



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 8, 2019

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

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

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

Hearing: Friday, February 8, 2019, 2:45 P.M.
Conference Room 016, State Capitol

POSITION: The Governor's Coordinator appreciates the intent of this measure, respectfully offers comments, and suggests an amendment.

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 pilot program to procure services from a designated service provider to operate a facility 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 assisted community treatment or community guardianship. The bill also requires the adult protection and community services branch of DHS or a licensed physician employed by the designated service provider to request court-ordered assisted community treatment or court-ordered guardianship for eligible homeless individuals. In addition, the bill requires that participants in the pilot program provide identification documentation prior to receiving shelter and mental health treatment, requires a designated service provider to locate a suitable facility for the program, and makes an appropriation.

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.

Unlike other DHS homeless programs, the pilot program described in this measure will target individuals who are placed into shelter without their consent. The target population requires a more specialized level of treatment, coordination of care, and compliance with regulatory requirements compared to other homeless programs administered by DHS, such as shelter, Housing First, and Rapid Re-Housing.

For example, staffing for the pilot program requires a licensed physician familiar with the assisted community treatment order process, a social worker and social services assistant to provide twenty four hour care, and coordination with the Office of the Public Guardian and the DHS adult and community services branch. The facility for the proposed pilot program will also require a special treatment license from DOH per section 321-16.5, Hawaii Revised Statutes, and is subject to unannounced inspections by the DOH Office of Health Care Assurance.

Furthermore, the number of individuals who may be potentially eligible for the pilot program and meet the criteria for assisted community treatment or guardianship is unclear. Accordingly, DHS may require additional time to develop partnerships with the DOH and Judiciary, ensure compliance with licensing and other mandatory requirements, and to develop procedures to address the safety of clients and staff involved with the pilot program.

If this measure proceeds, the Coordinator requests an amendment to section 2 (g) on page 6, lines 9-14, to read as follows:

(g) The designated service provider shall ensure that data from the pilot project is entered into the United States Department of Housing and Urban Development's Homeless Management Information System.

The Coordinator notes that other DHS and DOH contracts for homeless services include a requirement that the service provider enter data directly into the Homeless Management Information System instead of collecting the data for a third party to input.

Thank you for the opportunity to testify on this bill.



The Judiciary, State of Hawai‘i

Testimony to the Senate

Committee on Human Services

Senator Russell E. Ruderman, Chair

Senator Karl Rhoads, Vice Chair

and

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Friday, February 8, 2019, 2:45 PM

State Capitol, Conference Room 016

By

Darren Nako

Office of the Public Guardian

Intergovernmental and Community Relations Department

Bill No. and Title: Senate Bill No. 1051, Relating to Homeless Individuals with Severe Mental Illness.

Purpose: Requires the Department of Human Services, in conjunction with the Department of Health, to establish a three-year pilot project that provides shelter and mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance abuse disorders, who are subject to court-ordered assisted community treatment or court-ordered guardianship. Requires reports to the legislature and appropriates funds.

Judiciary's Position:

The Office of the Public Guardian (OPG) supports the intent of the proposed pilot project, but has the following concerns regarding its implementation.

Limitations of Guardianship

The pilot project seeks to address the problem of chronic homelessness among severely mentally ill individuals through the use of court-ordered community treatment or guardianship of incapacitated persons, and the delivery of mental health services in a shelter setting for a



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designated period of time, or until the individual is sufficiently rehabilitated to transition to a group home. A guardian's consent would provide the authority for an individual's shelter placement and treatment, where the individual will not participate voluntarily.

A person who qualifies for guardianship on the basis of incapacity is not deprived of all say in decisions affecting his or her welfare. HRS § 560:5-305 provides "A guardian shall exercise authority only as necessitated by the ward's limitations and, to the extent possible, shall encourage the ward to participate in decisions, act on the ward's own behalf, and develop or regain the capacity to manage the ward's personal affairs. A guardian, in making decisions, shall consider the expressed desires and personal values of the ward to the extent known to the guardian."

The above laws are consistent with the National Association of Social Workers Code of Ethics (NASW Code). OPG's guardians, as social workers, are bound by the NASW Code. One of the Code's ethical principles states, "Social workers respect the inherent dignity and worth of the person." The Code also provides that a social worker has the ethical responsibility to "respect and promote the right of clients to self-determination," (NASW Code section 1.02), and when providing consent on behalf of an incapacitated person, must ensure that guardians' actions are "consistent with their clients' wishes and interests." (NASW Code section 103(c)).

While provision of shelter and treatment services is generally in the best interest of OPG's wards, the provision of such services is not always consistent with a ward's wishes. When a ward resists proffered shelter and/or treatment and a guardian must override a ward's expressed desires or objections to make decisions that are in the ward's best interest, there is no assurance that the ward will cooperate or submit to treatment. For example, over the years OPG has had several clients committed to the Hawai'i State Hospital, with periods of commitment ranging from five to over twenty years. Some of these clients refuse to take their medication or otherwise cooperate with treatment and, thus, cannot be rehabilitated and released back into the community. Even with the resources and support of the professional staff at the hospital, OPG's guardians cannot force these wards to submit to treatment. And for those who can be sufficiently rehabilitated, transitioning back into the community is not always feasible as there are insufficient group homes into which to place these individuals.

The involuntary placement and treatment of homeless individuals also raises practical and legal concerns. If a ward refuses to go into or remain in the shelter or accept mental health treatment, OPG's guardians are neither authorized, trained, nor equipped to use physical action against the ward to achieve compliance. In addition, we note that aspects of the project --- referral, over the homeless individual's objection, into a shelter to receive treatment



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for a designated period of time or until sufficiently rehabilitated for release to a group home --- have parallels to civil commitment. Under HRS § 560:5-316(d), guardians are prohibited from "[initiating] the commitment of a ward to a mental health-care institution except in accordance with the State's procedure for involuntary commitment."

Staffing

While the bill does not describe the role of the OPG in the pilot project, it appropriates funds for one 0.5 full-time equivalent staff position in OPG, (position not described), presumably to serve as guardian for project participants. The moneys are appropriated to the Department of Human Services, rather than the Judiciary.

OPG currently serves as guardian for more than 700 adults statewide, with the office's nine social workers each carrying a caseload of between 70 to 80 wards, approximately twice as large as the maximum caseload recommended by the National Guardianship Association. Providing guardianship of up to eight severely mentally ill persons with intense psychosocial needs would require an additional social worker (half-time) and social service assistant (half-time).

Status of Homeless Individuals Upon Termination of Pilot Project

The bill does not address the status of the pilot project participants once the project ends on June 30, 2022. Under HRS § 560:5-318, a guardianship terminates only upon the death of the ward or upon court order. To terminate a guardianship, the ward, guardian, or another person interested in the ward's welfare must petition the court for termination on the grounds that the ward has died or no longer needs the guardian's assistance or protection.

If the homeless individuals participating in the pilot project are still incapacitated at the project's end, they would continue to be wards of OPG. The agency, however, would no longer have the resources provided under the project to support its guardianship duties, i.e., additional staff, shelter, and treatment services. Permanent OPG staff would have to absorb the wards into their already heavy caseload, and find housing and treatment services appropriate for severely mentally ill individuals. Caregivers may be unwilling to accept residents with severe mental illness or substance abuse disorders. If appropriate housing cannot be located for the wards, they may return to a life on the streets without treatment for their mental illness or substance abuse disorders.



Senate Bill No. 1051, Relating to Homeless Individuals with Severe Mental
Illness

Senate Committee on Human Services

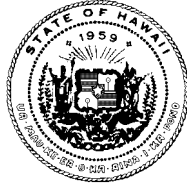
Senate Committee on Commerce, Consumer Protection, and Health

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Finally, while the Judiciary has concerns regarding the proposed pilot project, we recognize the importance of and need for programs that will allow homeless individuals with severe mental illness to receive treatment for their illness while living in a safe and supportive environment. To that end, we welcome continued discussions on how best to achieve these goals. Thank you for the opportunity to provide comments on this bill.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

LATE

February 7, 2019

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection & Health

FROM: Pankaj Bhanot, Director

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

Hearing: February 8, 2019, 2:45 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and respectfully offers comments.

