

JON N. IKENAGA
STATE PUBLIC DEFENDER

DEFENDER COUNCIL
1130 NORTH NIMITZ HIGHWAY
SUITE A-254
HONOLULU, HAWAII 96817

HONOLULU OFFICE
1130 NORTH NIMITZ HIGHWAY
SUITE A-254
HONOLULU, HAWAII 96817

APPELLATE DIVISION
TEL. NO. (808) 586-2080

DISTRICT COURT DIVISION
TEL. NO. (808) 586-2100

FAMILY COURT DIVISION
TEL. NO. (808) 586-2300

FELONY DIVISION
TEL. NO. (808) 586-2200

FACSIMILE
(808) 586-2222



STATE OF HAWAII
OFFICE OF THE PUBLIC DEFENDER

HAYLEY Y.C. CHENG
ASSISTANT PUBLIC DEFENDER

HILO OFFICE
275 PONAHAHAWAI STREET
SUITE 201
HILO, HAWAII 96720
TEL. NO. (808) 974-4571
FAX NO. (808) 974-4574

KONA OFFICE
75-1000 HENRY STREET
SUITE #209
KAILUA-KONA HI 96740
TEL. NO. (808) 327-4650
FAX NO. (808) 327-4651

KAUA'I OFFICE
3060 EIIWA STREET
SUITE 206
LIHUE, HAWAII 96766
TEL. NO. (808) 241-7128
FAX NO. (808) 274-3422

MAU'I OFFICE
81 N. MARKET STREET
WAILUKU, HAWAII 96793
TEL. NO. (808) 984-5018
FAX NO. (808) 984-5022

HB212 RELATING TO HOMELESSNESS

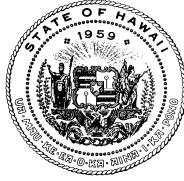
Chair Martin, Vice Chair Olds, and Members of the Committee

The Office of the Public Defender (OPD) **SUPPORTS THIS BILL**

As the mission of the OPD is to assist indigent defendants before all courts, our office advocates on behalf of individuals experiencing homelessness with regularity. Deputy Public Defenders represent individuals who are charged with all levels of crime, many of which intersect with mental health, addiction, and homelessness.

For individuals who request to participate in this program and have ongoing hearings before the court, it will be necessary to coordinate information between the office of homelessness and the OPD.

Thank you for the opportunity to testify on this measure.



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

**Testimony in SUPPORT of HB0943 HD1
RELATING TO HOMELESSNESS**

REPRESENTATIVE KYLE T. YAMASHITA, CHAIR
HOUSE COMMITTEE ON FINANCE

February 24, 2025, 12:00pm, Conference Room 308

1 **Fiscal Implications:** The Department of Health (“Department”) supports this bill provided that
2 its passage does not supplant or adversely impact priorities outlined in the Governor’s executive
3 budget request.

4 **Department Position:** The Department supports this measure and proposes an amendment.

5 **Department Testimony:** The Alcohol and Drug Abuse Division (“ADAD”) provides testimony
6 on behalf of the Department.

7 This bill requires the ADAD to establish a homeless triage and treatment center program with a
8 blank appropriation. Approximately \$5,900,000 is estimated, which consists of (1) substance use
9 detox and behavioral health services (\$2,400,000 recurring annually) and (2) facility acquisition
10 and renovation for a new facility (\$3,500,000 one-time for startup).

11 The bill states that 26 percent of individuals self-reported substance use problems, and 33
12 percent reported mental illness. The National Institute for Mental Health recommends the use of
13 therapeutic models such as cognitive behavioral therapy combined with medication to manage
14 substance use and mental health (or dual) diagnoses.

1 The Department welcomes discussion with local hospitals, rehabilitation facilities, law
2 enforcement agencies and service providers to gain further clarity on delivery of the services
3 addressed in this bill.

