



**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 567 SD2 HD1 – RELATED TO MENTAL HEALTH TREATMENT**  
**SB 1124 SD2 HD1 – RELATING TO MENTAL HEALTH**

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

**POSITION:** The Governor's Coordinator on Homelessness supports the intent of these bills, as they address key aspects of the State's framework and strategic plan to address homelessness. The Coordinator defers to the Department of Health (DOH) and to the Department of the Attorney General regarding the specific processes and implementation of assisted community treatment and related mental health services.

The Coordinator notes that assisted community treatment, also referred to as assisted outpatient treatment, is different from assertive community treatment although both terms are commonly referred to as ACT. Assisted community treatment / assisted outpatient treatment refer to court orders that require community based treatment for individuals with severe mental illness or co-occurring disorders that have a history of refusing medical care. Assertive community treatment refers to a multidisciplinary team approach to case management with assertive outreach in the community, which is designed to improve outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system.

**PURPOSE:** The purpose of these bills is to increase utilization of assisted community treatment orders by making changes to processes related to obtaining these orders, which

include requiring the Department of the Attorney General to assist with the petitions for assisted community treatment and related court proceedings.

**SB 567 SD2 HD1** requires an individual to be examined upon commitment to a psychiatric facility for involuntary hospitalization, admission to a psychiatric facility for voluntary inpatient treatment or transported for emergency examinations, to determine whether an assisted community treatment plan is indicated and, if so, requires the Department of the Attorney General to assist with the petition for assisted community treatment and related court proceedings. The bill also requests DOH to convene a mental health emergencies task force.

**SB1124 SD2 HD1** requires the administrator or attending physician of a psychiatric facility to assess whether an assisted community treatment plan is indicated and to make certain arrangements if so indicated. In addition, the bill specifies the role of the Department of the Attorney General for petitions of involuntary hospitalization and assisted community treatment, and amends the criteria for assisted community treatment.

The Coordinator appreciates the legislature's efforts to address the needs of homeless individuals experiencing severe mental illness or co-occurring mental illness and substance use disorders who may require an order for assisted community treatment. The efforts to increase the utilization of assisted community treatment orders align with goal 4, objective 11, of the State's ten-year strategic plan to address homelessness, which is to advance health and stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system, including individuals with severe mental illness.

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 Homeless Management Information System (HMIS), which is a database of individuals utilizing homeless services, identified 4,166 unduplicated homeless individuals who utilized homeless services in calendar year 2018 and reported mental health problems, representing 31.49% of all homeless individuals who utilized services that year.

Research has found that the use of assisted community treatment orders, also referred to as assisted outpatient treatment orders, have contributed to decreased incidents of

homelessness, hospitalization, and arrests and incarceration among participants. Specifically, a 2005 report by the State of New York regarding its assisted outpatient treatment law found that over a period of three years, the incidence of homelessness among individuals ordered to participate in assisted outpatient treatment declined by 74%.<sup>1</sup> During that same timeframe, the incidence of incarceration, arrest, and psychiatric hospitalization declined 87%, 83%, and 77% respectively.

The Coordinator notes that, if the bills proceed and result in increased utilization of the assisted community treatment law and increased numbers of individuals receiving assisted community treatment orders, there will be increased demand for shelter and housing programs that meet the unique needs of individuals with severe mental illness and co-occurring disorders who are mandated to comply with treatment against their consent. SB1051 SD1 HD1, which is also being heard before this committee, establishes a task force to design a pilot program to address the shelter and housing needs of this target population and appropriates funds to support this effort.

Thank you for the opportunity to testify on these bills.

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<sup>1</sup> New York State, Office of Mental Health (March 2005). Retrieved on March 16, 2019 from: [https://omh.ny.gov/omhweb/kendra\\_web/finalreport/lt\\_findings.htm](https://omh.ny.gov/omhweb/kendra_web/finalreport/lt_findings.htm)



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

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 567, H.D. 1, RELATING TO MENTAL HEALTH TREATMENT.