PURPOSE: The purpose of the bill requires the DHS, in consultation with the Department of Health (DOH), to establish a pilot project to procure services from a designated service provider to operate a facility 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 assisted community treatment or court-ordered guardianship. The bill also requires the adult protective and community services branch of the Department of Human Services or a licensed physician employed by the designated service provider to request court-ordered assisted community treatment or court-ordered guardianship for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders. In addition, the bill requires that participants in the pilot program provide identification documentation prior to

receiving shelter and mental health treatment, requires the designated service provider to locate an unused, suitable facility to operate as a shelter and makes an appropriation.

We agree that there is a gap in services for mentally or severely mentally ill (SMI) individuals who are homeless, and we lack effective mechanisms to assist those who refuse services. As we presented last session on the issue, based on preliminary research, other similar proposals utilize a Housing First approach with extensive wrap around services for those with severe mental illness. U.S. Department of Housing & Urban Development has published reports on these types of programs and other jurisdictions have successfully established similar programs. (See <http://brilliantcorners.org/brilliant-solutions/housing-services/> for a program established in San Francisco). Also, see <https://www.huduser.gov/portal/publications/hsgfirst.pdf> that lists essential components for a successful program including but not limited to: direct placement into housing; mental health case management services in the community; provision of housing and treatment services separately; and careful monitoring of outcomes.

Prior to establishing a pilot, even for eight homeless individuals, we will need additional resources and time to do some ground work to develop additional community capacity and an understanding of what works, especially when the participants may not necessarily consent to the services and treatment, and to develop a plan.

What we know works in our community for *consenting* individuals who are chronically homeless is the state's Housing First program, established per section 346-378, Hawaii Revised Statutes, that has successfully provided supportive housing to 115 chronically homeless, highly vulnerable individuals and family members. The housing retention rate of the state's Housing First program is approximately 97% – that is 97% remain housed – which far exceeds the national average of 80%.

However, to address the needs of eight homeless individuals with SMI or those who are court-ordered involuntarily to treatment as proposed will require a very different skill set and expertise than the way the state's Housing First program is designed. Also, Housing First is voluntary, wraps services, and places individuals and families in permanent housing in private rentals throughout the community.

We also want to understand what the pending medical respite and emergency

services pilots will add to the community's capacity and development of additional service delivery models to address homelessness.

Regarding Section 2, part (b)(1), it should be clarified that even if a guardianship was ordered by the family court, the guardian would have the ability to make a treatment decision for the individual and thus consent to treatment, however, if the individual decided to leave the treatment program, the individual would still be able to exercise the right to do so. Including periods where the person periodically leaves the program is a component of some of the mainland programs using the Housing First model.

Adult Protective and Community Services Branch (APCSB) has limited resources focused on investigating complaints of abuse or neglect of vulnerable adults as described in Chapter 346, Part X, Hawaii Revised Statutes. APCSB does not have personnel with psychiatric specialization who can render professional opinion that assisted community treatment is required.

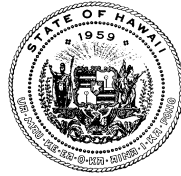
Additionally, APCSB is not the only agency capable of initiating such petitions, and others should be encouraged to continue to file petitions instead of making APCSB the sole source.

Regarding vital records discussed in (c), current homeless outreach and legal services are provided to assist homeless individuals obtain necessary vital records to obtain government issued identification.

Comments regarding subsections (e) through (g) are limited to the notion that memorandum and suitable unused facilities and a designated service provider are premature. We would at least want to engage in the process of a request for information to garner community's opinion as to what is currently feasible.

At this point a working group or task force may be more immediate result of any legislation. The appropriation in Section 3 should include funds to hire or contract a consultant and facilitator to work with the community to develop a coherent strategy.

Thank you for the opportunity to provide comments on this measure.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on SB1051
RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

SENATOR RUSSELL E. RUDERMAN, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

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

Hearing Date and Time: Friday, February 8, 2019 at 2:45 p.m.

Room: 016

1 **Fiscal Implications:** Undetermined.

2 **Department Testimony:** The Department of Health (DOH) offers the following comments and
3 defers to the Department of Human Services (DHS).

4 The DOH acknowledges that homelessness is one of the State's most significant and
5 challenging social concerns. The DOH, the Adult Mental Health Division (AMHD), and the
6 Alcohol and Drug Abuse Division (ADAD) partner with other state agencies and with both
7 contracted and non-contracted community programs to address the mental health and
8 substance abuse needs of individuals experiencing homelessness. Key partners include the
9 Governor's Coordinator on Homelessness (GCH), DHS, Department of Transportation (DOT),
10 Department of Public Safety (PSD), the City and County of Honolulu, law enforcement, and
11 community-based health and human service programs.

12 The purpose of this measure is to require the DHS, in consultation with the DOH, to
13 establish a pilot project and to procure services for the operation of a facility that provides
14 shelter and mental health treatment for homeless individuals with severe mental illness or
15 severe co-occurring mental illness and substance use disorders who are subject to an assisted
16 community treatment order or court ordered guardianship. Additionally, this bill requires the
17 adult protective and community services branch of the DHS or a licensed physician employed
18 by the designated service provider to request court ordered assisted community treatment or

1 court-ordered guardianship for homeless individuals with severe mental illness or severe co-
2 occurring mental illness and substance use disorders. Homeless individuals are required to
3 provide appropriate identification documentation, including but not limited to, a social security
4 card, driver's license, or civil identification card, to be eligible to receive shelter and mental
5 health treatment. The designated service provider is required to locate an unused, suitable
6 facility to operate as a shelter.

7 The DOH takes no position on the merits of the designated service provider project
8 proposed in this measure due to lack of expertise in homelessness programs.

9 The scope of the DOH within the larger framework of the State's response to
10 homelessness is the provision of mental health and substance abuse services, and if enacted,
11 the DOH is ready and willing to be available for consultation with the DHS and the Governor's
12 Coordinator on Homelessness to coordinate services, to help design new programs, and to
13 work with other agencies and stakeholders on this pressing social issue. SB1051 also requires
14 the DOH to approve the facility at which services will be provided, which is feasible since the
15 DOH routinely licenses health care facilities and approves others, for example, medical
16 cannabis dispensaries.

17 The DOH thanks the Legislature for introducing a variety of measures that aim to
18 address the issue of homelessness in Hawaii. Respectfully, the DOH asks for the Legislature's
19 support of the Governor's Executive Budget request which includes appropriations to the DHS
20 and DOH for Housing First, Rapid Rehousing, homeless outreach, and for outreach and
21 counseling services for chronically homeless individuals with severe substance use disorders.

22 The DOH looks forward to continued collaboration with the Senate Committee on
23 Human Services, the Senate Committee on Commerce, Consumer Protection, and Health,
24 other legislators, and community stakeholders in addressing the intent and spirit of this
25 measure.

26 Thank you for the opportunity to testify.

27 **Offered Amendments:** None

SB-1051

Submitted on: 2/4/2019 3:31:13 PM

Testimony for HMS on 2/8/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Testifying for Hawaii Kai Homeless Task Force	Support	Yes

Comments:

Testimony in Strong Support of SB1051 Relating to

TO: Senate Committee on Human Services (HMS)

FROM: Mike Goodman, Hawaii Kai Homeless Task Force & Member Partners in Care (PIC)

HEARING: Friday, February 8, 2:45 PM, Conference Room 016

Dear Chair Senator Ruderman, and members of the Senate Committee on Human Services; Thank you for the opportunity to provide testimony in support of SB1051

I'm Mike Goodman, Director of the Hawaii Kai Homeless Task Force, and a member of Partners in Care (PIC), which is a coalition of more than 50 non-profit homelessness providers. We strongly support this bill.

The chronic homeless, most of whom are mentally ill, or substance addicted, constitute a crisis within the homeless crisis. They are the most visible segment of the homeless population. They are also the most vulnerable, are virtually incapable of helping themselves, and suffer horrific health consequences wrought by exposure and unsanitary conditions, while cycling between jails, hospitals and the streets. They are also the most difficult to serve; They often refuse services, because their mental impairments or addictions render it impossible for them to make rational decisions.

Severely mentally ill and substance addicted unsheltered homeless also impose the greatest burden on our communities. The aggregate cost for emergency medical services, law enforcement, repair and cleanup of property, and homeless sweeps is in the hundreds of millions a year.

They also diminish the quality of life for residents and tourists. The Children's Discovery Center in Kaka'ako might close because untreated, mentally ill and substance addicted homeless persons make it difficult if not impossible for parents with small children to feel

safe. Likewise, many Honolulu City Parks and Iolani Palace, will be closing at night to prevent property damage by this segment of the homeless population.

The irony is, that the cost of helping and treating impaired homeless persons actually results in a net savings to the State. For example, 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 healthcare costs.

SB1051 is a crucial part of a series of bills including SB567, SB1124, SB1464 and SB1465 which are contemplated to make critical improvements to the Assisted Community Treatment Program ("ACT"), to do a better job of serving severely mentally ill and substance addicted chronically homeless persons and get them off the streets. With an effective ACT program, we can end the suffering of impaired homeless individuals while saving taxpayers millions of dollars a year.

Thank you for the opportunity to testify.



HAWAII SUBSTANCE ABUSE COALITION

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

COMMITTEE ON HUMAN SERVICES:

- Sen. Ruderman, Chair; Sen. Rhoads, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Baker, Chair; Sen. Chang, Vice Chair
- Friday, Feb. 8, 2019: 2:45 am
- Conference Room 016

Hawaii Substance Abuse Coalition Supports SB1051:

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.

Helping Hawai'i Live Well

To: Senator Russell Ruderman, Chair, Senator Karl Rhoads, Vice Chair, Members, Senate Committee on Human Services

Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, Members, Senate Committee on Consumer Protection and Health

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF SB 1051 RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

Hearing: February 8, 2019, 2:45 PM, CR 016

Thank you for hearing **Senate Bill 1051**, which requires the Department of Human Services, in consultation with the Department of Health, to establish a three-year pilot project to procure the services of a service provider to operate a shelter and provide 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 assisted community treatment or court-ordered guardianship.

Mental Health America of Hawaii (MHAH) 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. We have been a leader in improving the care and treatment of people with mental illness in Hawaii through policy change. In the 1940s and 1950s our emphasis was on improving the care of patients at the State Hospital in Kaneohe. We helped pass Hawaii's progressive Civil commitment Law in 1976, the Patient Rights Law (Act 272) and Residential Treatment Program Law in 1980, and Hawaii's first Mental Health and Substance Abuse System Act in 1984. In the 1990s we helped get a Psychiatric Advance Directive law passed and helped obtain parity in health insurance coverage for mental health treatment.

As evidenced through our state's homelessness crisis as well as the inquiries for help we receive daily at our office, we have substantial gaps in behavioral health care and supportive services access. The 2018 Commonwealth Fund Scorecard reported that 64% of adults with mental illness in Hawaii did not receive treatment.¹ Integration of housing, mental health treatment and addiction treatment is sorely needed. We would like to see this pilot project implemented to fill a significant gap in available services.

Thank you for considering my **testimony in support of SB 1051**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

¹ D. C. Radley, D. McCarthy and S. L. Hayes, 2018 Scorecard on State Health System Performance, The Commonwealth Fund, May 2018.



CATHOLIC CHARITIES HAWAII

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

TO: Senator Russell Ruderman, Chair, Senator Karl Rhoads, Vice Chair; and
Members, Committee on Human Services, and
Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, and Members,
Committee on Commerce, Consumer Protection and Health.

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

Hearing: Friday, 2/8/19; 2:45 pm; Conference Room 016

Chair Ruderman, Chair Baker, and Members, Committees on Human Services,
and Commerce, Consumer Protection and Health:

Thank you for the opportunity to provide testimony **in support** of SB 1051, which establishes a pilot project to operate a facility for shelter and mental health treatment for homeless individuals who are subject to court-ordered assisted community treatment or 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. ACT enables the Court to order individuals who meet specific criteria to receive treatment in the community. This bill would establish a 3-year pilot project to provide shelter with mental health treatment for 8 individuals under ACT orders and others who are homeless with severe mental illness and/or severe mental illness with co-occurring substance abuse disorders and/or are frequent users of the ER.

We need to seek humane solutions to help these most vulnerable homeless. 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.



SB-1051

Submitted on: 2/7/2019 2:44:06 PM

Testimony for HMS on 2/8/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for O'ahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:



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 Strong Support of SB 1051: Relating to Judicial Proceedings

TO: Committees on Human Services and on Commerce, Consumer Protection, & Health

FROM: Partners in Care (PIC)

HEARING: Friday, February 8, 2019 at 2:45 a.m., Conference Room 016

Dear Chair Ruderman, Chair Baker, and members of the Committees on Human Services and on Commerce, Consumer Protection, & Health:

Thank you for the opportunity to provide testimony in strong support of SB 1051, 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. Partners in Care (PIC)—a coalition of more than 50 non-profit, homelessness providers—strongly supports the 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. These are those individuals we see every day on our streets: psychotic, hallucinating, behaving erratically, with very poor hygiene and living in degrading 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 causes brain damage, resulting in reduced brain functioning and decreased likelihood of recovery.

Such persons have a “right to treatment” in light of these circumstances, and desperately need it. One avenue for this is the Assisted Community Treatment (ACT) law, which enables the Court to order individuals like these, who meet very specific criteria, to receive treatment in the community. To avoid having people cycle in and out of psychosis, homelessness, and jail, it is important that after Assisted Community Treatment is ordered, people are provided with sufficient time and supports to stabilize for community living—SB 1051 provides the means to do so.

SB 1051 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 SB 1051.

Thank you for your consideration of this important issue.

PARTNERS IN CARE, OAHU'S CONTINUUM OF CARE

200 North Vineyard • Suite 210 • Honolulu, Hawaii 96817 • www.PartnersinCareOahu.org

SB-1051

Submitted on: 2/7/2019 6:43:13 AM

Testimony for HMS on 2/8/2019 2:45:00 PM

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

Comments:

Dear Honorable Committee Members:

Please support SB1051 to provide psychiatric services to the homeless. 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.

Thank you for the opportunity to present my testimony.

Andrea Quinn

SB-1051

Submitted on: 2/7/2019 1:49:51 PM

Testimony for HMS on 2/8/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith A Mick	Individual	Support	No

Comments:

I ask that you support this important bill to help a segment of our population that deserves our attention and aloha. Mahalo. Judy Mick, Kailua

SB-1051

Submitted on: 2/7/2019 2:09:37 PM

Testimony for HMS on 2/8/2019 2:45:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Borofsky	Individual	Support	Yes

Comments:

Aloha,

I am writing to explain why it is important to pass Senate Bill 1051. There are at least four reasons for hearing the bill.

First, there are many negative images of the homeless in public circulation. But, in truth, the great majority of the negative anecdotes people and the media provide relate to a relatively few individuals who are mostly in need of serious medical help. Because of current laws, these people move in and out of mental hospitals without any sustained care.

Second, the negative images generated by this small group of homeless clearly has a detrimental effect on our communities. In Kailua, merchants, tourists, parents, teachers, school children and the general populace are upset by a semi-nude woman wandering the streets as well as a few individuals shouting obscenities in various public places or appearing disheveled wandering on school property.

Third, much police time is taken up with dealing with this small number of individuals. The police save records of certain individuals' citations so, after these individuals collect enough citations, they can temporarily place these individuals either in a mental hospital ward or in jail. But these individuals soon return to the streets because of the legal obstacles to helping them gain the necessary care. The result is not only a frustrated police force but a frustrated community who clearly sees the police unable to effectively address the problem.

Fourth, homelessness in locales such as Kailua is extremely difficult to correct. Kailua would certainly benefit from the City and County's Housing First program. But with property values approaching \$1,000,000 and the considerable number of illegal Airbnb's, it is nearly impossible to find or build financially viable units. Creating the opportunity to successfully treat the few emotionally disruptive homeless would go a long way to showing the legislature can indeed take effective action on an important public problem in at least one significant way.

Homelessness is certainly a serious problem in Hawaii – effecting the general populace, merchants, tourists, parents, teachers, and school children. Though the problem is

perhaps unable to be solved in the short term, there is no doubt that IHS, various churches, and similar groups help many homeless to get by. There is also no doubt that many homeless are able to effectively cope with their unfortunate condition without breaking the law in serious ways. But this “good news” is overwhelmed by a few mentally unstable homeless who create most of the disruption – causing fear of the homeless generally in the community and taking up a considerable amount of police time. Hearing and, moreover, passing Senate Bill 2330 would go a long way to ameliorating the worse part of the homeless problem in Hawaii. Obviously, it will not solve the problem completely. But it will show that the state legislature cares enough to address the one part of the problem that they can help solve without allocating millions of dollars, the one part of the problem that would make the most difference to people in Hawaii.

Regards,
Dr. Borofsky

Dr. Rob Borofsky
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