



EXECUTIVE CHAMBERS
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DAVID Y. IGE
GOVERNOR

March 13, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

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

SUBJECT: SB 1051 SD1 – 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 supports this bill, and suggests an amendment.

The Coordinator appreciates the amendments made by the Senate Committees on Human Services and Commerce, Consumer Protection, and Health to remove language that would establish a three-year pilot project and insert language to establish a task force.

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.

If this bill moves forward, the Coordinator suggests an amendment that the task force be co-chaired by DHS and DOH, as the development of a program for homeless individuals with co-occurring disorders requires the expertise of both agencies.

Thank you for the opportunity to testify on this bill.



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

March 11, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services and Homelessness

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

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

Hearing: March 13, 2019, 9:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT’S POSITION: The Department of Human Services (DHS) supports this bill, offers comments, and requests additional amendments. DHS appreciates the comments and amendments to the measure made by the Committees on Human Services and Commerce, Consumer Protection, and Health . Since the last Senate hearing of this measure on February 26, 2019, DHS and DOH had positive discussion that DOH will co-lead this effort with DHS, that there is work being done by other existing behavioral health work groups that may support this effort, and that DOH may have access to existing funds for the technical assistance described below.

PURPOSE: The purpose of this measure is to require 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. Appropriates funds. (SD1)

DHS agrees a task force is necessary to determine best practices and specific implementation requirements to establish a pilot program. Regarding Section 2, for purposes of facilitating decision making of the task force, DHS requests that a majority of task force members or their designees present at the public meeting constitute a quorum pursuant to section 92-15, Hawaii Revised Statutes.

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 requests 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.

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.



**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
RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS**

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: Wednesday, March 13, 2019 at 9:00 a.m.

Room: 329

1 **Fiscal Implications:** The Department of Health (DOH) believes it may be able to leverage
2 federal funding to cover the technical needs of the task force and the associated TA.

3 **Department Testimony:** The DOH supports this bill, offers comments, and requests additional
4 amendments. The DOH recognizes that it is statutorily responsible for the development and
5 implementation of a statewide mental health system in partnership with government and
6 community organizations. We have conferred with the Department of Human Services (DHS)
7 and have committed to working with DHS as co-chair of this task force in support of making
8 positive steps towards a more functional and integrated system of care. We believe that, as a
9 result of this partnership with DHS, task force members, and federal assistance, there is
10 potential to initiate a pilot program based on the recommendations and actions identified by the
11 task force.

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

17 The DOH acknowledges that it will take a lot of coordination across departments to
18 implement a comprehensive continuum of care. We thank the Legislature for introducing a

1 variety of measures that aim to address the issue of homelessness in Hawaii and look forward
2 to continued collaboration with legislators, partner agencies, and community stakeholders.

3 Thank you for the opportunity to testify.

4 **Offered Amendments:** SECTION 2. (a) There is established within the department of human
5 services the task force on chronically homeless individuals with severe mental illness or
6 substance use disorders. Co-chaired by the department of human services and the department
7 of health, the task force shall determine specific implementation requirements necessary to
8 establish a pilot program intended to procure the services of a service provider to operate a
9 shelter and provide mental health treatment for homeless individuals with severe mental illness
10 or severe co-occurring mental illness and substance use disorders who are subject to court
11 ordered guardianship.

SB-1051-SD-1

Submitted on: 3/8/2019 3:54:26 PM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Maui Police Department	Comments	No

Comments:

Sincerely hoping for some good to come out of this if this bill makes it through.



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

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. San Buenaventura, Chair; Rep. Nakamura, Vice Chair

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair
- Wednesday, Mar. 13, 2019: 9:00 am
- Conference Room 329

Hawaii Substance Abuse Coalition Supports SB1051 SD1:

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 Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders involving Chronic Substance Use Disorders Experiencing Homelessness.

1. HSAC supports the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance or co-occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD who are experiencing homelessness.
2. HSAC hopes that this pilot will increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing.
3. 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.



