

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

**Testimony COMMENTING on S.B. 2505**  
**RELATING TO HEALTH**

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

Hearing Date and Time: Friday, February 07<sup>th</sup>, 2020 at 9:30am

Room: 229

1 **Department Position:** The Department of Health (“Department”) strongly supports this  
2 measure and offers the following testimony.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the  
4 Department’s Behavioral Health Administration (“BHA”) whose statutory mandate is to assure a  
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,  
6 private and community resources. Through the BHA, the Department is committed to carrying  
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and  
8 person centered. The BHA’s Adult Mental Health Division (“AMHD”) provides the following  
9 testimony on behalf of the Department.

10 The Department strongly supports the repurposing of unused state facilities to house  
11 non-forensic individuals in short-term residential beds. These short- term residential beds are  
12 designed to 1) stabilize the individual’s mental health and substance use conditions and 2)  
13 assess then triage the individual to a clinically appropriate level of care through the Hawaii  
14 Coordinated Access Resource Entry System (“CARES”).

15 The Department, in collaboration with state agency partners through the task force and  
16 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of  
17 short-term stabilization services throughout the state creates unnecessary burdens on

1 emergency departments, law enforcement, and individuals living with behavioral health issues.  
2 Long-term mental health recovery and community reintegration can be achieved through  
3 appropriate clinical intervention and consistent flow through a care continuum based on clinical  
4 need and level of care.

5 Short-term residential stabilization beds provide a sub-acute level of care for individuals  
6 whose behavioral health issues do not meet medically necessary criteria for acute  
7 hospitalization but whose presentation and current medical status are not conducive or  
8 appropriate for community-based services such as low intensity residential, or outpatient  
9 services. Constructing sub-acute stabilization services will enhance the state's current care  
10 continuum by, for example, helping to reduce unnecessary emergency department admissions,  
11 promoting jail diversion opportunities, and better assisting individuals with behavioral health  
12 issues to be appropriately triaged through a coordinated care continuum.

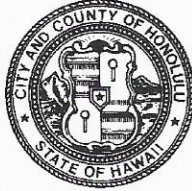
13 Thank you for the opportunity to testify on this measure.

14 **Offered Amendments:** None.

15 **Fiscal Implications:** There are other measures being heard by the legislature that allow the  
16 Department to use the Mental Health and Substance Abuse Special Fund for the purposes  
17 described in this measure including H.B. 0035\_HD1, H.B. 2022, H.B. 3249, S.B. 2506, and S.B.  
18 2905. The Department respectfully requests that beyond legislative approval of use of the  
19 special fund for these purposes that any additional appropriations made available through this  
20 measure do not supplant budget priorities identified in the Governor's executive budget.

HONOLULU EMERGENCY SERVICES DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814  
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL  
MAYOR

JAMES D. HOWE, JR.  
DIRECTOR

IAN T.T. SANTEE  
DEPUTY DIRECTOR

February 5, 2022

The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Ching, Vice Chair and Members  
Committee on Commerce, Consumer Protection and Health  
Hawaii State Capitol, #229  
Honolulu, Hawaii 96813

Dear Chair Baker, Vice Chair Ching and Members of the Committee:

SUBJECT: SB2505 Relating to Health  
In Support

The Honolulu Emergency Services Department which manages both the Emergency Medical Services (EMS) and Ocean Safety Lifeguard Services Divisions (OSD) for the City and County of Honolulu is in support of this measure.

Both the EMS and OSD Divisions are significantly impacted by the prevalence of individuals struggling with substance abuse, mental health conditions and homelessness. These impacts include employee safety, repeated responses by limited emergency response resources, transport to emergency room facilities and community complaints regarding the activities of these identified groups in the legislation.

Our EMS Division participated in task force and working groups respectively and it is the Department's position that this measure is a critical additional step in ensuring the safety of our responders, the general community and the population identified in SB2505.

Thank you for the opportunity to testify on the issue of major importance to our community.

Sincerely,

A handwritten signature in blue ink, appearing to read "James D. Howe, Jr.", is written over a circular stamp. The signature is stylized and somewhat illegible.

James D. Howe, Jr.  
Director

**SB-2505**

Submitted on: 2/4/2020 6:42:16 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

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

Comments:

We have long advocated for the need for crisis stabilization beds and other forms of treatment in the community. We applaud the leadership of the Department of Health and the legislature for recognizing this need and appropriating the funds.

# COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: (808) 927-1214 / [kat.caphi@gmail.com](mailto:kat.caphi@gmail.com)



## COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn Baker, Chair

Senator Stanley Chang, Vice Chair

Friday, February 7, 2020

8:30 a.m.

