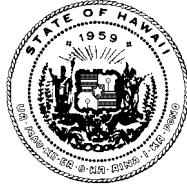


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'ŌKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'ŌKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'ŌKELE

April 2, 2024

TO: The Honorable Representative Kyle T. Yamashita, Chair
House Committee on Finance

FROM: Cathy Betts, Director

SUBJECT: **SB 2885 SD2 HD1 – RELATING TO HOMELESSNESS.**

Hearing: April 3, 2024, 2:15 p.m.
Conference Room 211, State Capitol & Video Conference

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this measure, provides comments, and requests amendments to correct a drafting error. The Department defers to the Department of Health and the Statewide Office on Homelessness and Housing Solutions (SOHHS). DHS respectfully requests that any appropriation does not reduce or replace priorities identified in the executive budget.

PURPOSE: The purpose of this bill is to establish a Homeless Triage Center Program Working Group within the Statewide Office of Homelessness and Housing Solutions in the Department of Human Services. Declares that the general fund expenditure ceiling is exceeded. Makes an appropriation. Effective 7/1/2050. (SD2)

The Senate Committee on Health and Human Services (SD1) amended the measure by:

- (1) Deleting the contents of the original measure and inserting language to establish a working group within the SOHHS in DHS to develop a triage center program that focuses on serving homeless individuals with substance abuse issues or mental illness.
- (2) Amending section 1 to reflect its amended purpose; and

- (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

The Senate Committee on Ways and Means (SD2) further amended the measure by:

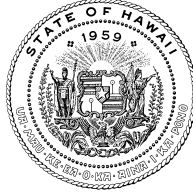
- (1) Inserting an unspecified termination date for the triage center program working group;
- (2) Changing the effective date to July 1, 2050, to facilitate further discussion on the measure; and
- (3) Making technical nonsubstantive changes for purposes of clarity, consistency, and style.

The Committees Human Services and Health & Homelessness (HD1) amended this measure by:

- (1) Renaming the program the Homeless Triage and Treatment Center Program and clarifying the target population to be served by the program;
- (2) Requiring the costs of the Homeless Triage and Treatment Center Program to be covered by insurance whenever possible;
- (3) Adding a representative from The Institute of Human Services, Inc., to the working group;
- (4) Removing as unnecessary a reference to the State Ethics Code, as the State Ethics Commission's longstanding practice is to exclude the activities of task force members from the general provisions of the Code; and
- (5) Making technical, nonsubstantive amendments for the purposes of clarity, consistency, and style.

DHS agrees to participate in the working group to develop and assess additional models of service to address the needs of homeless individuals with co-occurring behavioral health and substance use concerns. According to the 2023 statewide Point in Time Count, of the total individuals surveyed, 26% (=1,640) reported severe mental illness, and 20% (=1279) reported chronic substance use.

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



EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Testimony of **John Mizuno**
Governor's Coordinator on Homelessness
Before the
HOUSE COMMITTEE ON FINANCE
Wednesday, April 3, 2024
2:15 pm., Conference Room 308

In consideration of
Senate Bill No. 2885 SD2 HD1
RELATING TO HOMELESSNESS

Aloha Chair Yamashita, Vice Chair Kitagawa, and Committee Members,

I am writing in strong support of SB2885 SD2 HD1, which will establish a working group within the Statewide Office on Homelessness and Housing Solutions (SOHHS) to develop a triage center program that focuses on serving homeless individuals with substance abuse issues or mental illness.

Creating more space for individuals with mental or behavioral health needs is a priority for the SOHHS and the Green administration. Homeless individuals suffering from behavioral health conditions often repeatedly enter hospitals and the criminal justice system. Expanding both clinical and community-based facilities for behavioral and mental health healing will save the state's dollars and will allow emergency departments and law enforcement officers to direct resources to other priorities in our communities.

If this bill passes, I will be happy to co-chair this working group to develop the triage center program. Thank you for the opportunity to provide testimony in strong support of this measure.

Mahalo,

John Mizuno
Governor's Coordinator on Homelessness



SB2885 SD2 HD1 Homeless Triage Center

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Wednesday, Apr 3, 2024: 2:15: Room 308 Videoconference

Hawaii Substance Abuse Coalition Supports SB2885 SD2 HD1:

ALOHA 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 for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.