**BEFORE THE:**

HOUSE COMMITTEE ON JUDICIARY

**DATE:** Monday, March 18, 2019

**TIME:** 2:05 p.m.

**LOCATION:** State Capitol, Room 325

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

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Chair Lee 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 require a psychiatric facility to determine whether an individual meets the criteria for an assisted community treatment order before he or she is released from emergency hospitalization after an emergency examination, released from voluntary inpatient treatment, or after he or she is committed to a psychiatric facility pursuant to chapter 334, Hawaii Revised Statutes (HRS), and for the Department to file the petition for assisted community treatment.

The Department has comments regarding section 1 of the bill, which adds a new section to chapter 334, HRS. Once an individual is released from a psychiatric facility, the individual's whereabouts may be difficult to determine. This is problematic because section 334-125(a)(1), HRS, requires the individual to be personally served before the court may proceed with the Department's petition for assisted community treatment. To avoid this problem, the psychiatric facility should determine whether an assisted community treatment order is appropriate after the individual has been committed, but before the individual is released from the psychiatric facility pursuant to sections 334-60.2 and 334-60.7, HRS. If it is determined that the committed individual subsequently meets the criteria for assisted community treatment, then a petition can be prepared, filed, and served and a hearing convened while the individual is still committed to the

psychiatric facility. Accordingly, this section should be amended to make changes to section 334-60.7, HRS, rather than adding a new section. This suggested amendment would accomplish the intent of the Committee to increase the use of assisted community treatment. We suggest section 1 be amended in its entirety to read as follows:

SECTION 1. Section 334-60.7, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

“(b) ~~[For civil commitments that do not result directly from legal proceedings under chapters 704 and 706, when]~~ When the administrator or attending physician of a psychiatric facility contemplates discharge of an involuntary patient, the administrator ~~[may]~~ shall assess whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if so indicated, ~~[may communicate with an aftercare provider as part of discharge planning, as appropriate.]~~ a licensed psychiatrist or advanced practice registered nurse of the facility shall prepare the certificate specified by section 334-123(b), and shall notify the department of the attorney general, which shall assist with the petition for assisted community treatment and the related court proceeding. The facility may notify another mental health program for assistance with the coordination of care in the community.”

Finally, the Department will need additional funding and resources to carry out the statewide responsibility articulated in this bill. A similar bill that would also require the Department to file petitions for assisted community treatment, S.B. No. 1124, H.D. 1, appropriates from the general revenues of the State of Hawaii for the appointment of two deputy attorneys general and support staff. We suggest that an appropriation provision be included in this bill to accomplish its stated purpose.

We respectfully ask that the Committee make the suggested modifications if it intends to pass this measure.



**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

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

**Testimony in OPPOSITION to SB0567 SD2 HD1  
RELATING TO MENTAL HEALTH TREATMENT**

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:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) opposes this measure in its  
3 current HD1 form and offers the following comments.

4 Regarding Section 1 of this measure, we believe that adding a new section to chapter  
5 334, Hawaii Revised Statutes (HRS) is not necessary and agree with the ATG that the intent of  
6 the measure can be more readily achieved by amending Section 334-60.7 to facilitate  
7 evaluation of appropriateness for an assisted community treatment order while a patient is in a  
8 facility.

9 The DOH has conferred with the Department of the Attorney General (ATG) regarding  
10 this measure and supports their offered amendment by recommend the same amendment in  
11 our testimony. We defer to the ATG to address the implications of their work including the  
12 proposed responsibilities related to addressing handling of petitions for assisted community  
13 treatment.

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

17 The DOH notes that while timely and effective access to treatment for a mental health  
18 emergency is a complex issue, the proposed mental health emergencies task force will provide  
19 an opportunity for the DOH to work with partner agencies, community facilities with emergency

1 rooms, and community-based service providers to address statutory and programmatic  
2 initiatives that support the use of assisted community treatment.

3 We acknowledge that access to timely mental health treatment is a critical component of  
4 ongoing community-based health care and are committed to creating a more seamless  
5 continuum.