Room 229

### **STRONG SUPPORT for SB 2505 - STABILIZATION BEDS**

Aloha Chair Baker, Vice Chair Chang and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai'i for more than two decades. This testimony is respectfully offered on behalf of the families of **ASHLEY GREY, DAISY KASITATI, JOEY O'MALLEY, JESSICA FORTSON** and all the people who have died under the "care and custody" of the state including the ten people who died in the last 5 months of 2019 and for **JAMES BORLING-SALAS** who was beaten and died on January 16<sup>th</sup>. We also remember the approximately 5,200 Hawai'i individuals living behind bars or under the "care and custody" of the Department of Public Safety on any given day and we are always mindful that more than 1,200 of Hawai'i's imprisoned people are serving their sentences abroad -- thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

SB 2505 requires and appropriates funds for the department of health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities.

Community Alliance on Prisons is in strong support of this important bill for our communities. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System).

Currently our hospital emergency rooms are over-taxed with patients needing medical attention, along with our police departments and EMS who are called to assist medically vulnerable individuals. A lot of these folks fall between the cracks in our behavioral health programs because they are not sick enough to be admitted to the hospital but are beyond the existing behavioral health programs.

Community Alliance on Prisons urges the committee to pass this important measure and we mahalo you for the opportunity to testify in support!

**SB-2505**

Submitted on: 2/6/2020 2:02:57 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrick F. Hurney	Testifying for Habitat for Humanity Hawaii Island, Inc.	Support	No

Comments:

Aloha

I strongly support SB2505. We need a continuum of stabilization beds statewide!

Mahalo

Patrick Hurney

## Helping Hawai'i Live Well

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

From: Trisha Kajimura, Executive Director

**Re: TESTIMONY IN SUPPORT OF SB 2505** RELATING TO HEALTH

**Hearing: February 7, 2020, 9:30 am, CR 229**

Thank you for hearing **Senate Bill 2505**, which requires the department of health to establish a continuum of stabilization beds for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. Patients will be assessed and triaged into a clinically appropriate level of care through the Hawaii coordinated access resource entry system (CARES). The bill makes an unspecified appropriation.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i in 1942, 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.

As mentioned in section 1 of the bill, Acts 90 and 263, Session Laws of Hawaii 2019, established a task force and working group to identify gaps in our state's mental health system. Our organization served on this task force. The resulting report identified sub-acute stabilization beds as one of the greatest needs within our state's mental health system of care. Currently our community has virtually no resources to help people who need this high level of care, which is right under hospitalization. We also do not have enough hospital or acute level capacity so we do not want to take up hospital beds with people who need the sub-acute level of care. The development of sub-acute stabilization beds will be a significant improvement to our mental health system. CARES is also critical to this effort because it will provide the coordination of access to the system so that it is as efficient and effective as possible.

In mental health, access to care is everything and we humbly ask you to support this initiative to improve access. Thank you for considering my **testimony in support of SB 2505**. Please contact me at [trisha.kajimura@mentalhealthhawaii.org](mailto:trisha.kajimura@mentalhealthhawaii.org) or (808)521-1846 if you have any questions.



## **SB2505 Stabilization Beds Network**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Change, Vice Chair
- Friday, Feb. 7th, 2020: 9:30 am
- Conference Room 229

## **Hawaii Substance Abuse Coalition Recommends and Supports SB2505 for non-forensic patients:**

*GOOD MORNING CHAIR, VICE CHAIR 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 over 30 non-profit alcohol and drug treatment and prevention agencies.*

**HSAC recommends that private non-profits could operate state facilities for non-forensic beds and could supplement state funding, including fund raising to remodel as well as accessing non-state funds to support operations.**

**For non-forensic patients: The reasons for creating Stabilization Services for Substance Use Disorders and Mental Health Disorders and Transition Placement services is that we need to help our current systems that are overwhelmed with high utilizers of expensive emergent care for people with chronic conditions of mental health and substance use disorders.**

- High utilizers typically are vulnerable populations with complex problems involving high behavioral health needs and multiple chronic conditions. Due to these complicated medical needs, such patients tend to heavily rely on ER facilities and are difficult to engage in ongoing care, especially with primary care providers.<sup>1</sup>
- The emergency department is the last-resort healthcare where 5% of patients account for 25% of the visits. These are medically and socially complex patients. The Agency for Healthcare Research and Quality (AHRQ) indicated that in 2010, the top 1% of high cost patients accounted for 21.4% of total healthcare spending at an average annual cost of \$87,570.<sup>2</sup>