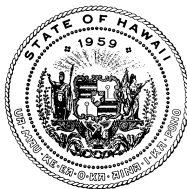
4 We understand that a homeless triage and treatment program (1) takes a “no wrong door”
5 approach, meaning they take walk-ins and other agency referrals, (2) does not have to fully
6 operate 24/7, (3) uses a mobile outreach component, (4) follows SAMHSA guidelines for
7 behavioral crisis care generally, although not everyone served in is in crisis, and (5) is easily
8 accessible especially for those outside downtown Honolulu.

9 **Offered Amendments:** Section 3 is amended to read:

10 SECTION 3. There is appropriated out of the general
11 revenues of the State of Hawaii the sum of \$5,900,000 or so much
12 thereof as may be necessary for fiscal year 2025–2026 and the
13 same sum or so much thereof as may be necessary for fiscal year
14 2026–2027 to implement the homeless triage and treatment center
15 program pursuant to section 2 of this Act.

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

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



Katherine Aumer, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

**STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
STATE COUNCIL ON MENTAL HEALTH
P.O. Box 3378, Room 256
HONOLULU, HAWAII 96801-3378**

**STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
COMMENTING ON H.B. 943 HD1
RELATING TO HOMELESSNESS**

February 24, 2025 12:00 noon, Room 308 and Video

CHAIRPERSON

Katherine Aumer, PhD

1st VICE CHAIRPERSON

Kathleen Merriam, LCSW
CSAC

2nd VICE CHAIRPERSON

John Betlach

SECRETARY

Mary Pat Waterhouse, MHA
MBA

MEMBERS:

Tianna Celis-Webster

Naomi Crozier, CPS

Lea Dias, MEd

Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Forrest Wells, MSCP, LMHC

Kristin Will, MACL, CSAC

EX-OFFICIO:

Marian Tsuji, Deputy Director
Behavioral Health
Administration

WEBSITE:

scmh.hawaii.gov

EMAIL ADDRESS:

doh.scmhchairperson@
doh.hawaii.gov

Chair Yamashita, Vice-Chair Takenouchi and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The State Council on Mental Health (SCMH) supports HB943 HD1, which takes a proactive approach to addressing homelessness, substance use disorders, and mental illness through appropriate triaging and intervention.

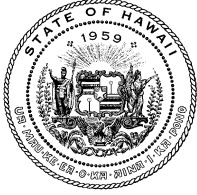
The Council recognizes that timely and effective triaging is essential to preventing the escalation of health conditions that may require higher levels of care. Individuals experiencing homelessness or at high risk of becoming homeless often face compounding challenges that make access to care difficult. By implementing structured triage and treatment, this measure helps ensure that individuals receive the appropriate level of care before crises escalate.

The 'Imi Ola Piha homeless triage and treatment program, introduced as a pilot, has demonstrated promising results. Its integrated approach highlights the importance of early intervention and comprehensive support in reducing unnecessary hospitalizations, emergency interventions, and long-term system strain. Expanding and institutionalizing such a program aligns with best practices in mental health and substance use treatment.

For these reasons, SCMH supports the passage of this measure and appreciates the Legislature's commitment to addressing these critical issues. Thank you for the opportunity to testify. Should you have any questions, please contact us at DOH.SCMHChairperson@doh.hawaii.gov.

VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

MISSION: To advocate for a Hawaii where all persons affected by mental illness can access necessary treatment and support to live full lives in the community of their choice.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

February 23, 2025

To: House Committee on Finance
Representative Kyle Yamashita, Chair;
Representative Jenna Takenouchi, Vice Chair; and
Honorable Members

From: John C (Jack) Lewin MD, Administrator, SHPDA

RE: HB 943 HD1 Relating to Homelessness
February 24, 2025, 12 pm, Room 308

Position: SUPPORT

Testimony:

SHPDA strongly supports this measure, which requires and appropriates funds for the Department of Health to expand existing crisis intervention programs by establishing a homeless triage and treatment center program to serve homeless individuals and individuals at risk of homelessness with substance abuse issues or mental illness.

