



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
THIRTIETH LEGISLATURE, 2019**

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 1124, S.D. 2, H.D. 1, RELATING TO MENTAL HEALTH.

**BEFORE THE:**

HOUSE COMMITTEE ON FINANCE

**DATE:** Thursday, March 28, 2019

**TIME:** 2:00 p.m.

**LOCATION:** State Capitol, Room 308

**TESTIFIER(S):** Clare E. Connors, Attorney General, or  
Erin LS Yamashiro, Deputy Attorney General

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Chair Luke and Members of the Committee:

The Department of the Attorney General (Department) appreciates the intent of this bill and provides the following comments.

The purpose of this bill is to facilitate the use of assisted community treatment for individuals with serious mental illness by amending chapter 334, Hawaii Revised Statutes (HRS). This bill expands the definition of "dangerous to self," amends the petitioning and hearing procedures for involuntary commitment and assisted community treatment matters, modifies the criteria for assisted community treatment, requires an assessment for assisted community treatment before the individual is released from a psychiatric facility, and requires the Department, if needed, to assist with the petition for assisted community treatment and the related court proceeding.

The Department notes that two deputy attorney general positions are needed to make certain there is adequate court representation throughout the State to assist with the assisted community treatment matters. Additionally, support staff, including a paralegal and a legal clerk, is needed to assist with preparing and processing court documents. The cost for office space and related office expenses must be included as well. If the Committee's intent is to provide statewide assistance for these matters, it should also consider the related travel costs, including transportation. The Department suggests that the amount needed to accomplish this bill's purpose is \$332,000, for fiscal year 2019-2020, which includes a one-time cost of \$24,000 to set-up an office, and the

sum of \$308,000 for fiscal year 2020-2021. The following is the breakdown for the suggest amounts:

Estimated Annual Cost

Two Deputies Attorney General	=	\$180,000
One Legal Assistant	=	\$48,000
One Legal Clerk	=	\$38,000
Office Rental	=	\$30,000
Operating Costs	=	\$6,000
Travel	=	\$6,000

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Total Annual Cost	=	\$308,000
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Estimated One Time Cost

Office Furniture	=	\$20,000
Computers	=	\$4,000

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Total One Time Cost	=	\$24,000
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The Department also notes that it is necessary for the Attorney General to retain the discretion and responsibility to manage her deputies according to the demands of the Department. The newly created deputy attorney general positions should not be dedicated to handling assisted community treatment matters and related proceedings. The number of community requests for assistance in these matters is unknown and may fluctuate over time. If a deputy is required to handle only one type of matter, then that deputy may be overwhelmed with requests leading to a delay in the process or that deputy will not be utilized efficiently.

Thank you for the opportunity to provide comments.



**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of SB1124 SD2 HD1  
RELATING TO MENTAL HEALTH**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Thursday, March 28, 2019 at 2:00 p.m.

Room: 308

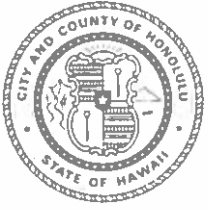
1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) supports this measure in its current  
3 HD1 form to enhance and expand assisted community treatment and related services for the  
4 most vulnerable populations of seriously mentally ill individuals.

5 The DOH recognizes a critical need to coordinate a comprehensive continuum of care  
6 that includes leveraging assisted community treatment as well as civil commitment as part of  
7 that continuum.

8 Thank you for the opportunity to testify.

9 **Offered Amendments:** None.



**CITY COUNCIL**  
CITY AND COUNTY OF HONOLULU  
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**RON MENOR**  
Council Chair Emeritus &  
Council Vice Chair  
District 9

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WRITTEN TESTIMONY ONLY  
March 28, 2019

TESTIMONY OF  
COUNCIL CHAIR EMERITUS & VICE CHAIR RON MENOR  
COUNCIL DISTRICT 9  
CITY AND COUNTY OF HONOLULU

Senate Bill 1124 SD2 HD1  
RELATING TO MENTAL HEALTH.

Chair Luke, Vice Chair Cullen and Members of the House Committee on Finance (FIN):

I am testifying in support of Senate Bill 1124 SD2 HD1.