**Government resource expenditures for high utilizers are huge.**

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<sup>1</sup> Colonial Penn Center: Leonard Davis Institute for Health Economics (2016): Targeting High Utilizers of Health Care <https://ldi.upenn.edu/sumrblog/targeting-high-utilizers-health-care>

<sup>2</sup> ECG Management Consultants: Siemens Healthineers Company: Rethinking Care for Emergency Department Super Utilizers in a Value-Based World (2016). <https://www.ecgmc.com/thought-leadership/articles/rethinking-care-for-emergency-department-super-utilizers-in-a-value-basedworld>



- Across three systems: healthcare (emergency care), criminal justice (including law enforcement, courts and corrections) and homelessness, high utilizers tax state [and city] mental health services yet still don't get adequate care for the severe often untreated mental illness and substance use disorders.<sup>3</sup>
- Police are overwhelmed with responding to crisis situations with homeless people who have a drug induced psychosis from being high on methamphetamine. Frequently, such homeless are recycling through emergency care.

**Complex Patients need multiple levels of care to meet their individual need.**

- Stabilization beds are a level of care that is needed for high end utilizers because we have high levels of care for acute emergent needs and then the only option for them is to step down to a lower more stabilized level of care when they are not yet stabilized.
- Given that the only option for people with high acuity, multiple chronic conditions is emergent care or treatment, they are often placed into higher levels of expensive, emergent care for a longer period of time or more likely, they are discharged from expensive, emergent care in a very short time and released back to the community rather than accessing treatment that requires some functionality and motivation.
- We need to implement the appropriate short term level of care to stabilize such patients until they can transition into residential or outpatient treatment services.

**Patients can start with a Subacute Residential Stabilization level of care or transition down from emergent care.**

- Emergency rooms are over utilized in some situations because it is the most accessible part of the system. Some patients need stabilization not emergent care.
- Other patients can transition to this care once their immediate crisis is addressed after emergent care. A post-stabilization period is often needed because their treatment goals have not been addressed in short term emergent care.

**Without treatment options, the patient will not progress towards recovery but regress and end up back in the emergency department.**

- This tragic cycle occurs because we have failed to stand up enough options that are accessible in the community.
- There needs to be options so that a “warm handoff” to a community setting can be made after stabilization to continue treatment and reduce the risk of recurrence of crisis acute admissions.

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

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<sup>3</sup> WHYY: PBS/NPR: High Utilizers tax state mental health services, but still don't get adequate care. <https://whyy.org/articles/high-utilizers-taxstate-mental-health-services-but-still-dont-get-adequate-care/>



# **PARTNERS IN CARE**

## **Oahu Continuum of Care**

*Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.*

### **Testimony in Support of SB 2505 Relating to Health**

TO: Senate Committee on Consumer Protection and Health  
FROM: Partners in Care (PIC)  
HEARING: February 7<sup>th</sup> at 8:30 am Room 229  
RE: Strong Support for SB 2505

Dear Chair Baker, Vice Chair Chang and members of the Committee:

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports SB 2505** which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance use. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System). This resource is sorely missing in our community, which results in the overuse of Hawaii's already taxed emergency departments, excessive police and EMS involvement, and medically vulnerable people suffering on our streets because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.

PIC and its member organizations are receiving technical assistance (TA) from Housing and Urban Development (HUD) to address the crisis of unsheltered homeless in our community. The HUD TA providers, PIC leadership and member organizations have identified a significant gap in the continuum of homeless services for those on the street that suffer from mental health and/or substance use for those who are inappropriate for emergency shelter because of mental health, substance use or other complex medical conditions. SB 2505 would provide a respite from the streets for these vulnerable populations and will allow for homeless outreach and housing navigation as well as other wrap around services to be offered, in addition to being able to know where to find and connect with those who are homeless. SB 2505 will provide a coordinated intersection for the behavioral health continuum of care and the homeless continuum of care and link CARES with the homeless Coordinated Entry System (CES).

SB 2505 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. We also respectfully ask for support of SB 2506 which would provide funding for stabilization beds and the capital improvements needed to make them aligned with best practices.

**We urge your support for SB 2505 as well as SB 2506 which will provide funding for SB 2505.** Thank you for focusing on the intersection of homelessness, substance use and mental health. If you have questions, please contact our Advocacy Chair, Gavin Thornton, at (808)366-7875.

**SB-2505**

Submitted on: 1/30/2020 8:19:27 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike Goodman	Testifying for Partners In Care & Hawaii Kai Homeless Task Force	Support	No

Comments:

Mahalo for the opportunity to testify. At the heart of chronic homelessness is a mental health crisis. But the insidious consequences of untreated mental illness are not confined to homelessness. Some studies show that 70% of all crime is predicated, at least in part, by mental illness including addiction.



## CATHOLIC CHARITIES HAWAI'I

### TESTIMONY IN SUPPORT OF SB 2505: RELATING TO HEALTH

TO: Senator Chair Rosalyn H. Baker, Senator Stanley Chang, Vice Chair, and Members, Committee on Commerce, Consumer Protection, and Health

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i

**Hearing: Friday, 2/7/20; 8:30 am; CR 229**

Chair Baker, Vice Chair Chang, and Members, Committee on Commerce, Consumer Protection, and Health:

Thank you for the opportunity to provide testimony **in strong support of SB 2505**, which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance abuse. I am Rob Van Tassell, 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. Catholic Charities Hawai'i has a long history of working in the areas of affordable housing and homelessness.

Hawaii's mental health crisis continues, especially for many of the homeless people we see living on our streets. There is a huge gap in services for those suffering from mental health conditions and/or substance abuse. Often, they may be inappropriate for emergency shelters which are not set up to handle their complex medical conditions. Yet these are the folks who need help the most. As a community, we must seek ways to effectively and humanely help. Without additional resources, our emergency rooms, the police and emergency services will continue to be overtaxed and overused.

This bill would provide short-term stabilization beds which would allow homeless to receive the assessment and links to appropriate levels of care. These beds are a missing piece to help homeless who are not sick enough to be hospitalized. By providing this respite from the streets, the program will also allow for outreach and housing navigation and other services to be offered. SB 2505 would create coordination between behavioral health services and homeless services to better serve these very vulnerable homeless people.

Catholic Charities Hawai'i also urges your support for SB 2506 which would provide the funding for these stabilization beds and the capital improvements needed to ensure best practices.

**We urge your support for SB 2505 as well as SB 2506 which will provide funding for SB 2505.** Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or [bettylou.larson@catholiccharitieshawaii.org](mailto:bettylou.larson@catholiccharitieshawaii.org) if you have any questions.





Friday, February 7, 2020

Senate Bill 2505  
Testifying in Support

Aloha Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

The Democratic Part of Hawai'i (The Party) **stands in support of SB2505** Relating to Health, which requires and appropriates funds for the department of health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities.

Having a facility, or multiple facilities, in every county that increase access for those living with a mental health diagnoses, would benefit everyone in the state of Hawai'i.

Governor Ige's Administration has demonstrated a strong commitment to addressing the intersection of mental and physical health and homelessness by appointing the Lt. Governor as the point person for a more comprehensive and holistic approach — which would be complemented well by the stabilization facilities called for in this proposal.

Prioritizing access for the homeless community will drastically reduce the financial strain on emergency services in the state, including hospital visits and crime. According to Hope Services, 33 percent of Hawai'i's homeless population are mentally ill and 21 percent suffer with a substance abuse disability. If we treat the underlying illnesses, homelessness will be drastically reduced; causing a safer and more productive community for all people.

Homelessness among mentally ill is associated with fewer psychiatric and stabilization hospital beds. In 2006, Markowitz published data on 81 US cities, looking at correlations between the decreasing availability of psychiatric hospital beds and the increase in crime, arrest rates, and homelessness. As expected, he found direct correlations. This is consistent with past studies in Massachusetts and Ohio that reported that 27 and 36 percent of the discharges from state mental hospitals had become homeless within six months. It is also consistent with a study in New York that found that 38 percent of discharges from a state hospital had “no known address” six months later.

Read more at: <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>.

The need for both inpatient and outpatient treatment for those living with severe mental illness, including those who are homeless, is a need that it exists in every county. As it

stands right now, those living on neighbor Islands who require this type of assistance in order to live as productively as they are able, must get on a waiting list for the one facility that exists in Honolulu County.

Every person, regardless of the disability that they might be living with, deserves an opportunity to live with grace and dignity. For those that require stabilization in order to proceed to the next step in their treatment, this includes making sure that they have access to help when needed.

For these reasons we urge to vote favorably on this bill.