SHPDA recognizes that without an expanded access to crisis intervention and homeless triage and treatment programs, a high percentage of these homeless or at-risk of being homeless patients who are suffering from substance abuse and mental behavioral health issues will instead be seen in emergency departments at huge expense, and without receiving the treatment that best suits their conditions. Hawai'i current lacks sufficient crisis intervention and homeless triage programs and services.



HB943 HD1 Homeless Triage and Treatment Center

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Jenna Takenouchi, Vice Chair

Monday, Feb 24, 2025: 12:00: Room 308 Videoconference

Hawaii Substance Abuse Coalition Supports HB943 HD1 and offers Comments:

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 that DOH develop a higher level 3.7 ASAM medical withdrawal management program to help those with the more severe withdrawal symptoms and that services are oriented towards homeless people that have **both substance abuse and mental health co-occurring disorders for alcohol and opioids and benzodiazepines**. For services that are just for methamphetamine, detox would include milder detoxification and initiating psychiatric medication.

HSAC recommends the triage center, if 3.7 ASAM qualified, can also help people with more chronic physical health conditions such as untreated wounds, infections, undiagnosed diseases and illnesses as well as severe mental illness and chronic substance abuse.

Most of the people who need temporary care suffer from chronic homelessness that includes **substance abuse, and mental health which is called co-occurring disorders and have co-morbidity physical health conditions too**.

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

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.

TESTIMONY IN SUPPORT OF HB 943, HD 1

TO: Chair Yamashita, Vice Chair Takenouchi, & FIN Committee Members

FROM: Nikos Leverenz
Policy & Advancement Manager

DATE: February 24, 2025 (12:00 PM)

Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** HB 943, HD 1, which requires and appropriates funds for the Department of Health to establish a homeless triage and treatment center program.

Triage services are vital to assisting with the medical stabilization of those who have experienced extended periods of time on the street and likely untreated chronic conditions and behavioral health problems. Once a person has been stabilized they are able to consult with medical professionals and make decisions about entering treatment and obtaining ongoing medical care and other available support services.

HHHRC provides homelessness services in Regions 1 and 6 on O'ahu and is a member of [Partners in Care \(PIC\)](#), a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within O'ahu's continuum of care for homeless persons. HHHRC also provides wound care and other acute medical care to those experiencing homelessness through our street medicine team's [mobile medical unit](#). Our team also provides syringe access, naloxone training, STI testing for women of childbearing age, and linkage to behavioral health services and other medical care. We also provide outpatient behavioral health services in our Kaka'ako clinic.

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those related to substance use and mental health conditions, and have also been deeply impacted by trauma related to histories of physical, sexual, and psychological abuse.

Mahalo for the opportunity to provide testimony.



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

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

Honorable Rep. Jenna Takenouchi
Vice Chair, House Committee on Finance
FROM: Angie Knight, Community Relations Manager
IHS, Institute for Human Services, Inc.
RE: HB943 HD1- RELATING TO HOMELESSNESS
DATE: February 21, 2025
POSITION: IHS supports the passing of HB943 HD1

IHS, The Institute for Human Services supports the passing of HB943 HD1

When it was first established, 'Imi Ola Piha Homeless Triage and Treatment Center was the State's only community-based medication-assisted detox center for homeless individuals; moreover, it is the only ADAD (Alcohol and Drug Abuse Division) accredited community-based detox center in the State of Hawai'i. Since then, other detox centers have opened but do not offer the same type of treatment.

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 are primarily designated for homeless individuals to seek medically assisted detox and withdrawal management when they are ready to break free of their addiction. Moreover, many 'Imi Ola Piha clients receive concurrent psychiatric stabilization with their detox due to having co-occurring conditions.

