law and the therapeutic model Assertive Community Treatment, a treatment model described in the literature as a highly personalized 24/7 treatment model for individuals with dual diagnoses. While the goals and population served of by both the law and the therapeutic model appear similar, on preliminary review they do not appear to be equivalent; per available information regarding Assertive Community Treatment it intends to be long-term therapeutic services supportive of community living, without regard to services being mandated.

PURPOSE: The purpose of this measure requires the Department of Human Services to establish a task force to determine specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to court-ordered guardianship or assisted community treatment orders. Appropriates funds. (SB1051 HD1)

DHS agrees a task force is necessary to determine best practices and specific implementation requirements to establish a pilot program.

We are aware that prior to implementing a pilot, we will need time and resources to develop additional community capacity and an understanding of what has worked, and continues to work, especially when participants may not necessarily consent to the services and treatment, and to develop a plan. DHS is interested in establishing model that is evidence based, uses an integrated health care approach, and is community driven.

DHS has reached out to the National Council for Behavior Health located in Washington D.C., to discuss the Certified Community Behavioral Health Clinics (CCBHC) model,

a demonstration program based on the Excellence in Mental Health Act, (see <https://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics/>).

We requested technical assistance from the National Council to address the need identified in this measure and we are in receipt of a proposal for a scope of work to begin June 1, 2019 through July 31, 2022. The proposal includes the following services:

- Environmental Scan and Needs Analysis \$24,000
- Five (5) Planning and Assessment Calls for Kick-Off Site Visit, Steering Committee Formation, and other Onsite Visits \$ 4,500
- Four (4) Days Onsite Kick-Off Site Visit and Steering Committee Convening \$36,000
- Twelve (12) Days Onsite Visits over the Period of the Contract, Inclusive of trainings in Evidence-Based Practices such as Motivational Interviewing \$91,200
- Thirty (30) Coaching Calls to Support Implementation Efforts \$27,000
- Six (6) Webinars on a Topic of Clients Choice Based on Recommendations \$12,000
- Policy, Procedures, Workflows, Care Pathways and Other Resource Development \$24,000
- TOTAL CONSULTATION PRICE (*Excludes travel expenses and additional consultation hours as needed) \$218,700*+
- Travel

DHS initially requested a general funds appropriation for FY2019-2020 of \$300,000 for the technical assistance, task force, and other administrative expenses including travel. However, DOH may have existing federal funds available to cover the cost of this technical assistance. If DOH is able to confirm an available amount of existing funds at \$281,700, DHS maintains its request for a general fund appropriation for \$40,000 for FY2019 – 2020, and FY 2020-2021 each for administrative expenses, including travel expenses, to support the consultation and the task force for the next two years.

DHS requests a general funds appropriation for FY2020-2021 of \$600,000 to implement a targeted demonstration 5 to 8 bed pilot shelter program for homeless individuals with severe mental illness, including the hiring of staff.

Thank you for the opportunity to provide testimony on this bill.



PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB SB1051 SD1, HD1, RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

TO: Rep Chris Lee, Chair, Rep. Joy San Buenaventura, Vice Chair, and members, Committee on Judiciary

FROM: Marya Grambs, member, Board of Directors, Partners in Care

Hearing: **3/18/2019, 2:05, rm 325**

Chair Lee, Vice Chair Joy Mizuno, and members:

Thank you for the opportunity to provide testimony **in support** of SB1051, SD1 HD1. I am Marya Grambs, member, Board of Directors of Partners in Care, a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu's Continuum of Care for persons experiencing homelessness.

This bill requires the Department of Human services to develop a task force to determine requirements for developing a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness/substance use disorders who are subject to guardianship or ACT orders. We suggest that this be a joint task force with the Department of Health.

We feel that such a pilot program is urgently needed. For the most severely mentally ill/substance abusing homeless individuals who we see on our streets, ordering them into community treatment (via ACT or through guardianship) is the first step. Additionally, these individuals need a period of time to be stabilized and for the treatment to take effect. Years of being homeless and psychotic or addicted cannot be healed quickly or easily.

The anticipated residents of this program are individuals we are all familiar with because they are so visibly distressed and manifest destructive and delusional behavior, often hallucinating wildly: because of their mental illness they do not have the capacity to take care of themselves or make informed decisions about treatment; they live in inhumane, degrading circumstances without adequate hygiene or medical care; they are often victims of violence or, in the case of women, sexual assault; and they cycle repeatedly between street, hospital, and jail, with enormous costs to society. Untreated psychosis causes brain damage, thereby lessening the likelihood that their illness can improve. The nature of their mental illness is that they literally do not know they are ill, which is why they refuse treatment. We believe they have a right to treatment and a chance to live a better life.

Providing a shelter with mental health treatment specifically designed for this population, as an adjunct to ACT or guardianship orders, will increase the chances that community treatment can succeed.

SB-1051-HD-1

Submitted on: 3/16/2019 6:07:05 AM

Testimony for JUD on 3/18/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Hawaii Kai Homeless Task Force	Support	No

Comments:

TO:	The House Committee on the Judiciary
FROM:	Mike Goodman, Director of the Hawaii Kai Homeless Task Force & Member of the Partners In Care Advocacy Committee.
RE:	SB1051 SD1, HD1
HEARING:	Monday, March 18, 2019, 2:05 p.m. Conference Room 325

Dear Representative Lee, Chair, and Representative San Buenaventura, Vice Chair, and all Members of this Committee, thank you for the opportunity to testify.

The Hawaii Kai Homeless Task Force strongly supports this bill, and offers the following amendment:

Untreated mental illness along with concurrent substance abuse is the storm at the heart of the homeless crisis. Tepid measures are unacceptable. Therefore the Task Force created by this bill should formulate their recommendations so they can be implemented at a large enough scale to serve everyone in need.

Thank you for the opportunity to testify.



LATE

SB1051 SD1 HD1 Shelter with Services for Mental Illness and/or Co-occurring Substance Abuse for Homeless

COMMITTEE ON JUDICIARY:

- Rep. Lee, Chair; Rep. San Buenaventura, Vice Chair
- Monday, Mar. 18, 2019: 2:05 pm
- Conference Room 325

Hawaii Substance Abuse Coalition Supports SB1051 SD1 HD1:

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.

- *HSAC supports building an infrastructure that integrates behavioral health treatment and recovery support services for homeless with a serious mental illness [SMI] or serious emotional disturbance [SED] that could be coupled with a co-occurring substance use disorder [SUD].*
- *HSAC hopes that this pilot will increase capacity and provide the full continuum of services that are accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatments with peer support and other recovery support services as well as linkages to sustainable permanent housing.*
- *To achieve this goal, HSAC recommends three types of activities:*
 1. Integrated behavioral health treatment and other recovery-oriented services;
 2. Efforts to engage and connect clients to enrollment resources for health insurance, Medicaid, and mainstream benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), etc.); and
 3. Coordination of housing and services that support sustainable permanent housing.

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

SB-1051-HD-1

Submitted on: 3/18/2019 11:25:31 AM

Testimony for JUD on 3/18/2019 2:05:00 PM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan P. Armstrong	Oahu County Democrats	Support	No

Comments:

SB-1051-HD-1

Submitted on: 3/16/2019 12:54:44 PM

Testimony for JUD on 3/18/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Benton Kealii Pang, Ph.D.	Individual	Support	No

Comments:

I support SB1051 SD1 HD1 as a potential solution to address Hawai'i's homeless/houseless problems.

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2019

COMMITTEE ON JUDICIARY
Rep. Chris Lee, Chair
Rep. Joy A. San Buenaventura, Vice Chair

DATE: Monday, March 18, 2019
TIME: 2:05pm
PLACE: Conference Room 325
State Capitol
415 South Beretania Street

HEARING

SB 1051 SD1, HD1

POSITION: SUPPORT SB 1051 SD1, HD1/ Providing Suggested Amendments

The current language of this bill directs the Department of Human Services (DHS) to develop a task force to determine requirements for developing a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness/substance use disorders who are subject to guardianship or ACT orders.

This bill was crafted with the best of intentions however, there is room for improvement. It would be far more advantageous that DHS work in concert with the Department of Health (DOH).

Therefore, please considers adding an amendment to the current bill that also includes the Department of Health as part of this task force, so that it be a joint task force of DHS and DOH by virtue of this bill.

Thank you for taking the time in reading my vote of support and how to improve on this bill. I see no reason that this bill should not pass this committee. Please make all efforts to see this bill passes out of this committee. It would be of help to those working with the population of persons that require this special level of care.

Mahalo,

Ken Farm

Board Member, Member CAC, OMPO
Neighborhood Board No. 15
Kalihi-Palama



The Institute for Human Services

Ending the Cycle of Homelessness

To: The Honorable Representative Chris Lee, Chair of House Judiciary Committee
The Honorable Representative Joy Buenaventura, Vice Chair of House Judiciary Committee

Subject: IHS Testimony in Support of SB-1051-SD1-HD1 with Proposed Amendments

Board of Directors

Jayson Harper
President

David Morimoto
Finance Chair

Ellen G. Carson, Esq.
Governance Chair

Tracy Tonaki
Secretary Chair

Lynne T. Unemori
External Affairs Chair

K. James Steiner, Jr., Esq.
Audit Chair

Ian Bigelow
LeeAnn E.P. Crabbe
Sharon Crofts
Duke DuTeil
Jerry Gibson
Kenneth C. Hansen
Jeffrey S. Harris, Esq.
Stacey C.G. Hee, Esq.
Ian Hogan
Ed Hope
Denise Eby Konan
Craig McGinnis
Nani Medeiros
Carri Morgan
Curt Nakamura
Bruce M. Nakaoka
Kuuhaiku Park
Curtis Saiki, Esq.
Joe Viola
Tammy Yokogawa-King

Emeritus Members

Roberta DuTeil
The Rev. Msgr.
Terrance Watanabe

Aloha House Committee Members,

This bill requires the Department of Human services to develop a task force to determine requirements for developing a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness/substance use disorders who are subject to guardianship or ACT orders. We suggest that this be a joint task force with the Department of Health. Additionally, we propose that one additional member of the task force include a homeless program shelter operator.

We feel that such a pilot program is urgently needed. For the most severely mentally ill/substance abusing homeless individuals who we see on our streets, ordering them into community treatment (via ACT or through guardianship) is the first step. Additionally, these individuals need a period to be stabilized and for the treatment to take effect. Years of being homeless and psychotic or addicted cannot be healed quickly or easily.

The anticipated residents of this program are individuals we are all familiar with because they are so visibly distressed and manifest destructive and delusional behavior, often hallucinating wildly: because of their mental illness they do not have the capacity to take care of themselves or make informed decisions about treatment; they live in inhumane, degrading circumstances without adequate hygiene or medical care; they are often victims of violence or, in the case of women, sexual assault; and they cycle repeatedly between street, hospital, and jail, with enormous costs to society. Untreated psychosis causes brain damage, thereby lessening the likelihood that their illness can improve. The nature of their mental illness is that they literally do not know they are ill, which is why they refuse treatment. We believe they have a right to treatment and a chance to live a better life.

Providing a shelter with mental health treatment specifically designed for this population, as an adjunct to ACT or guardianship orders, will increase the chances that community treatment can succeed.

I close my remarks by stating that IHS is committed to solving chronic homelessness and serving those with severe mental illnesses who need community treatment orders. We are committed to the positive impacts this will have on our community.

Respectfully,

Kimo K. Carvalho
Director of Community Relations
IHS, The Institute for Human Services, Inc.

Business Office | 546 Kaaahi Street, Honolulu, HI 96817
Phone 808.447.2800 | Fax 808.845.7190

IHS, The Institute for Human Services, Inc. is Hawaii's oldest, largest and most comprehensive homeless services agency focused exclusively on ending and preventing homelessness in Hawaii.

www.ihshawaii.org



SB-1051-HD-1

Submitted on: 3/17/2019 11:09:32 PM

Testimony for JUD on 3/18/2019 2:05:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Maricor Dela Cruz	Individual	Support	No

Comments:

Homelessness is becoming an epidemic problem in Hawaii and the major contributor to this problem is mental illness. As a nurse, I have seen the gap in services for homeless individuals with severe mental illness and substance use disorder this often cycle between homelessness, emergency room treatment, incarceration, and hospitalization. Through this pilot study healthcare team involve will be able to have a better understanding on what is effective mental health services needed to prevent homelessness in the future.