HSAC recommends amendments to the following:

Section 1 (1) (c) Add 11) A representative of the Hawaii Substance Abuse Coalition to be invited by the co-chairs of the group.

Most of the people who need temporary care suffer from homelessness that includes **substance abuse, and mental health which is called co-occurring disorder.**

HSAC supports a working group and recommends that DHS work closely with DOH given that this service pertains to homeless people that have substance abuse and mental health co-occurring disorders, which services would include mild detoxification and initiating psychiatric medication.

This is a great opportunity to stabilize them and then refer to co-occurring disorder treatment (treats both mental illness and substance abuse in one setting) because once housed. 50% to 70% of homeless will want some form of recovery through treatment.

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



COMMITTEE ON FINANCE

BILL SB2885 SD2 HD1
POSITION: SUPPORT

Hearing Date: April 3, 2024, 2:15pm

Aloha Chair Yamashita, Vice Chair Kitagawa and Committee Members:

Aloha United Way supports SB2885 SD2 HD1, which establishes a homeless triage center program working group within the Statewide Office of Homelessness and Housing Solutions in the Department of Human Services, and declares the appropriation exceeds the state general fund expenditure ceiling for 2024-2025.

The challenges faced by Hawaii's **homeless individuals with behavioral health conditions are immense and often result in high use of hospital emergency departments and significant costs** for the state's health systems. SB2885 SD2 HD1 recognizes the importance of providing appropriate care and support to these individuals by establishing a triage center program focused on assessing their physical and mental impairments and providing timely interventions. By doing so, we will address barriers to accessing proper medical treatment and essential resources such as food, hygiene, safety, and transportation.

The American Psychological Association has found that rates of mental illness are twice as high among homeless individuals than the general population. **Investing in a triage center program is both a compassionate and fiscally smart response to homelessness.** This program is built on evidence-based practices and has the potential to significantly reduce cycles of homelessness in Hawaii. The successful pilot program conducted by IHS at 'Imi Ola Piha showed the effectiveness of this approach in moving homeless individuals from the streets into permanent housing while addressing their healthcare needs.

We urge you to pass SB2885 SD2 HD1, as a crucial and smart step towards addressing the urgent needs of our homeless population, particularly those suffering from behavioral mental health conditions.

Sincerely,

A handwritten signature in blue ink that reads "Suzanne Skjold".

Suzanne Skjold
Chief Operating Officer
Aloha United Way



To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, April 3, 2024, 2:15 PM, Conference Room 308

RE: **SB2885 SD2 HD1 Relating to Homelessness**

AlohaCare appreciates the opportunity to provide testimony with **comments on SB2885 SD2 HD1**. This measure establishes a working group to develop a Homeless Triage and Treatment Center Program within the Statewide Office of Homelessness and Housing Solutions in the Department of Human Services.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 84,000 Medicaid and dual-eligible health plan members on all islands. Approximately 40 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare appreciates the intent of this measure which reflects a systemic approach to providing compassionate and whole-person care for persons experiencing mental health issues, substance use disorders, and/or homelessness. As a safety-net health plan working in concert with the Department of Human Services and homelessness service providers, AlohaCare provides coverage of "Community Integration Services" as an additional layer of housing-focused support for our adult members who meet both certain health need criteria and homelessness-risk criteria. Additionally, AlohaCare is a payor of behavioral health services, including substance abuse treatment services.

Accordingly, AlohaCare respectfully requests that AlohaCare or a QUEST Integration (Medicaid) health plan be included in the working group to contribute to the development of this important program.

Mahalo for this opportunity to testify with **comments on SB2885 SD2 HD1**.



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

TO: Honorable Rep. Kyle T. Yamashita
Chair, House Committee on Finance

Honorable Rep. Lisa Kitagawa
Vice Chair, House Committee on Finance

FROM: Angie Knight, Community Relations Manager
IHS, The Institute for Human Services, Inc.

RE: SB2885 SD2 HD1 - RELATING TO HOMELESSNESS.