6 Thank you for the opportunity to testify.

7 **Offered Amendments:** Rather than adding a new section, we suggest the following  
8 amendment.

9 SECTION 1. Section 334-60.7, Hawaii Revised Statutes, is amended by amending  
10 subsection (b) to read as follows:

11 (b) ~~[For civil commitments that do not result directly from legal proceedings under~~  
12 ~~chapters 704 and 706, when]~~ When the administrator or attending physician of a psychiatric  
13 facility contemplates discharge of an involuntary patient, the administrator ~~[may]~~ shall assess  
14 whether an assisted community treatment plan is indicated pursuant to section 334-123 and, if  
15 so indicated, ~~[may communicate with an aftercare provider as part of discharge planning, as~~  
16 ~~appropriate.]~~ a licensed psychiatrist of advanced practice registered nurse of the facility shall  
17 prepare the certificate specified by section 334-123(b), and shall notify the department of the  
18 attorney general, which shall assist with the petition for assisted community treatment and the  
19 related court proceeding. The facility may notify another mental health program for assistance  
20 with the coordination of care in the community.”

**Testimony of the Office of the Public Defender,  
State of Hawaii to the House Committee on  
Judiciary**

March 18, 2019

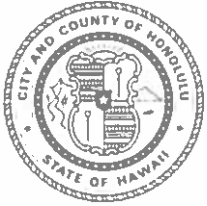
S.B. No. 567 SD 2 HD 1: RELATING TO MENTAL HEALTH TREATMENT

Chair Lee and Members of the Committee:

We **support** passage of S.B. No. 567 SD2 HD1. We believe that the provisions in this measure provide for a reasonable application of the Assisted Community Treatment law. This would subject anyone who is already voluntarily or involuntarily hospitalized for mental health treatment to be evaluated for assisted community treatment prior to the subject's discharge from the mental health facility. The procedure set forth in this bill is already being used in appropriate cases. This would lead to more successful treatment of an individual following his/her hospitalization.

Thank you for the opportunity to provide testimony in this matter.





**CITY COUNCIL**  
CITY AND COUNTY OF HONOLULU  
530 SOUTH KING STREET, ROOM 202  
HONOLULU, HAWAII 96813-3065  
TELEPHONE: (808) 768-5010 • FAX: (808) 768-5011

**RON MENOR**  
Council Chair Emeritus &  
Council Vice Chair  
District 9

Email: [rmenor@honolulu.gov](mailto:rmenor@honolulu.gov)  
Phone: 808-768-5009  
FAX: 808-768-5011

**LATE**

WRITTEN TESTIMONY ONLY  
March 18, 2019

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

**Senate Bill 567 SD2 HD1**  
**RELATING TO MENTAL HEALTH TREATMENT.**

Chair Lee, Vice Chair San Buenaventura and Members of the House Committee on  
Judiciary (JUD):

I am testifying in support of Senate Bill 567 SD2 HD1.

Improvements are needed to the utilization of 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 in Senate Bill 567 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.

**SB-567-HD-1**

Submitted on: 3/15/2019 5:56:54 PM

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Louis Erteschik	Hawaii Disability Rights Center	Comments	Yes

Comments:

This bill improves upon the assisted community treatment law in two significant ways. First, it provides that prior to releasing an individual from a variety of different sorts of psychiatric hospitalizations, the patient is assessed to see if they meet the criteria for treatment. This seems to make sense inasmuch as we currently have a frequent revolving door whereby individuals are often brought in for evaluations and then released and then brought in again. This might be a way to get some of these people into treatment. Similarly, the expansion in the SD2 to encompass other forms of psychiatric hospitalization is a good idea.

It also provides that the Attorney General shall be responsible for the filing of the petition. This would be a huge help to mental health advocates or family members who are trying to assist people in obtaining treatment. The legal proceedings to address these petitions are just that-legal proceedings. As such, many of these individuals are lay people and not familiar with the intricacies of the judicial system. The assistance of the Attorney General in that regard would be very valuable.