Mahalo for the opportunity to testify,



Josh Frost  
Co-Chair, Legislation Committee  
Democratic Party of Hawai'i



Zahava Zaidoff  
Co-Chair, Legislation Committee  
Democratic Party of Hawai'i

**SB-2505**

Submitted on: 2/6/2020 2:50:06 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Deges	Testifying for Hawaii Island HIV/AIDS Foundation	Support	No

Comments:

**SB-2505**

Submitted on: 1/31/2020 8:12:42 AM

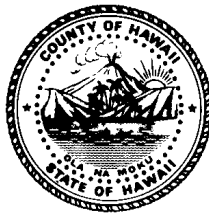
Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Victor K. Ramos	Individual	Support	No

Comments:



REBECCA VILLEGAS  
Council Member  
District 7, Central Kona



PHONE: (808) 323-4267  
FAX: (808) 323-4786  
EMAIL: [Rebecca.villegas@hawaiicounty.gov](mailto:Rebecca.villegas@hawaiicounty.gov)

## HAWAI'I COUNTY COUNCIL

*West Hawai'i Civic Center, Bldg. A  
74-5044 Ane Keohokalole Hwy.  
Kailua-Kona, Hawai'i 96740*

January 31, 2020

TESTIMONY OF REBECCA VILLEGAS  
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL  
ON SB 2505, RELATING TO HEALTH  
Committee on Commerce, Consumer Protection, And Health  
Friday, February 7, 2020  
9:30 a.m.  
Conference Room 229

Aloha Chair Baker, and Members of the Committee:

I thank you for the opportunity to testify in support of SB 2505, relating to health. My testimony is submitted in my individual capacity as a member of the Hawai'i County Council and Chair of the Hawai'i County Council Public Safety Committee.

The purpose of this measure is to require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and substance abuse use, and to assess patients and triage to clinically appropriate level of care through the Hawai'i coordinated access resource entry system. The Lack of stabilization beds is a significant gap in services during its first three months of operation. Current options for those needing stabilization from substance abuse, mental health, and homelessness are stretched and emergency facilities throughout the State have experienced substantial increases in psychiatric emergency admissions, which has resulted in overcrowding and unsafe environments for patients and medical staff. Repurposing unused State facilities to address this social service gap will keep the financial costs in a manageable level, and will help those in need.

For the reasons stated above I urge the Committee on Commerce, Consumer Protection and Health to support this measure as well. Should you have any questions, please feel free to contact me at (808) 323-4267.

Mahalo for your consideration.

A handwritten signature in black ink, appearing to read 'Rebecca Villegas'.

Rebecca Villegas  
Council Member, Hawai'i County Council



**SB-2505**

Submitted on: 2/3/2020 4:55:55 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Richard Medeiros	Individual	Support	No

Comments:

Aloha,

I write in strong support of SB2505. I believe this bill is a step in the right direction to address some of the substance abuse and mental health needs we face in our communities that potentially cause safety concerns for our residents. I ask that you pass this bill.

Mahalo,

Richard

**SB-2505**

Submitted on: 2/4/2020 10:19:06 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katrina Obleada	Testifying for Hawaii Psychological Association	Support	No

Comments:

SB 2505

February 5, 2020

Natalia Werkoff

Aloha, my name is Natalia Werkoff and I am a Social Worker and Certified Substance Abuse Counselor working primarily with the houseless population living in the Chinatown area. I also provide case management services with most of my clients. I would like to testify that I am *for* the proposed bill SB 2505 that would require and appropriate funds for the Department of Health to establish stabilization beds for non-forensic patients with substance use and/or mental health disorders.

One of my main roles in my position as a CSAC and case manager is connecting people to treatment and helping navigate the system. I have run into numerous barriers regarding clients being unable to access services on demand which leads to their loss of motivation and further hopelessness. At times my clients are ready for treatment, but are discouraged with program waitlist. It can be incredibly challenging to find a bed opening at the only detox program on island, let alone be able to get a hold of a staff member when we call. This leaves many community members in an unsafe and unhealthy living situation while they are trying to get sober. Stabilization beds would allow those who are asking for help to have the opportunity to a safe place to stay while waiting for detox or treatment.

I was recently providing intense case management for one of my clients who suffers from mental illness and a substance use disorder. He was asking for help during a non-suicidal mental health crisis and came to my office two days in a row in attempts to get off of the street and into a place where he would feel safe. We contacted shelters, the Access Line, and began the long application process for treatment. Neither options were available to fit his needs in that moment. Later that night, he acted upon impulse and what I assess to be an act of desperation which resulted in his arrest and disturbance to our community. We can only imagine how this situation would have turned out if there was a place which he could have gone to receive professional help. This is a classic and reoccurring example of community members suffering from severe mental illness filling up our jails due to lack of treatment availability.

Mental health and substance use services in Hawai`i need to improve as a whole. Adding stabilization beds would give opportunities for those who want help but cannot access treatment on demand to have a safe place to go, get stable, get support, and find appropriate treatment.