HEARING: Wednesday, April 3, 2024 at 2:15 PM

POSITION: IHS supports the passing of SB2885 SD2 HD1.

IHS, The Institute for Human Services 'Imi Ola Piha Homeless Triage Center, is the State's only community-based medication-assisted detox center for homeless individuals; moreover, it also is the only ADAD (Alcohol and Drug Abuse Division) accredited community-based detox center in the State of Hawai'i.

We understand the confusion in differentiating between Behavioral Health Crisis and Homeless "Triage" Centers For this reason, we propose changing our and future centers' names to Homeless Triage and Treatment Center to help clarify what this bill is meant to support. While other programs are equipped to offer social detox services or community and residential substance abuse treatment, 'Imi Ola Piha is stand-alone in its community-based services for 24-hour medical support for withdrawal management and wrap-around care with length of stay from 5-12 days in the 8-bed facility.

Unlike Behavioral Health Crisis Centers that are focused on responding to mental health crises that precipitate MH orders and police transport to the facility, community-based Homeless Triage and Treatment Centers will be primarily designated sites for homeless individuals to seek medicated assisted substance detox treatment when they are ready and receive withdrawal management services. Moreover, many 'Imi Ola Piha clients receive concurrent psychiatric stabilization and detox due to having co-occurring conditions.

IHS supports the intent of this bill in establishing a working group to continue the discussion of funding existing and much-needed additional HTC sites. We believe the collaboration fostered in this working group will lead to even greater synergy once new centers are established. By having HTCs funded and monitored by the DoH, Homeless Triage and Treatment Centers would be more appropriately funded to provide these services in the long term.

Since welcoming our first client on June 5, 2023, 'Imi Ola Piha has had 135 successful detox and psych stabilizations out of 170 discharges after admission, a 79.4% success rate. Often, a client's motivation to begin detox or get mental health stabilization is fleeting. The need for a community-based, mediated-assisted detox treatment center is great; currently, IHS is the only site in the State able to provide this often life-saving service. The demand for an HTC extends



The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

beyond Honolulu City & County. 'Imi Ola Piha has welcomed clients from Maui, Kaua'i, and Hawai'i County.

Mahalo for the opportunity to testify.

SB-2885-HD-1

Submitted on: 4/1/2024 3:17:55 PM

Testimony for FIN on 4/3/2024 2:15:00 PM

Submitted By	Organization	Testifier Position	Testify
Ellen Godbey Carson	Individual	Support	Written Testimony Only

Comments:

I write in strong support of SB2885.

While I write as an individual, I have served as President of Hawaii Women Lawyers, the Hawaii State Bar Association, and the Institute for Human Services., all in a volunteer capacity. The major part of my legal career and volunteer community work have been spent seeking to protect rights of vulnerable persons and seeking better solutions for our homeless neighbors.

We only need to walk down our urban streets to see that we are failing to protect persons with severe mental illness. They live on our streets, rotating between the ER, jail, and the streets again in a never-ending downward cycle. Over 100 of our homeless residents die on our streets each year, at an average age of only 54. In other words, they lose 25-30 years of their expected lifespan due to the very real dangers of living on the street without effective treatment. Many of them are so mentally ill they lack decision-making capability for life-saving medication and self-preservation, and are in desperate need of treatment and stabilization.

I support SB2885 because it helps create a pilot program and study group for Homeless Triage Centers (HTCs), to offer community-based, medicated-assisted Detox Treatment and mental health stabilization for homeless persons needing these services to turn their lives around. Of critical importance, HTC's can provide immediate intervention and assistance when a homeless individual is finally ready to accept help and wants to detox. Without such prompt intervention, homeless persons often have to wait such a long time for a detox bed to be available, that they end up deteriorating, causing injury to themselves or others, or longer be willing to accept help when a bed finally becomes available.

Thus, community-based HTCs are designated sites for homeless individuals to voluntarily seek medicated assisted substance detox treatment when they are ready, so they can receive withdrawal management services.

Hawaii has a great need for more HTCs.

Thank you for your consideration of my testimony and helping protect our most vulnerable residents.

Ellen Godbey Carson, Honolulu, Hawaii