**SB-567-HD-1**

Submitted on: 3/16/2019 5:50:54 AM

Testimony for JUD on 3/18/2019 2:05:00 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	No

Comments:

<b>TO:</b>	The House Committee on the Judiciary
<b>FROM:</b>	Mike Goodman, Director of the Hawaii Kai Homeless Task Force & Member of the Partners In Care Advocacy Committee.
<b>RE:</b>	SB567 SD2, HD1
<b>HEARING:</b>	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 provide testimony on SB 567, and to suggest amendments.

**Suggested Amendment.**

Untreated mental illness along with concurrent substance abuse is the storm at the heart of the homeless crisis. Tepid measures are unacceptable. This bill should therefore require the Mental Health Emergencies Task Force, to formulate their recommendations so they can be implemented at a large enough scale to serve everyone in need.

**Why this bill is so important.**

SB567 will help to ensure that people experiencing severe mental illness and substance addiction are connected to the services they need to ensure their safety and stability. Partners in Care (PIC)—a coalition of more than 50 non-profit homelessness providers—strongly supports this bill as a critical component of a comprehensive plan to address homelessness in Hawaii.

People experiencing severe mental illness and drug addiction represent a significant portion of the population experiencing homelessness in Hawai'i. These are the individuals we see every day on our streets: psychotic, hallucinating, behaving erratically, with very poor hygiene and living under horrific and inhumane circumstances. 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 also causes brain damage, resulting in reduced brain functioning and decreased likelihood of recovery.

The Assisted Community Treatment (ACT) law, enables courts to order individuals who meet very specific criteria, to receive treatment in the community. However, due to technical issues, ACT is impractical to use, and only ten people were served since it was enacted in 2013. SB567 is a crucial part of a series of bills including 7, SB1124, SB1051, SB1464 and SB1465, all of which are intended to make critical improvements to the ACT program. It's important for all of these bills to pass.

SB567 will make the following changes:

1. Ensuring that individuals discharging under certain circumstances (e.g., release from voluntary inpatient treatment at a psychiatric facility) undergo an evaluation to determine whether an ACT plan is appropriate;
2. Establishing a Mental Health Emergencies Task Force to: (1) determine why medical facilities are not evaluating whether individuals brought for mental health emergencies meet criteria for ACT orders and other mental health services, and (2) to explore options for creating a state-funded treatment team for such persons; and
3. Make the department of the Attorney General responsible for filing ACT orders.

*Mahalo for your attention and consideration.*



# PARTNERS IN CARE

*Oahu's Continuum of Care*

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*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 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 SB567 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.

SB567 will increase opportunities for the filing of Assisted Community Treatment (ACT) petitions and therefore increase the numbers of vulnerable, severely mentally ill, chronically homeless individuals who can be helped by such orders. As you know, ACT orders target those individuals who are psychotic, have been repeatedly hospitalized or jailed, live in degraded and inhumane circumstances, are unable to take care of themselves, and are often victims of violence or sexual assault. These are some of the changes to the ACT law which are recommended by multiple stakeholders, based on the past five years of difficulty in obtaining ACT orders, resulting in a miniscule number of orders having been granted.

SB567 requires that when individuals are being discharged for involuntary psychiatric hospitalization, they must be examined by the appropriate mental health professional to determine whether they meet the criteria for an ACT order. This will reduce the current practice of individuals being released from involuntary emergency hospitalization to the streets, only to repeatedly decompensate and be re-admitted (or arrested).

Moreover, SB567 requires the Dept of Health to convene a mental health emergencies task force – this is greatly needed. It will assess why emergency rooms are currently not filing ACT orders on appropriate individuals, and will additionally explore the creation of a treatment team for such persons. A treatment team would work together collaboratively to bring successful petitions to court. This is done successfully in other jurisdictions. Leahi Hospital and Maluhia are noted as possibilities to be explored for community-based care.

Finally, SB567 requires that the Attorney General's office assist with the filing of such petitions. This is very important: an attorney is needed to successfully file a petition, and community agencies and families generally do not have the resources to hire an attorney, and are thus unable to successfully file petitions.