By having HTC's funded and monitored by the DoH, Homeless Triage and Treatment Centers would be more appropriately funded to provide these services in the long term. Currently, the legislative GIA that originally helped launch operations has been fully extended. Though our facility is funded in part through fee-for-service billing, it doesn't cover the full extent of the costs required to keep the facility operating. **We recommend a funding model similar to emergency management services:** DoH funds services in full with a qualified contractor for operating the facility and receives the revenues from all billable services to defray cost of the program. This model would ensure that a vital public health service continues to be available for those experiencing homelessness in want of detox, a persistent barrier to many chronically homeless individuals leaving the streets to enter treatment or shelter.

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 beyond Honolulu City & County. 'Imi Ola Piha has welcomed clients from Maui, Kaua'i, and Hawai'i County. Mahalo for the opportunity to testify.

HB-943-HD-1

Submitted on: 2/21/2025 1:00:12 PM

Testimony for FIN on 2/24/2025 12:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Denise Boisvert	Individual	Support	Written Testimony Only

Comments:

I FULLY SUPPORT this much needed bill.

HB-943-HD-1

Submitted on: 2/21/2025 1:56:26 PM

Testimony for FIN on 2/24/2025 12:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kim Jorgensen	Individual	Support	Written Testimony Only

Comments:

I SUPPORT this bill.

HB-943-HD-1

Submitted on: 2/22/2025 12:32:38 AM

Testimony for FIN on 2/24/2025 12:00:00 PM

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

Comments:

I support this bill HB943, to help us create a more robust system of homeless triage and treatment. I have served for many years as a volunteer board of director member of IHS, and have been impressed by both the cost efficieinces and compassionate care that homess triage and treatment centers can offer. They are the right mix to provide immediate detox and treatment for those suffering from substance addition or mental illness, who may have avoided other treatment settings. They are also much more appropriate than emergency departments and jails for front-line response to homeless persons in crisis in our community.

Thank you for your consideration of my testimony.

Ellen Godbey Carson.

Testimony in SUPPORT of House Bill No. 943

RELATING TO: HOMELESSNESS

My name is Chelsea, and I am a Master of Social Work student at the University of Hawai‘i, currently completing my practicum in the Medical ICU and Trauma units at The Queen’s Medical Center. I have also worked directly with young adults experiencing homelessness at RYSE (Residential Youth Services & Empowerment), where I saw firsthand the impact of trauma, substance use disorders, and untreated mental illness on Hawai‘i’s most vulnerable youth. Many individuals repeatedly cycle through emergency services, the criminal justice system, shelters, and the streets because there are not enough crisis stabilization and treatment options available at the critical moment when they are ready to pursue detoxification or treatment.

Hawai‘i’s homelessness crisis is not just a housing issue; it’s a public health crisis. When someone struggling with substance use or severe mental illness is ready to seek help, every moment counts. Too often, these individuals are met with barriers to access (for instance, having to call every day to show “intent” to stay on the waitlist), a lack of available detox beds, or an overwhelmed system that simply cannot meet the demand of the island. When this happens, the window of opportunity for someone willing to take that first step toward recovery slips away, and then the cycle continues.

Programs like the ‘Imi Ola Piha pilot have already proven that we can help people stabilize, recover, and rebuild their lives with the proper intervention. Investing in proactive solutions would help curb our state’s overwhelming costs and burden on emergency services, addressing the root of the problem rather than just the aftermath. Expanding this model statewide isn’t just a wise investment. It’s a moral imperative. If we fail to act thoughtfully, we aren’t just losing money; we’re losing lives. HB943 ensures we meet people where they are, offering them a real chance at stability and healing. Let’s stop treating this as an unsolvable problem and start creating the tools folks need to heal. Mahalo, for the opportunity to speak on this critical piece of legislation.

Chelsea Huntington
Master of Social Work Student, University of Hawaii- Manoa
Email: Chelseataylr@gmail.com