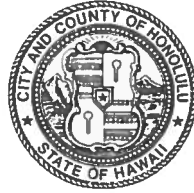
Improvements are needed to the Assisted Community Treatment (ACT) law that was approved by the Legislature in 2013. The intent of the law was to help individuals whose lives are so impacted by mental illness that they are unable to recognize their need for treatment. The lack of treatment for this segment of the population has resulted in high utilization of hospital emergency rooms, ambulance, police, fire, inpatient treatment, arrest and court time – all of which being very costly to the community at large.

Over five years, the ACT law was utilized to help only ten individuals. When the law was implemented, it was hoped that it would help many more people. With improvements to the ACT law in Senate Bill 1124 SD2 HD1, we are hopeful that these individuals will get the care that they deserve.

Mahalo for the opportunity to testify in support of this bill.

POLICE DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

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KIRK CALDWELL  
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SUSAN BALLARD  
CHIEF

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JONATHAN GREMS  
DEPUTY CHIEFS

OUR REFERENCE **ML-NC**

March 28, 2019

The Honorable Sylvia Luke, Chair  
and Members  
Committee on Finance  
House of Representatives  
Hawaii State Capitol  
415 South Beretania Street, Room 308  
Honolulu, Hawaii 96813

Dear Chair Luke and Members:

**SUBJECT: Senate Bill No. 1124, S.D. 2, H.D. 1, Relating to Mental Health**

I am Mike Lambert, Captain of the Community Outreach Unit of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD strongly supports Senate Bill No. 1124, S.D. 2, H.D. 1, Relating to Mental Health.

The City and County of Honolulu is currently experiencing a homeless crisis. During the 2018 Oahu Point in Time Count, it was reported that approximately 1,000 of the 4,500 homeless suffered from serious mental illness. Many of these individuals do not contain the rational ability to take the necessary steps to treat their mental illness. This places the community and themselves at risk of becoming perpetrators or victims of physical assault, sexual assault, property damage, and/or other crimes against public order.

The community needs to have a reasonable process to make the seriously mentally ill participate in involuntary treatment when that individual appears to be a danger to self or others and is unable to improve their situation without assistance. Assisted Community Treatment can create a mechanism to help someone who is unable to help themselves.

The Honorable Sylvia Luke, Chair  
and Members  
March 28, 2019  
Page 2

The HPD is committed to ensuring public safety. This requires that the seriously mentally ill are treated by both voluntary and involuntary means.

The HPD respectfully urges you to support Senate Bill No. 1124, S.D. 2, H.D. 1, Relating to Mental Health.

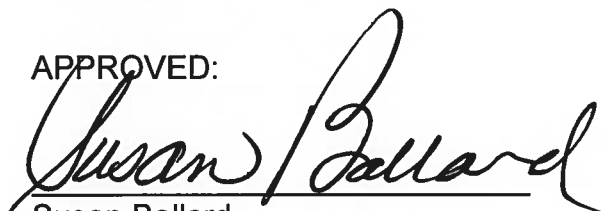
Thank you for the opportunity to testify.

Sincerely,



Mike Lambert, Captain  
Community Outreach Unit

APPROVED:



Susan Ballard  
Chief of Police

**SB-1124-HD-1**

Submitted on: 3/26/2019 8:12:57 PM

Testimony for FIN on 3/28/2019 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike Goodman	Hawaii Kai Homeless Task Force	Support	Yes

Comments:

<b>TO:</b>	The House Committee on Finance
<b>FROM:</b>	Mike Goodman, Director of the Hawaii Kai Homeless Task Force & Member of the Partners In Care Advocacy Committee.
<b>RE:</b>	SB1124 SD2, HD1
<b>HEARING:</b>	Thursday March 28, 2019 2:00 P.M. Conf. Room 308

Dear Representative Luke, Chair, and Representative Cullen, Vice Chair, and all Members of the Committee on Finance, thank you for the opportunity to provide testimony in strong support of SB 1124 and to suggest amendments.

Approximately 2400 to 3000 chronically homeless individuals, most impaired by severe mental illness and substance addiction, live unsheltered throughout the State. Their unspeakable living conditions and conduct pose a health and safety danger to themselves and others.

Unsheltered chronic homelessness reduces life-expectancy by 20 years. Encampments of impaired homeless dumped about 4.6 million pounds of trash on Oahu just since 2013. Those who are addicts often commit petty crimes to finance their habits. Unsheltered homeless are also far more likely to be victims of crime than housed people.