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 567 SD2, HD1**

**POSITION: SUPPORT SB 567 SD2, HD1**

Residing in the community of Kalihi Palamanwhere homelessness is compounded by the issue of mental health, I support this bill. This bill is derived from two years of meetings by a broad consortium of stakeholders who understand the barriers to successfully filing ACT orders – Attorneys General for DOH and Judiciary, Adult Mental Health Division, Hawaii Disability Rights Project, Honolulu Police Department, Institute for Human Services, Senator Karl Rhoads, and other stakeholders in the community.

Though not every homeless person has severe mental health issues there are some that experience psychosis and are unable to make informed decisions regarding treatment. This population is often unresponsive to homeless interventions, cycling in and out of hospitals and jails, and posing a threat to their own health and a drain on state and county resources.

This bill offers key actions in two areas 1) It requires the Department of Health to convene a mental health emergencies task force to effect requiring an individual to be examined for ACT eligibility upon commitment to a psychiatric facility for involuntary hospitalization, admission to a psychiatric facility for voluntary inpatient treatment, or transported for emergency evaluation. 2) This bill also directs the Department of the Attorney General to assist with the petition for assisted community treatment and related court proceeding; should an assisted community plan is required.

In my neighborhood of Kalihi-Palama, a resolution was passed to create a special cooperative zone between Neighborhood Board No. 15 Kalihi-Palama and Chinatown Neighborhood Board. The resolution created a formal avenue to which both neighborhood boards will start to work in tandem rather than just seeing the issues that happen in Chinatown as

just their problem; Rather, see the issue(s) in a more holistic approach and how what happens in Chinatown may affect may affects the residents in Kalihi-Palama.

**SB 567 SD2, HD1** is another collaborative effort that gives the community and providers more tools to deal with persons that more resistant to support. hopefully with the passage of this bill we can give a helping hand to those without the mental capacity to help themselves. Therefore, I urge this committee to pass this bill.

Mahalo,

Ken Farm

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



**OAHU REGION  
HAWAII HEALTH SYSTEMS CORPORATION**

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**House Committee on Judiciary  
Representative Chris Lee, Chair  
Representative Joy A. San Buenaventura, Vice-Chair**

March 18, 2019  
Conference Room 325  
Hawaii State Capitol

Derek Akiyoshi  
Oahu Region Chief Executive Officer  
Hawaii Health Systems Corporation  
**Re: Testimony in Support**  
HB 567, SD2, HD1, Relating to Mental Health Treatment

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Dear Chair Lee, Vice-Chair San Buenaventura, and Members of the House Committee on Judiciary.

The current focus of the Oahu Regional Health System Board of Directors (hereinafter, “OR Board”) is to maximize the use of our facilities for the greatest public benefit and to develop initiatives to be more fiscally responsible and sustainable. It is toward the former focus that the OR Board supports HB 567, SD2, HD1, which requires the Department of Health to convene a mental health emergencies task force that would, in part, explore the feasibility of Leahi hospital and Maluhia (the two Oahu Region facilities) as centers for community-based mental health care.

While we are proud of the important public services we already provide – including in-patient long-term care, adult day health (2 of only 5 programs on Oahu), the only certified TB (tuberculosis) unit in Hawaii, and a geriatric outpatient clinic – we are always committed to finding ways to do more. Accordingly, we fully support a collaborative effort with other public and private agencies to address the vital need for community-based mental health care, especially if the Oahu Region’s facilities are ultimately determined to be feasible locations for the provision of such services.

**Requested Amendment**

We note that Section 2, paragraph (6) of SB 567, SD2, HD1, requires that the “Hawaii health systems corporation shall be a member of the task force.” Given that a significant aim of the task force is to explore the possible use of the *Oahu Region’s* facilities to provide mental health services and the Oahu Region is the entity solely responsible for operating all of its facilities (not the Corporation), we respectfully request that the foregoing language be amended to read that the “Oahu Regional Health System of the Hawaii Health Systems Corporation shall be a

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Page 2  
March 18, 2019  
SB 567 SD2, HD1

member of the task force.” See Haw. Rev. Stat. §323F-7(c)(18)(A) (“Regional systems boards shall have custodial control over facilities and physical assets in their respective regional systems.”).