Mahalo for your time,

Natalia Werkoff



**TO:** Senate Committee on Consumer Protection and Health

**Hearing:** Friday, February 7<sup>th</sup> @ 8:30 am Room 229

**From:** Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

***Strong Support for SB 2505***

Dear Chair Baker, Vice Chair Chang and members of the Committee:

The Hawaii Health & Harm Reduction Center (HHRC) strongly supports SB 2505 which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance use. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System). This resource is sorely missing in our community, which results in the overuse of Hawaii's already taxed emergency departments, excessive police and EMS involvement, and medically vulnerable people suffering on our streets because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.

HHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building. HHRC works at the intersection of homelessness, substance use and mental health. Everyday, HHRC has contact with people on the streets that need a higher level of care, but have nowhere to go except cycling through our police department, jails and the hospital system. By creating an extra level of services to assess and triage people, agencies like HHRC can help provide services by knowing where to find our clients and provide services that are clinically appropriate based on a coordinated treatment plan.

**SB 2505 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. We also respectfully ask for support of SB 2506 which would provide funding for stabilization beds and the capital improvements needed to make them aligned with best practices.** Thank you for the opportunity to testify.

## Testimony in Support of SB 2505 Relating to Health

TO: Senate Committee on Consumer Protection and Health

FROM: Marya Grambs, board member, Partners in Care, and advisory board member, PHOCUSED

HEARING: February 7<sup>th</sup> at 8:30 am Room 229

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Dear Chair Baker, Vice Chair Chang and members of the Committee:

Thank you for the opportunity to testify in **support of SB 2505** which requires the Department of Health to establish short-term residential beds for the purpose of stabilization from mental illness and/or substance use. These short-term beds will:

- provide a period of stabilization following emergency department treatment so that individuals are not released into the streets before they are ready
- allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System)
- provide a respite from the streets for these vulnerable populations and will allow for homeless outreach and housing navigation as well as other wrap around services to be offered
- help alleviate the over-use of Hawaii's already taxed emergency departments, police and EMS services
- serve medically vulnerable people suffering on our streets from mental illness or substance use disorders because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.
- address the significant gap in the continuum of homeless services for those on the street that suffer from mental health and/or substance use for those who are inappropriate for emergency shelter because of mental health, substance use or other complex medical conditions.
- provide a coordinated intersection for the behavioral health continuum of care and the homeless continuum of care and link CARES with the homeless Coordinated Entry System (CES).

**We urge your support for SB 2505 as well as SB 2506 which will provide funding for SB 2505.** Thank you for focusing on a needed component of the intersection of homelessness, substance use and mental illness.

**SB-2505**

Submitted on: 2/6/2020 10:38:28 AM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nikos Leverenz	Individual	Support	No

Comments:



Aloha Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health:

I am writing to you in strong support of SB2505, which would establish short term stabilization beds for people suffering from mental illness and/or substance use who are actively seeking help. This bill follows through by addressing gaps identified by Act 90 and Act 263 in our existing system of behavioral health care. As such, it is a vitally important step in addressing the major issues of unsheltered homelessness, mental illness, and substance use within our community.

For nearly a decade now, the city and state have used criminalization and policing to address visible homelessness, often targeting those most vulnerable individuals that suffer from co-morbid mental illness and addiction. Though intended to 'disrupt' unsheltered people's maladaptive patterns with the idea that this would encourage them to access needed social services, these homeless criminalization policies have utterly failed to provide help and have instead actively inflicted harm on those forced to sleep on the side of the road. Had these policies been effective, we would not see a consistent *increase* in the numbers of people unsheltered on Oahu. For people who are already suffering from mental illness and/or substance use issues, the spatial and psychological disruption of enforcing 'anti-homeless laws' often exacerbates symptoms as people turn to well-worn coping mechanisms in the absence of actual help. The money spent in organizing sweeps of homeless encampments, issuing repeated sit-lie and park closure tickets to the same individuals who cannot find a bed to sleep in, and in prosecuting these cases through the district court system is better spent in developing programs and spaces for people to get help when they need it.

H.E.L.P. Honolulu is a shining example of a positive program that has developed out of the misdirected appropriation of homeless services resources to the police. This program, developed collaboratively by HPD's Community Policing Division and a collection of NGO and state social service providers, pairs up teams of HPD officers with outreach workers to (1) teach new officers supportive and non-confrontational tactics for addressing homelessness and behavioral health on the street, and (2) find immediately open beds for those unsheltered individuals that express an interest in getting off the street. The program has been an unprecedented success for our community in coordinating placement to available services, often getting up to 20 people into shelter or detox beds in a single night. H.E.L.P. Honolulu outreach efforts feature a robust breadth of expertise addressing mental health, substance use, and medical issues, with long-standing participation from agencies like Mental Health Kokua, the Hawaii Health and Harm Reduction Center, and Kalihi Palama Health Center. Though working directly with representatives of detoxes and ADAD, we are often unable to fulfill an individual's desire for a treatment or detox bed, simply for lack of availability. When dealing with persistent behavioral health issues exacerbated by constant sweeps of encampments, it is all the more essential to capitalize on a person's willingness by finding them a place to rest when they are ready and asking for a bed. By passing SB 2505, you now have the opportunity to make a serious step forward in ensuring that our social service system is able to accommodate the expressed need for treatment beds. We cannot earnestly use disparaging and erroneous terms like "service resistant" to describe chronically vulnerable populations and justify their criminalization if we are unable to even provide the necessary services when they are requested.

In closing, I thank you all for your years of diligent work to address the complex social issues gripping the most vulnerable members of our society. I encourage you to continue this path by creating the

stabilization beds that are needed in our community. I would also humbly ask you to review and amend the assertion in Section 1 that NCH finds “sixty-four per cent of homeless individuals are dependent on alcohol or other substances”. Though I am strongly supporting the need to address mental health and substance use among homeless populations, the vast majority of research conducted in Hawaii and the US suggests that numbers for both substance use disorder (SUD) and serious mental illness (SMI) are usually between one quarter and one third of the total homeless population. By exaggerating the scale of the issue, we call into question our own credibility to address the problem, as well as perpetuating the pejorative and incorrect stereotype of ubiquitous behavioral health issues at the root of homelessness. The issue of homelessness is a structural problem, with behavioral health problems being an effect of living on the street more often than the cause. I would refer you to start with this brief 2017 primer on Substance Use and Homelessness by NCH (<https://nationalhomeless.org/wp-content/uploads/2017/06/Substance-Abuse-and-Homelessness.pdf>) which concisely puts the scale into perspective and shows the need for innovative, harm-reduction based solutions like the stabilization beds which you vote on today. I encourage you to continue your work in developing these innovative solutions for our community in Hawaii, and I thank you for hearing my testimony.

Thank you,

Aashish Hemrajani

**SB-2505**

Submitted on: 2/6/2020 12:05:21 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Shaku	Individual	Support	No

Comments:

**SB-2505**

Submitted on: 2/6/2020 2:10:38 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elizabeth Murph	Testifying for Community Alliance Partners, the Hawaii Island CoC for Homelessness	Support	No

Comments:

**SB-2505**

Submitted on: 2/6/2020 4:17:06 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
serenity chambers	Individual	Support	No

Comments:

Aloha,

I am writing to support SB2505. I am licensed psychologist who just started work with an integrated care team at West Hawaii Comomunity Health Center. As a behavioral health provider at this Kailua-Kona clinic, we see 10-15 patients per day, a vast majority of which have severe/persistent mental illness, substance use disorders or both. Many are also homeless. There is a need well beyond the capacity of this clinic. This is part of why I have moved back to Hawaii from the mainland. Please help us help others in need by supporting SB2505 so we may have more beds for these types of patients, as they are very often full and the patients have no other options and will sleep on the streets, where their conditions are at high risk of worsening.

Mahalo,

Serenity Chambers, PhD, Licensed Psychologist, West Hawaii Community Health Center

**SB-2505**

Submitted on: 2/6/2020 2:27:22 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrea Staley	Individual	Support	No

Comments:

I strongly support SB2505. Thank you.

**SB-2505**

Submitted on: 2/6/2020 4:03:20 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mike McGrath, MD	Individual	Support	No

Comments:

I have worked as a psychiatrist and addiction medicine physician on the Big Island for 25 years. The problems facing those with chronic mental health and addiction diagnoses are complex, involving biological, social, emotional, cognitive and environmental (housing, finances, legal challenges) variables.

I currently work at both inpatient and outpatient levels of care treating serious mental health and addiction disorders. An ongoing source of costly recidivism and patient care failure is the lack of a continuous and comprehensive system of care (inpatient, detoxification, subacute, residential treatment and supportive structured aftercare).

This bill would help those of our most vulnerable and marginalized folks who struggle with mental health and addictive disorders.

Please support this bill.

**SB-2505**

Submitted on: 2/6/2020 3:02:07 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ross Wilson Jr.	Individual	Support	No

Comments:

**Stabilization beds absolutely needed in West Hawaii. Please support!**



**SB-2505**

Submitted on: 2/6/2020 3:17:50 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alysa Lavoie	Individual	Support	No

Comments:

**SB-2505**

Submitted on: 2/6/2020 3:22:32 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Beonka Snyder	Individual	Support	No

Comments:

**SB-2505**

Submitted on: 2/6/2020 6:51:55 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa Rantz	Testifying for Hawaii State Rural Health Association	Support	No

Comments:

**SB-2505**

Submitted on: 2/6/2020 5:29:16 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Paul Normann	Testifying for Neighborhood Place of Puna	Support	No

Comments:

Please support this bill which will help establish stabilization beds and reduce the number of individuals who end up on the streets because of mental health issues or substance abuse.