The cost of unsheltered homelessness relative to their numbers is astonishing; Well over \$100 million is spent each year just for emergency medical care, and tens of millions more are spent on law enforcement, clean-ups and repairing damaged property.

The chronic homeless often refuse services. That's because their mental impairments make it difficult, if not impossible, for them to make rational decisions. Moreover, constitutional prohibitions make it extremely difficult to compel them to move into shelters or undergo drug treatment and psychiatric care, even though their collective presence on the streets creates a huge burden for society.

**So why is it so hard to compel addicts and mentally ill homeless to succumb to psychiatric care even though their conduct is clearly detrimental to themselves and others?**

During most of American history it was easy to lock people up in mental institutions. This led to many abuses and unjustified deprivations of liberty. Many severely mentally ill patients were warehoused under horrific circumstances. Some abusive husbands had their wives locked up in mental institutions for being “hysterical”. Parents with “disobedient” or “difficult” children, could deprive their sons and daughters of liberty for the rest of their lives. Some people were locked away because they were eccentric or “strange”, even though they were perfectly capable of living independently in freedom. The Eugenics movement in the early 20th Century, locked-up thousands classified as “imbeciles” in mental institutions because they got low scores on dubious intelligence tests. Many “imbeciles” were forcibly sterilized to prevent their “germ-plasm” from spawning more “imbecilic” children.

In the 1960’s several individuals, unjustly confined to mental institutions, sought judicial relief. The U.S. Supreme Court held that forcibly confining mentally ill persons (or addicts) in institutions or compelling them to undergo treatment is a deprivation of fundamental constitutionally guaranteed liberties, requiring due process and proof that the person is *imminently* dangerous to themselves or others. Several courts interpreted the “*imminent*” prong to mean that living in a manner that only poses a *long-term* danger of adverse health consequences does not justify depriving that person of their fundamental liberties.

As is often the case, laudable endeavors lead to unintended consequences. For example, under some interpretations of the “imminent prong”, since a schizophrenic laying on the sidewalk in his or her own feces does not place them or anyone else in imminent danger of bodily harm or death, only a long-term danger, it would be unconstitutional to force that person to undergo psychiatric care, because it would deprive them of their fundamental liberties without a sufficient justification.

The Assisted Community Treatment Program, under HRS Chapter 134 (“ACT”), was passed by the Legislature in 2013, to make it easier to compel severely mentally ill and substance addicted persons to undergo treatment and psychiatric care, without offending constitutionally protected liberty interests and the requirements of due process. Unfortunately, ACT’s procedures and requirements were overly cumbersome and only ten patients were treated during the last five years.

SB1124 is a crucial part of a series of bills including SB567, SB1124, SB1051, SB1464 and SB1465, all of which are intended to make critical improvements to the ACT program. important for **all** of these bills to pass.

**The cost of helping and treating impaired homeless persons should result in a net savings to the State.**



According to the UH Center on the Family, estimated healthcare cost savings for impaired homeless who get mental health treatment through Housing First programs, result in a savings of \$6,197 per client per month, which is estimated to be a 76% decrease in costs. Based on these figures, if all impaired chronic homeless are housed and treated, the State could save roughly \$140 million a year, just on medical expenses.

### **Suggested Amendments.**

One of the reasons the ACT program is ineffective, is because of cumbersome technical requirements which provide no constitutional due-process benefits. SECTION 6 on page 7 of SD2, HD1 adds the following language to § 334-121 HRS, which will make things worse:

*(3) The person's mental illness has caused that person to refuse needed and appropriate mental health services in the community, and the person has a history of lack of adherence to treatment for mental illness or substance abuse, that resulted in the person becoming dangerous to self or others, and that now would predictably result in the person becoming imminently dangerous to self or others; and*

### **The foregoing language creates unnecessary evidentiary problems and is otherwise overly-broad.**

**First;** The phrase "The person's mental illness has caused that person to refuse" should be stricken because it's difficult and unnecessary to prove what in-fact caused that person to refuse treatment. From a constitutional due process point of view, you only need to show the person is an imminent danger to themselves or others and they refused treatment, not why.

**Second;** The phrase "has a history of lack of adherence" is overly-broad; Does it mean the person refused treatment once, twice or a dozen times? The phrase "that resulted in the person becoming dangerous" is problematic because it's the person's mental illness that makes he or she dangerous and not their refusal to succumb to treatment. The language " would predictably result in the person becoming imminently dangerous", places an almost impossible burden on a petitioner to prove that someone is likely to do something dangerous in the future. It also may be constitutionally repugnant.

### **I Recommend this entire paragraph be stricken and replaced with the following:**

*3) The person is dangerous to themselves or others, and has refused or refuses appropriate treatment; and*

**Thank you for the opportunity to testify.**





# 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 567 SD2, HD1, RELATING TO MENTAL HEALTH TREATMENT

TO: Rep Sylvia Luke, Chair, Rep Ty Cullen, Vice Chair, and members, Committee on Finance  
FROM: Marya Grambs, member, Board of Directors, Partners in Care  
Hearing: **3/28/2019, 2:00, rm 308**

Chair Luke, Vice Chair Cullen, and members of the Finance Committee.

Thank you for the opportunity to provide testimony **in strong support** of SB1124 SD2 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.

SB1124 SD2 HD1 includes changes to the ACT law which are recommended by multiple stakeholders, based on the past five years of difficulty in obtaining ACT orders that has resulted in a miniscule number of orders having been granted.

This bill helps address some of the barriers to getting ACT orders: it defines needed medical treatment to include treatment for mental illness; streamlines the criteria for obtaining an ACT order; and requires the AG to assist in the filing of an ACT petition. **We suggest one amendment: Section 7 (b) states that the examination of the subject of the petition should take place two calendar days prior to the filing of the petition. This is an impossible requirement: it is difficult to actually find the person who is subject to the petition, and then it takes time to develop the treatment plan. We would suggest 20 days is more reasonable/feasible. The law currently allows for 20 days and we recommend it remain so.**

This bill will facilitate getting desperately needed treatment for the most vulnerable, severely mentally ill, chronically homeless individuals. These are the people with whom we are all familiar 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.

Letting them languish in the streets is inhumane – 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. That is what the ACT law is designed to do, and these are some of the changes that are necessary for its successful implementation.

## Helping Hawai'i Live Well

To: Representative Sylvia Luke, Chair, Representative Ty Cullen, Vice Chair, Members, House Committee on Finance

From: Trisha Kajimura, Executive Director

**Re: TESTIMONY ON SB 1124 SD2 HD1 RELATING TO MENTAL HEALTH**

**Position: Support**

**Hearing: March 28, 2019, 2:00 pm, CR 308**

Thank you for hearing **Senate Bill 1124 SD2 HD1**, which amends Chapter 334 of the Hawaii Revised Statutes by adding a new section that allows any interested party to file a petition for a mental health order alleging that another person qualifies for Assisted Community Treatment (ACT) and makes other amendments to improve implementation of ACT.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai'i 77 years ago, that serves the community by promoting mental health through advocacy, education and service.

Assisted Community Treatment was passed by the Legislature in 2013 and was intended to help people who are so sick from mental illness that they are unable to recognize the need for their own treatment. Without assisted community treatment, these are community members living in terrible conditions, often homeless, unable to care for themselves and their own basic physical needs, hallucinating and suffering needlessly. With the proper treatment as provided through an ACT order, they are capable of a much higher level of functioning and can recover from their illness.

Currently, private service providers, community organizations and families do not have the resources to navigate the complex and congested system. The law needs to be further adjusted to improve the ACT process and bring more people with untreated mental illness enter recovery, escaping homelessness and its lack of dignity and humanity.

Thank you for considering my **testimony in support of SB 1124 SD2 HD1**. Please contact me at [trisha.kajimura@mentalhealthhawaii.org](mailto:trisha.kajimura@mentalhealthhawaii.org) or (808)521-1846 if you have any questions.



## CATHOLIC CHARITIES HAWAI'I

### TESTIMONY IN SUPPORT OF SB 1124, SD1 HD1: Relating to Mental Illness

**TO:** Representative Sylvia Luke, Chair, Representative Ty Cullen, Vice Chair, and Members, Committee on Finance

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

**Hearing:** Thursday, March 28, 2019; 2:00 pm; CR 308

Chair Luke, Vice Chair Cullen, and Members, Committee on Finance:

Thank you for the opportunity to provide written testimony **in support** of SB 1124, SD1 HD1 which facilitates the treatment of individuals with mental health issues. 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.

The Assisted Community Treatment (ACT) law, enacted in 2013, was an attempt to help individuals with serious mental illnesses obtain the treatment and medications that they needed. However, it has proven difficult to utilize. Less than 10 orders for court-mandated treatment have been issued in the past 5 years. Catholic Charities Hawai'i supports the intent of this bill to clarify the law and allow more flexibility on the part of family courts. We hope these changes, along with greater evaluation by the medical providers whether an ACT plan is indicated, will enable more utilization of this law. This would greatly help very seriously mentally ill individuals receive the treatment needed to live their lives in safety and dignity.

Many of these individuals now live on the streets, cycling in and out of emergency rooms. They suffer from psychosis, hallucinations and bizarre behaviors. They are at great risk of assault, and for women, rape. They have been unreachable by homeless outreach teams. Refining the ACT law can encourage more usage of this law to help this very difficult to reach population.

We need to seek humane solutions to help these most vulnerable homeless persons. These changes to the ACT law can make it a more useful option. We urge your support for SB 1051.

Please contact me at (808) 373-0356 or [bettylou.larson@catholiccharitieshawaii.org](mailto:bettylou.larson@catholiccharitieshawaii.org) if you have any questions.





Hawai'i

Committees: House Committee on Finance  
Hearing Date/Time: Thursday, March 28, 2019, 2:00 p.m.  
Place: Conference Room 308  
Re: Testimony of the ACLU of Hawai'i with Comments and Suggested Amendments to S.B. 1124, S.D. 2, H.D. 1, Relating to Mental Health

Dear Chair Luke, Vice Chair Cullen, and members of the Committee on Finance,

The American Civil Liberties Union of Hawai'i ("ACLU of Hawai'i") writes **with comments and suggested amendments to S.B. 1124, S.D. 2, H.D. 1**, which makes sweeping changes to the Assisted Community Treatment law, and amends the definition of "dangerous to self" under Chapter 334, Hawaii Revised Statutes.

The ACLU of Hawai'i understands the importance of ensuring that people struggling with severe illness receive the medical treatment that they need. The ACLU of Hawai'i agrees with that goal and appreciates the intent of the drafters of this measure in trying to achieve it. However, we are concerned that certain changes proposed in this measure may infringe on the civil liberties of the people this measure seeks to help. To ensure that care is provided in a way that protects the civil liberties of those being treated, no form of involuntary treatment should be attempted until all less restrictive alternatives have been tried for at least 12 months. This is not only a question of civil rights, but also of effective treatment. Treatment submitted to voluntarily is more effective than involuntary treatment and offering services such as housing should be prioritized above forced medication.

To address these concerns, we respectfully request that the Committee make the following amendments to the measure:

334-121 Criteria for assisted community treatment.

P. 7 line 15. Insert language providing that:

"Assisted community treatment will not be imposed until voluntary supports, including housing, intensive case management by a social worker with 10 or fewer clients at a time, and a range of treatment options, including harm reduction for addiction, have been offered over a period of no less than 12 months."

334-1 Definitions

P. 2 line 7. Amend the definition of "dangerous to self" to read:

""Dangerous to self" means the person recently has:

- (1) Threatened or attempted suicide or serious bodily harm; or
- (2) Behaved in such a manner as to indicate that the person is unable, even with support, without supervision and the assistance of others, to satisfy the need for nourishment, essential medical care, ~~including treatment for a mental illness,~~ shelter or self-protection, so that it is ~~probable~~ more likely than not that death, substantial bodily injury, or serious physical debilitation ~~or disease~~ will result ~~unless adequate treatment is afforded.~~"

Chair Luke and Members of the Committee on Finance  
March 28, 2019  
Page 2 of 2

334-126 Hearing on petition.

Page 11, line 1. Section (e) should be amended to read:

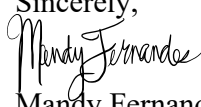
(e) The subject of the petition shall be present at the hearing. However, if the subject has been served with the petition and does not appear at the hearing, the court ~~may~~ shall appoint a ~~guardian ad litem~~ an attorney to represent the best interests of the subject through the proceedings.

This amendment will address the serious due process concerns with allowing a court to proceed without the potential “subject” of the treatment present. We also have concerns with appointing a guardian ad litem to represent ‘the best interests’ of an adult. Instead, we would suggest that the court must appoint an attorney, not a guardian ad litem, to represent the stated interests of the subject should the subject of the petition not be present in court.