Thank you for the opportunity to offer testimony on this very important matter.



## 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 SB567-SD2-HD1 with Proposed Amendments

Aloha House Committee Members,

#### Board of Directors

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Kuuhaku Park

Curtis Saiki, Esq.

Joe Viola

Tammy Yokogawa-King

#### Emeritus Members

Roberta DuTeil

The Rev. Msgr.

Terrance Watanabe

I humbly ask for your **support in advancing SB567-SD2-HD1**, which compliments current measures passing through the Hawaii State Legislature. This bill addresses a gap within our system where mentally ill and substance-affected homeless individuals are being discharged from medical centers without a safety net plan and who are unknowingly sick and in need of medical psychiatric treatment.

SB567 will increase opportunities for the filing of Assisted Community Treatment (ACT) petitions and therefore increase the numbers of vulnerable, severely mentally ill, chronically homeless individuals who can be helped by such orders. As you know, ACT orders target those individuals who are psychotic, have been repeatedly hospitalized or jailed, live in degraded and inhumane circumstances, are unable to take care of themselves, and are often victims of violence or sexual assault. These are some of the changes to the ACT law which are recommended by multiple stakeholders, based on the past five years of difficulty in obtaining ACT orders, resulting in a miniscule number of orders having been granted.

SB567 requires that when individuals are being discharged for involuntary psychiatric hospitalization, they must be examined by the appropriate mental health professional to determine whether they meet the criteria for an ACT order. This will reduce the current practice of individuals being released from involuntary emergency hospitalization to the streets, only to repeatedly decompensate and be re-admitted (or arrested).

Moreover, SB567 requires the Dept of Health to convene a mental health emergencies task force – this is greatly needed. It will assess why emergency rooms are currently not filing ACT orders on appropriate individuals and will additionally explore the creation of a treatment team for such persons. A treatment team would work together collaboratively to bring successful petitions to court. This is done successfully in other jurisdictions. Leahi Hospital and Maluhia are noted as possibilities to be explored for community-based care.

Finally, SB567 requires that the Attorney General's office assist with the filing of such petitions. This is very important: an attorney is needed to successfully file a petition, and community agencies and families generally do not have the resources to hire an attorney and are thus unable to successfully file petitions.

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](http://www.ihshawaii.org)





## CATHOLIC CHARITIES HAWAII

### **TESTIMONY IN SUPPORT OF SB 567, SD2, HD1: Relating to Mental Health Treatment**

**TO:** Representative Chris Lee, Chair, Representative Joy San Buenaventura, Vice Chair, and Members, Committee on Judiciary

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

**Hearing: Monday, March 18, 2019; 2:05 PM; CR 325**

Chair Lee, Vice Chair San Buenaventura, and Members, Committee on Judiciary:

Thank you for the opportunity to provide testimony **in support** of SB 567, SD2, HD1, which facilitates the assessments of mental health patients who are homeless and may benefit from/need an assisted community treatment plan. 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.

These homeless individuals often are frequent users of emergency rooms. Assisted community treatment (ACT) is an available but under-utilized option for people with these serious mental illnesses to receive on-going treatment in the least restrictive setting. ACT can reduce the trend toward repeat emergency interventions as the primary course of treatment for the seriously mentally ill.

While judicial oversight of the ACT process is important to preserve the civil rights of mentally ill persons, community providers and others do not have the resources to navigate the complex court system. SB 567 is critical because it addresses the barriers to actually using ACT to improve the lives of these seriously mentally ill persons. The creation of a task force to explore why medical facilities are not diverting more people to this service as well as looking at other options is a big step forward to finding solutions.