CATHOLIC CHARITIES HAWAI'I

TESTIMONY IN SUPPORT OF SB 1051 SD1: Relating to Homeless Individuals with Severe Mental Illness

TO: Representative Joy San Buenaventura, Chair, Representative John Mizuno, Chair,
and Members, Committees on Human Services and Homelessness, and Health

FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawai'i

Hearing: **Wednesday, 3/13/19; 9:00 am; CR 329**

Chair San Buenaventura, Chair Mizuno, and Members, Committees on Human Services and Homelessness, and Health:

Thank you for the opportunity to provide testimony **in support** of SB 1051, SD1 which establishes a task force to determine the specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals who are subject to court-ordered guardianship. I am Betty Lou Larson, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 70 years. CCH has programs serving elders, children, families, homeless and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i.

Probably the most vulnerable of all the homeless living on the streets in Hawaii are the severely mentally ill individuals who suffer from psychosis, hallucinations and bizarre behaviors. They are living in degrading and inhumane situations. They are at great risk of assault, and for women, rape. They have been unreachable by homeless outreach teams. The public is afraid of them and demands that the government or police "do something". Yet, often they are just moved along to another location.

The current Assisted Community Treatment (ACT) law gives hope that we can provide help and solutions to these very disabled people. We support the establishment of a task force to determine how to implement a pilot program where these high need homeless individuals could receive treatment while living in a safe and supportive setting.

We need to seek humane solutions to help these most vulnerable homeless persons. This bill is an important step forward. We urge your support for SB 1051. Please contact me at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.





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 1051 SD1: Relating to Homeless Individuals with Severe Mental Illness

TO: Rep Joy San Buenaventura, Chair, Human Services and Homelessness, and Rep John Mizuno, Chair, Health Committee, and members

FR: Marya Grambs, Member, Board of Directors, Partners of Care

Hearing: Wednesday, March 12, 2019, 9 am

Chair San Buenaventura, Chair Mizuno, and Members:

Thank you for the opportunity to provide testimony **in support** of SB 1051 SD1. I am Marya Grambs, a member of the 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.

Originally, SB 1051 was written actually to *develop* a pilot shelter/mental health treatment program for homeless severely mentally ill/substance abusing individuals who are subject to court-ordered guardianship **(Note: We recommend this program also be geared for individuals who are subject of Assisted Community Treatment orders, not only guardianship, as the bill is currently written)**. However, as SB 1051 SB1 merely establishes a DHS *task force* to determine requirements for such a program.

We feel that such a pilot program is urgently needed as soon as possible. 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.

Therefore, we are supporting the process described in testimony provided by the Department of Human Services on February 25, 2019. They propose undertaking planning a demonstration project for a Certified Community Behavioral Health Clinic with technical assistance from the National Council for Behavioral Health. Then, as an outcome of this planning process, they propose implementing the demonstration project in FY 2020.

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.

TESTIMONY IN SUPPORT OF SB 1051, SD 1

TO: House Committee on Health
House Committee on Human Services & Homelessness

FROM: Nikos Leverenz
Grants, Development & Policy Manager

DATE: March 13, 2019 (9:00 AM)

Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:
Chair San Buenaventura, Vice-Chair Nakamura and Members of the Committee:

Hawai'i Health & Harm Reduction Center (HHRC) **supports** SB 1051, SD 1, which 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.

HHRC works with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions. We are a proud member of Partners in Care (PIC)—a coalition of more than 50 non-profit homelessness providers—and we strongly support this bill as a critical component of a comprehensive plan to address homelessness in Hawai'i.

People experiencing severe mental illness represent a small but significant portion of the population experiencing homelessness in Hawai'i. They are extremely high utilizers of ambulance, police, ER, inpatient treatment, crisis services, arrest, and adjudication—at great expense; have been non-responsive to repeated homeless outreach attempts; are frequently victims of assault and, for women, rape; and do not understand that they are ill and therefore refuse treatment. Their untreated psychosis/schizophrenia causes brain damage, resulting in reduced brain functioning and decreased likelihood of recovery.

Thank you for the opportunity to testify on this measure.



Inspiring Hope, Changing Lives

Visit us on the web: www.hopeserviceshawaii.org

Connect via email: info@hopeserviceshawaii.org

HOPE Help Line: 808-935-3050

Hearing: SB 1051 in support
Date: March 13, 2019
Location: State Capitol – Rm. 329
To: Committee Chair, Vice-Chair, and Committee Members:

Aloha Committee Chair, Vice-Chair, and Committee Members:

We are all familiar with the problems caused by combination of severe mental illness and chronic homelessness. Individuals who exhibit poor hygiene and psychotic and erratic behavior create makeshift homes on sidewalks, in storefronts, and in tent cities, causing harm to themselves, but also residents, business owners, and visitors. In a recent letter to West Hawai‘i Today, visitor Emily DuPlessis’ described her visit to Kona: “They stroll the streets high on drugs and distract tourists for money and attention. One man sprawled across the pathway to our condo and refused to move when I was trying to push our stroller to the beach. A seemingly mentally ill woman screamed all night outside our condo while late night parties bellowed, and my young daughter could not fall asleep... I will never go back to Kona again.”

These individuals frequently do not understand that they are ill, and therefore refuse outreach attempts. SB 1051 provides an essential transition period for those who receive court ordered treatment through Assisted Community Treatment, which benefits all of us. It will allow us to assist those who desperately need our help in order to successfully function in our communities, but also will benefit many others, including: medical personnel, social service providers, police, and the court system, who will be able to free up their resources to meet other needs; business owners, who may worry less about these individuals driving away customers; parents, who will feel safer with their children being out in public; and finally our keiki, who will learn by example how we show aloha to those less fortunate than ourselves.

Passing SB1051 is a step in the right direction for ending homelessness in Hawai‘i, and I strongly urge you to support it. Mahalo for your consideration.

Sincerely,
Brandee Menino


Chief Executive Officer
HOPE Services Hawaii, Inc.

JOIN OUR COMMUNITY



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LATE

LATE

To: The Honorable Rep. Joy Buenaventura, Chair on Human Services & Homelessness
The Honorable Rep. John Mizuno, Chair on Health Committee

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

Subject: IHS Support for SB1051-SD1 with Proposed Amendments

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Aloha Committee Members,

Homeless shelters play a critical role in our emergency response system. More people are falling into homelessness after being discharged from hospitals and prisons, are living in vehicles, own pets, or require special needs in their recovery and transformation out of homelessness. With a changing face of homelessness, we must continue to evolve by adapting our facility operations to meet the needs of clients requiring specialized shelter facilities.

IHS is proud to offer the community 5- specialty shelter options across Oahu. Each has a unique purpose and is tailored to specific homeless populations. At the same time, each brings together small groups of people with common situations that require individualized care, attention and empowerment to take responsibility to access permanent housing.

Clients utilizing specialty shelters learn and grow together. They are empowered to make different choices, they leave as contributing members of our community, and they become inspired to make and care for a home of their own. Specialty shelters have truly become a transformational place where homeless who face similar barriers – such as veterans with trauma, or former prisoners being denied housing and employment – help each other in times of crisis.

Our Tutu Bert’s Medical Respite Homes in Kalihi, Maikiki and Kailua assist medically frail homeless who are discharged from the hospital and need ongoing personal care to heal and recover before being placed into housing. Our VET House assists homeless veterans with severe PTSD. And our DuTeil Recovery Homes assist homeless addicts enrolled in outpatient treatment programs.

These shelters add a total 215 privately funded beds to our overall safety net and emergency homeless response system. IHS Specialty Shelters operate similarly to our emergency shelters by providing 24/7 staffing, daily meals, hospitality, and support services. Most importantly, IHS Specialty Shelters will stabilize and assist at minimum 400 individuals into permanent housing each year.

In 2018, IHS committed to a 5-year Prescribing Hope campaign to solve chronic homelessness in Hawaii. One initiative of our campaign is to prescribe psychiatric medications to mentally ill homeless with anosognosia (lack of insight to their medical situation), who decompensates on the streets for decades, and who are imminently dangerous to themselves or others. With new medications that are targeted, injectable and longer lasting, we have started to make hope a reality for residents who have none, but who deserve every opportunity to become functional members of our community.

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





Page 2

For homeless who refuse treatment, however – we continue to struggle because our laws protect their right to refuse treatment. This legislative session, our organization began our campaign with a strong push to amend the assisted community treatment law to obtain court ordered treatment for mentally ill refusals needing medication while restoring their civil rights with guardianship.

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IHS offers three proposed amendments to this bill:

- 1. IHS proposes that the budget amount allocated for this program be increased from \$600,000 to \$750,000.**

Operating a specialty shelter requires both monthly operational and staffing costs. A budget of \$600,000 is certainly a reasonable baseline for one of IHS' existing specialty shelters. However, costs change based on the higher vulnerability of the clientele being served. The clientele that this bill intends to support requires ongoing medical treatment, specialized mental health case management and a housing navigation specialist. With minimum wage increased and after assessing real costs to operate a specialty shelter for this intended purpose- we hope to see ample funding that supports a successful pilot.

- 2. Broaden the bill to allow homeless service providers to consider other types of permanent housing options, such as mental health group homes, adult foster care homes, senior housing, etc.**
- 3. Broaden the bill to allow providers to serve homeless in need of psychiatric medications due to mental illnesses and/or dual diagnoses vs. limiting it to homeless under assisted community treatment orders, during the duration of this pilot program.**

While we are optimistic that court ordered treatment will become a reality- there is a ramp up time period to consider. Also, not everyone will need court ordered treatment through the assisted community treatment law. Currently, IHS has 24 mentally ill clients on the streets actively taking their medications, but who lack a specialty shelter for stabilization.

In addition to our proposed amendments, we also would like to express that like in the past – assertive outreach teams that include homeless outreach specialists, shelters, psychiatrists and case managers are ready to work with client guardians to ensure continuity of care is maintained from the streets, into treatment and housing. We look forward to working with the Attorney Generals Office, the Office of Public within the legal system we are building through the assisted community treatment law.

Mahalo,
Kimo K. Carvalho



SB-1051-SD-1

Submitted on: 3/9/2019 11:32:06 AM

Testimony for HSH on 3/13/2019 9:00:00 AM

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

Comments:

Aloha. I am a former president of IHS and Hale Kipa (Youth Shelters), and have been named as one of the Best Lawyers in America for Health Law. I have a strong interest in health issues as they intersect with our homelessness problems here in Honolulu. Our homelessness crisis is closely related to, and cannot be fully addressed until we fix, our severe lack of treatment options for residents who are mentally ill and/or substance addicted. The cost of this dilemma to our community is huge. This short term lack of funding and facilities for treatment causes staggering long terms probelms to the individuals involved and creates enormous wasted costs in our emergency rooms, courtrooms, jail, police departments, and city services as we try to deal with the problems of persons chronically dysfunctional from these single or dual diagnoses. And that's before we even consider the truly staggering loss of vitality, productively, sanity, and functionality of people who are the parents, siblings, children, or aunties of someone who loves them but can no longer manage the complexities of their disesase or addiction.

Please assist us by crating this taskforce to study how we can better meet the treatment needs of our residents struggling with these diseases.

SB-1051-SD-1

Submitted on: 3/11/2019 10:41:26 AM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
"Phil" Augustus Acosta	ALEA Bridge	Support	Yes

Comments:

Dear Chair San Buenaventura, Chair Mizuno, and members of the Committee on Human Services & Homelessness and the Committee on Health:

It is heart-breaking to see individuals wandering the streets, cycling in and out of jails and hospitals. They have been non-responsive to homeless outreach teams. The nature of their illness means they actually do not know they are ill and so they refuse treatment, but their state of psychosis prevents them from making an informed decision. Untreated psychosis causes brain damage, so treatment is desperately needed for these individuals in order to prevent further deterioration.

This bill will provide a transition period for individuals like this, who are court-ordered into treatment through Assisted Community Treatment or guardianship. They will be sheltered in a protected and supervised environment, which will provide the time and intensive support needed for the treatment to work, and stabilize them sufficiently to be successful in living in the community.

I urge you to pass SB 1051. Thank you for the opportunity to submit this testimony.

SB-1051-SD-1

Submitted on: 3/11/2019 1:16:28 PM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane S. Martinson	Individual	Support	No

Comments:

I support this bill and the implementation of a task force to establish a pilot program to provide shelter and mental health treatment for the chronic homeless who are dealing with severe mental illness and substance use disorders. It is tragic that we allow mentally ill humans who refuse services to wander the streets in unsafe, unsanitary conditions, without providing them with the medication, care, and support to reach a place where they can make informed decisions that are in their best interest. The argument that individuals have a right to refuse services becomes questionable when when, as a society, we are treating our animals better than these troubled souls. If we were wandering the streets unable to make sense of time and place, wouldn't we hope that someone would help us to regain our connection with reality and to provide us with a safe place to live with the means to keep ourselves clean and fed? Thank you very much for your work in addressing this heart-breaking reality on our streets.

SB-1051-SD-1

Submitted on: 3/11/2019 2:22:05 PM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keegan Runyon	Individual	Support	No

Comments:

Testimony in Strong Support of SB 1051, SD1: Relating to Homeless Individuals with Severe Mental Illness

TO: Committees on Human Services & Homelessness and Health

HEARING: Wednesday, March 13, 2019; 9:00 am; Conference Room 329

Dear Chair San Buenaventura, Chair Mizuno, and members of the Committee on Human Services & Homelessness and the Committee on Health:

It is heart-breaking to see individuals wandering the streets, hallucinating vividly, unkempt and often only partially clothed, often violently victimized and, in the case of women, raped. They cycle in and out of jails and hospitals, incurring great expense to the state, not to mention they aren't receiving illness-appropriate treatment in these places. They have been non-responsive to homeless outreach teams because the nature of their illness means they don't think they are ill so they refuse treatment. Unfortunately, their state of psychosis prevents them from making informed decisions. Untreated psychosis causes brain damage, so appropriate treatment is desperately needed for these individuals in order to prevent further deterioration.

This bill will provide a transition period for individuals like this, who are court-ordered into treatment through Assisted Community Treatment or guardianship. They will be sheltered in a protected and supervised environment, which will provide the time and intensive support needed for the treatment to work, and stabilize them sufficiently to be successful in living in the community.

I urge you to pass SB 1051. Thank you for the opportunity to submit this testimony.

SB-1051-SD-1

Submitted on: 3/12/2019 7:50:47 AM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Seikai Darcy	Individual	Support	No

Comments:

Testimony in Strong Support of SB 1051: Relating to Judicial Proceedings

Thank you for the opportunity to provide testimony in strong support of SB1051, which will provide a transition period for individuals with mental illness who have been court-ordered into treatment through Assisted Community Treatment. SB 1051 will provide the means by which such individuals will be sheltered in a protected and supervised environment which will provide the time and intensive support needed for the treatment to work. It will help them to stabilize sufficiently to be successful in living in the community. As you know, there are major mental health crisis on Maui which this bill will address.

SB1051 is an important component of a plan that will enable us as a community to address the plight of those homeless individuals who are severely mentally ill and in dire need of treatment. For these reasons, PIC urges the passage of SB1051.

With appreciation,

Lisa Seikai Darcy

lisa@shareyourmana.org

SB-1051-SD-1

Submitted on: 3/12/2019 8:22:30 AM

Testimony for HSH on 3/13/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brandon W Duran	Individual	Support	No

Comments:

Dear Chair San Buenaventura, Chair Mizuno, and members of the Committee on Human Services & Homelessness and the Committee on Health:

As a person of faith I am particularly motivated by the Bible's call in James 1:27, "Religion that is pure and undefiled before God, the Father, is this: to care for orphans and widows in their distress."

The scripture's call to compassion is not limited to orphans and widows. Orphans and widows were examples of some of the most vulnerable people in society. Today, we see some of the most vulnerable people wandering the streets, hallucinating vividly, unkempt and often only partially clothed, often violently victimized and, in the case of women, raped. They cycle in and out of jails and hospitals, incurring great expense. They have been non-responsive to homeless outreach teams. The nature of their illness means they actually do not know they are ill and so they refuse treatment, but their state of psychosis prevents them from making an informed decision. Untreated psychosis causes brain damage, so treatment is desperately needed for these individuals in order to prevent further deterioration.

This bill will provide a transition period for individuals like this, who are court-ordered into treatment through Assisted Community Treatment or guardianship. They will be sheltered in a protected and supervised environment, which will provide the time and intensive support needed for the treatment to work, and stabilize them sufficiently to be successful in living in the community.

I urge you to pass SB 1051. Thank you for the opportunity to submit this testimony.

SB-1051-SD-1

Submitted on: 3/12/2019 7:48:39 PM

Testimony for HSH on 3/13/2019 9:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Support	No

Comments:

Dear Honorable Committee Members:

Please support SB1051. It is estimated that up to 70% of those on the street have mental health issues, many of whom self-medicate because there are no services available to them. Many also are veterans.

Thank you for the opportunity to present my testimony.

Andrea Quinn

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