Page 14, lines 8-10. The ACLU of Hawai‘i appreciates this as an attempt to recognize that psychiatric medications have both beneficial effects and side effects. The problem is that this varies greatly from person to person. To address this, we request that the Committee consider adding language to provide that testimony should also come from the individual, not just the nurse or doctor.

In addition to the amendments suggested above, the ACLU of Hawai‘i has concerns about Section 8, p. 11, line 6, 334-126(f), which seems to allow the state to remove itself from petitions for involuntary outpatient treatment if the petitioner has retained private counsel. Given the liberty interest at stake, we find the privatization of this process to be troubling.

Thank you for the opportunity to testify.

Sincerely,  
  
Mandy Fernandes  
Policy Director  
ACLU of Hawai‘i

*The mission of the ACLU of Hawai‘i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai‘i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai‘i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai‘i has been serving Hawai‘i for 50 years.*

American Civil Liberties Union of Hawai‘i  
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**SB-1124-HD-1**

Submitted on: 3/27/2019 1:47:58 PM

Testimony for FIN on 3/28/2019 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristen Alice Apruzzese	HOPE	Support	No

Comments:



**SB-1124-HD-1**

Submitted on: 3/27/2019 1:56:51 PM

Testimony for FIN on 3/28/2019 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kristen Alice Apruzzese	Individual	Support	No

Comments:

Aloha,

Without programs like ACT, Hawaii's homelessness crisis will never end. We must help those who are too sick to help themselves. It's the right thing to do for those who suffer from addiction and severe mental illness, and for our broader communities. ACT makes sense. Please support this bill.

Thank you.

Kristen Alice Apruzzese



To: The Honorable Representative Sylvia Luke, Chair of House Finance Committee  
The Honorable Representative Ty J.K. Cullen, Vice Chair of House Finance Committee

**Subject: IHS Testimony in Support of SB-1124-SD2-HD1 with Proposed Revision**

Aloha House Committee Members,

**Board of Directors**

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President

David Morimoto  
Finance Chair

Ellen G. Carson, Esq.  
Governance Chair

Tracy Tonaki  
Secretary Chair

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Nani Medeiros  
Carri Morgan  
Curt Nakamura  
Bruce M. Nakaoka  
Kuuahaku Park  
Curtis Saiki, Esq.  
Joe Viola  
Tammy Yokogawa-King

**Emeritus Members**

Roberta DuTeil  
The Rev. Msgr.  
Terrance Watanabe

Thank you for the opportunity to provide testimony **in support** of SB1124 SD2 HD1.

IHS has attempted to utilize this law 7-times in the past 5-years with only one success. SB1124-SD2-HD1 includes changes to the ACT law that we believe will assist our legal representation with the clarification needed to obtain court ordered treatment for our mentally ill homeless who are unaware they are sick, but who deserve every opportunity to become contributing members of our community.

This bill helps address some of the barriers to getting ACT orders: it defines needed medical treatment to include treatment for mental illness; streamlines the criteria for obtaining an ACT order; and requires the AG to assist in the filing of an ACT petition.

Through our experiences at Family Court however, IHS lost most of our court cases based on technicalities, one of them being that 20 days was not enough time find a client, complete a psychiatric assessment, gather necessary documentation from the State Hospital, Public Safety, Homeless Shelters, etc. and file the petition. This bill has been amended from 20 days to 2 days. This is not enough time to build a strong petition and support a person's access to court ordered mental health treatment. Therefore, IHS proposes the following amendment to Section 7 (b):

*(b) The petition may be accompanied by a certificate of a licensed psychiatrist or advanced practice registered nurse with prescriptive authority and who holds and accredited national certification in an advanced practice registered nurse psychiatric specialization who has examined the subject of the petition with **twenty** calendar days prior to the filing of the petition.*

With psychiatrists being in high demand, it is necessary to provide enough days to schedule a physician to find a homeless client and to conduct an assessment. It also takes at minimum one to two weeks to obtain documentation from the Hawaii State Hospital, from the State Public Safety System, homeless providers and community hospitals. Twenty days- while skim- is fair. Otherwise, we fear the Public Defenders office and the Judiciary will continue to struggle and rule against the intent of this law due to process technicalities. We humbly ask that you please consider this one important change.

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