## TESTIMONY IN SUPPORT OF SB 2505: RELATING TO HEALTH CARE

TO: Committee Chair, Vice-Chair and Committee Members  
FROM: Brandee Menino, CEO, Hope Services Hawaii, Inc.  
Hearing: Friday 2/7/20, 8:30am, Room 229

**LATE**

Thank you for the opportunity to provide **recommendations and testimony in support of SB 2505**, which would require the department of health to establish short-term residential beds for the purpose of stabilization from mental health and substance use and to assess patients and triage to clinically appropriate level of care through the Hawaii coordinated access resource entry system. **I strongly encourage you to make funding appropriated for this purpose also available to county facilities**, so stabilization beds may be funded at Keolahou, a county-owned emergency homeless shelter and assessment center. **If only state facilities are granted this opportunity, our county would not be able to create desperately needed stabilization beds at Keolahou, which is located less than half a mile from Hilo Medical Center.**

Time and time again, we see the need for crisis stabilization beds for our clients who suffer from mental illness and chronic homelessness. They frequently experience psychotic episodes so severe they are unable to take care of themselves. Some refuse treatment, while others are chronic over-utilizers of emergency services. Those who do seek help for mental health or substance abuse often have to jump through an unreasonable number of hoops just to receive an assessment, let alone treatment.

Angela Kalani, who works at our Hilo men's shelter, shared the story of a former resident named "Josiah". Josiah was a "level 5," which means he suffered from the most severe level of mental illness, and was considered too psychotic to be referred to the 24-hour residential services at Mental Health Kookia. In fact, there is nowhere on Hawai'i Island that patients like Josiah can be referred for residential psychiatric treatment.

Josiah was just about to move into permanent housing, when he had a psychotic episode and attempted suicide. "He went ballistic and broke the windows" says Angela. "This man was violently beating himself up because he believed if he punched his guts, they would explode and he would die." Josiah was taken to Hilo Medical Center, but Angela knew that, because he was a danger to other shelter residents, if he was discharged before his new home was ready he'd be back out on the streets. "I went to Hilo Medical Center and advocated for them to keep him until he got into housing. I tried to get him a psychiatric bed, but they were full. Luckily he had a hand injury so they could take him on medical level—if he hadn't had that injury he would not have been able to stay in the hospital."

### JOIN OUR COMMUNITY



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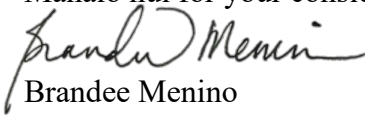
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Stories like Josiah’s are far too common, and investing in facilities we already have is a no-brainer solution. We’ve seen this model succeed with Ohana Zones, and we are likely to see an improvement in mental health and permanent housing rates, as well as a decrease in utilization of emergency services by passing this bill.

When we help our most vulnerable residents face their challenges, we create a better Hawai‘i for all of us. I urge you to join us in that effort by **supporting SB 2505 with amendments to include county facilities.**

Mahalo nui for your consideration,

  
Brandee Menino  
Chief Executive Officer

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**SB-2505**

Submitted on: 2/6/2020 8:18:51 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katherine Knezek May	Individual	Support	No

Comments:

A much needed facility!



---

To: The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Chang, Vice Chair  
Members, Committee on Commerce, Consumer Protection, and Health

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems  
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: February 7, 2020

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Friday, February 7, 2020 at 8:30 AM in room 229

Re: **Support for SB2505, Relating to Health**

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The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of SB2505, relating to health. The proposed bill would require and appropriate funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities.

As one of two providers of non-forensic acute care psychiatric services on Oahu, Queen's appreciates the efforts of the legislature and the Department of Health in developing a system of care for our mental health and substance use disorder patients and ensuring continuity in services, particularly for our MH-1 patients. MH-1 is a designation given to individuals transported to hospitals by the law enforcement who have reason to believe that the person is imminently dangerous to self or others. The Queen's Medical Center, Punchbowl has experienced disproportionate increases in the numbers of MH-1s brought to our facility over the years. In calendar year 2019, over 1,600 individuals were brought in on an MH-1. Of those individuals, over half did not meet the criteria for involuntary hospitalization.

Thank you for the opportunity to testify on this measure.