As Mother Theresa once said, "If we have no peace, it is because we forget that we belong to each other." It's time to demonstrate that we have not forgotten people who struggle with severe mental illness on the streets. We need to seek humane solutions to help these most vulnerable homeless. This bill is an important step forward. We urge your support. Please contact me at (808) 373-0356 or [bettylou.larson@catholiccharitieshawaii.org](mailto:bettylou.larson@catholiccharitieshawaii.org) if you have any questions.





## Testimony in Strong Support of SB 567: related to Mental Health Treatment

TO: House Committee on Judiciary  
FROM: Treatment Advocacy Center  
HEARING: Monday March 18, 2019 at 2:05 pm, Room 325

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Dear Chair Lee, Vice Chair Buenaventura, and members of the Committee on Judiciary:

The Treatment Advocacy Center is a national nonprofit dedicated to eliminating barriers to treatment for individuals with severe mental illness. We are national experts on court-supervised outpatient treatment. We hear from many families in Hawaii desperately trying to get help for loved ones, who are struggling against a system that seems impenetrable. Many families find themselves hitting a barrier if their loved one lacks the insight to know that they are ill or if they have problems complying with prescribed medication without supervision.

This population, though small, is the population most likely to lapse into homelessness or to be victimized by others. Many will find themselves in the criminal justice system through the criminalization of their mental illness symptoms. Explosive increases in the number of individuals requiring competency restoration to face often minor charges illustrates this point.

Assisted Community Treatment was intended to provide one additional tool to help stop this appalling trend. SB 567 will greatly improve the ability of professionals to actually make use of this tool and get help to those most in need of it, who sadly are often shut out of a system that is designed to only provide help for those who are doing well enough to affirmatively pursue it. Obtaining help for a person who wants to receive services can be quite challenging; getting help for those without insight or the ability to navigate a complicated system often proves impossible, as many families will attest.

The specific provisions of SB 567 provide needed clarity and direction for practitioners and solves some of the problems that have been identified over time. Research indicates that robust use of Assisted Community Treatment can reverse trends of criminalization by allowing intervention within the civil system, thus providing a better prognosis for individuals to thrive within their own communities and support systems.

Data from other jurisdictions show a decrease in homelessness, decreases in days spent in hospitals or incarcerated, and in overall dollars spent per individual by the system within even the first year of implementation even after factoring in initial program implementation costs.

The Treatment Advocacy Center strongly supports passage of SB 567. We collect and analyze data for each state, the District of Columbia, Puerto Rico and Guam and would be happy to provide any additional information that might be helpful in your consideration of this bill.

Sincerely,

A handwritten signature in cursive script that reads "Lisa Dailey".

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March 18 , 2018

**LATE**

TO: Honorable Chair Lee & JUD Committee Members

RE: **SB 567 SD2, HD1** RELATING TO MENTAL HEALTH TREATMENT

Support for hearing on March 18

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

We support SB 567 SD2 HD1 as it would require an individual to be examined by a psychiatrist before being committed to a psychiatric facility involuntarily. While we recognize that not every homeless person has severe mental health issues, there are some that experience psychosis and are unable to make informed decisions regarding treatment. This population is often unresponsive to homeless interventions, cycling in and out of hospitals and jails, and posing a threat to their own health and a drain on state and county resources.

We like that this bill offers key actions in two areas 1) It requires the Department of Health to convene a mental health emergencies task force to effect requiring an individual to be examined for ACT eligibility upon commitment to a psychiatric facility for involuntary hospitalization, admission to a psychiatric facility for voluntary inpatient treatment, or transported for emergency evaluation. 2) This bill also directs the Department of the Attorney General to assist with the petition for assisted community treatment and related court proceeding; should an assisted community plan is required.

Thank you for your favorable consideration.

Sincerely,

John Bickel President



**SB-567-HD-1**

Submitted on: 3/18/2019 11:01:30 AM

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

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dylan P. Armstrong	Individual	Support	No

Comments:



**SB-567-HD-1**

Submitted on: 3/18/2019 12:10:59 PM

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

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
James Logue	Individual	Support	No

Comments: