

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**

SENATOR SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

March 17, 2025, 1:00pm, Conference Room 225

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 amendments.

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 HRS 334-171 requires the department to establish a crisis intervention and diversion services  
10 program to redirect persons experiencing mental health disorders and co-occurring mental health  
11 and substance use disorders who are at risk for involvement, or currently involved, with the  
12 criminal justice system to the appropriate health care system and services. We understand that  
13 homeless persons are among the persons to benefit from this program, intensive mobile outreach  
14 may be a part of the program, and that funds appropriated by the legislature for this program are  
15 expected to be spent by the department for this purpose. HRS 334-2.5 further states that the  
16 department may contract with a service provider for diversion services. We offer an additional  
17 amendment to clarify our understanding of these requirements.

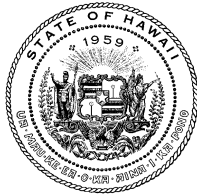
18 **Offered Amendments:** Section 3 is amended to read:

19 SECTION 3. There is appropriated out of the general  
20 revenues of the State of Hawaii the sum of \$5,900,000 or so much  
21 thereof as may be necessary for fiscal year 2025–2026 and the  
22 same sum or so much thereof as may be necessary for fiscal year  
23 2026–2027 to implement the homeless triage and treatment center  
24 program pursuant to section 2 of this Act.

25 334-171, Hawaii Revised Statutes, Section 2 is amended to read as follows:

1       "§334-     **Crisis intervention and diversion services**  
2 **program.**   (a)    There shall be established within the department  
3 a crisis intervention and diversion services program to redirect  
4 persons, including homeless persons, experiencing mental health  
5 disorders and co-occurring mental health and substance use  
6 disorders who are at risk for involvement, or currently  
7 involved, with the criminal justice system to the appropriate  
8 health care system and services. The program may include  
9 intensive mobile outreach services. The department shall  
10 collaborate with law enforcement agencies, courts, mental health  
11 providers, and the community for the execution and  
12 implementation of these services. Any appropriation for the  
13 crisis intervention and diversion services program shall be used  
14 only for services contracted directly between the department and  
15 the service provider."

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



**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

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March 13, 2025

To: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair, and  
Honorable Members

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

Re: **HB943\_HD1 - Relating to Homelessness**

Hearing: March 17, 2025 @ 1:00 pm; Conference Room 225

Position: SUPPORT

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Testimony:

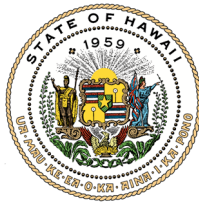
SHPDA strongly supports this measure, which requires and appropriates funds for the Department of Health to expand existing crisis intervention programs by establishing a homeless triage and treatment center program to serve homeless individuals and individuals at risk of homelessness with substance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

SHPDA and our statewide Subarea Advisory Councils recognize 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. This bill will save money and provide a necessary humanitarian service to the affected individuals and communities.

Mahalo for the opportunity to testify.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



MIKE LAMBERT  
DIRECTOR

SYLVIA LUKE  
LT GOVERNOR  
KE KE'ENA

STATE OF HAWAII | KA MOKU'ĀINA O HAWAII  
**DEPARTMENT OF LAW ENFORCEMENT**  
*Ka 'Oihana Ho'okō Kānāwai*  
715 South King Street  
Honolulu, Hawaii 96813

JARED K. REDULLA  
Deputy Director  
Law Enforcement

TESTIMONY ON HOUSE BILL 943, HOUSE DRAFT 1  
RELATING TO HOMELESSNESS  
Before the Senate Committee on  
HEALTH AND HUMAN SERVICES  
Monday, March 17, 2025, 1:00 PM  
State Capitol Conference Room 225 & Videoconference  
**WRITTEN TESTIMONY ONLY**

Chair San Buenaventura, Vice Chair Aquino, and members of the Committee:

The Department of Law Enforcement (DLE) supports House Bill 943, House Draft 1. This bill 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.

The DLE recognizes that homelessness, substance abuse, and mental health issues frequently intersect in ways that impact public safety and law enforcement resources. Officers routinely encounter individuals experiencing homelessness who are in crisis, suffering from substance abuse disorders, or experiencing mental health challenges. Without appropriate intervention resources, these encounters often result in arrest or leaving individuals in continued crisis within the community—neither of which represents an ideal solution.

The establishment of homeless triage and treatment centers will provide law enforcement with a critical diversion option, allowing officers to connect vulnerable individuals with comprehensive services rather than processing them through the criminal justice system. These centers align with evidence-based practices that recognize the need to divert persons in crisis from the criminal justice system to the healthcare system.

The proposed program's comprehensive approach—offering emergency food and shelter, medical assessments, substance abuse treatment, and behavioral health services—addresses the underlying issues that often lead to repeated law enforcement encounters. By implementing trauma-informed care and cultural-based service delivery methods, these centers can effectively engage with vulnerable populations that have historically been difficult to serve.

From a law enforcement perspective, this initiative complements our ongoing crisis intervention training efforts and provides a valuable resource for officers responding to calls involving homeless individuals in crisis. By creating appropriate alternatives to arrest, we can better serve our communities while focusing law enforcement resources on public safety priorities.

Thank you for the opportunity to testify in support of this bill.

JON N. IKENAGA  
PUBLIC DEFENDER

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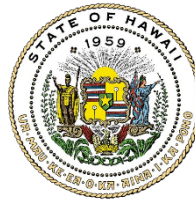
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**March 16, 2025**

**H.B. No. 943, HD1: RELATING TO HOMELESSNESS**

**Chair San Buenaventura, Vice-Chair Aquino, and Members of the Committee:**

The Office of the Public Defender **supports HB 943, HD1.** Expansion and funding for crisis-intervention services are of critical importance. As the preamble to the bill states, the homelessness rates in Hawaii are amongst the highest in the nation. Many of these individuals suffer from substance abuse and mental health disorders and the lack of available services results in the deterioration of their physical and mental health.

Currently, Hawaii's hospital emergency rooms and county correctional facilities are overburdened with individuals in this exact situation. Both options do nothing but temporarily remove people from the streets and fails to address underlying needs for treatment. Returning these individuals to the community in the same situation almost ensures repeated contact with our hospitals and law enforcement.

“Without investments in evidence-based solutions, communities often use police to respond to people living outside, criminalizing homelessness and issuing citations and arrests for minor “public nuisance” crimes—such as camping, loitering, and public urination—that people wouldn’t have to endure if they had a place to call home.

According to the California Policy Lab, people experiencing unsheltered homelessness who were surveyed between 2015 and 2017 reported an average of 21 contacts with police in the past six months, 10 times the number reported by people living in shelters. People experiencing unsheltered homelessness were also 9 times

more likely than people in shelters to report having spent at least one night in jail in the past six months.

Such frequent interactions with the justice system can trap people in a homelessness-jail cycle, rotating them in and out of jails and emergency public services like shelters, emergency rooms, and detox facilities. This cycle does nothing to help people access the housing and services they need, such as mental health or substance use treatment.”<sup>1</sup>

The need for crisis-intervention services is of paramount importance to successfully address the significant homelessness situation in Hawaii.

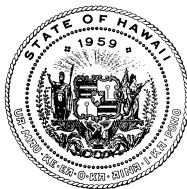
Thank you for the opportunity to comment on this measure.

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<sup>1</sup> <https://www.urban.org/features/five-charts-explain-homelessness-jail-cycle-and-how-break-it>



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 Senate Committee on Health and Human Services  
SUPPORTING H.B. 943 HD1  
RELATING TO HOMELESSNESS  
March 17, 2025 1:00 pm, Room 225 and Video**

**CHAIRPERSON**

Katherine Aumer, PhD

**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW  
CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

John Betlach

**SECRETARY**

Mary Pat Waterhouse, MHA  
MBA

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Naomi Crozier, CPS

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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

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Chair San Buenaventura, Vice-Chair Aquino, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health ("Council") 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 Council 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, the Council 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](mailto:DOH.SCMHChairperson@doh.hawaii.gov).

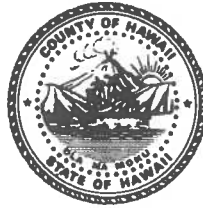
VISION: A Hawaii where people of all ages with mental health challenges can enjoy recovery in the community of their choice.

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.

C. Kimo Alameda, Ph.D.  
*Mayor*

William V. Brilhante Jr.  
*Managing Director*

Merrick Nishimoto  
*Deputy Managing Director*



Kehaulani M. Costa  
*Housing Administrator*

Keiko M. Mercado  
*Assistant Housing Administrator*

**County of Hawai'i**  
**Office of Housing and Community Development**

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March 14, 2025

**TESTIMONY IN SUPPORT OF HOUSE BILL 943, HD1**  
**A BILL FOR AN ACT RELATING TO HOMELESSNESS**  
**COMMITTEE ON HEALTH AND HUMAN SERVICES**

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice Chair

Hearing Date: Monday, March 17, 2025, at 1:00 PM

Place of Hearing: Conference Room 225 & Videoconference

Aloha Honorable Chairs San Buenaventura and Aquino, and members of the Committee on Health and Human Services,

On behalf of the County of Hawai'i Office of Housing and Community Development (OHCD), I am pleased to provide testimony in **support of House Bill 943, HD1**, 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.

As our state continues to face significant challenges with homelessness, it is crucial we address not only the immediate needs of those without shelter but also the underlying behavioral health conditions that contribute to homelessness. This bill will provide an essential service to individuals experiencing homelessness, many of whom struggle with substance use disorders, mental health issues, and co-occurring conditions.

Homeless individuals with behavioral health conditions and substance abuse issues are often high users of hospital emergency departments, utilizing limited resources and costing the State's health system. By providing this specialized program, this measure will reduce the strain on hospital resources, while ensuring that those in need receive the appropriate care in a more efficient and supportive environment.

Thank you for the opportunity to provide testimony in support of HB 943, HD1.

Mahalo,

  
Kehaulani M. Costa  
Housing Administrator





## **HB943 HD1 Homeless Triage and Treatment Center**

### **COMMITTEE ON HEALTH AND HUMAN SERVICES**

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Monday, Mar 17, 2025: 1:00: Room 225 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.**

Senate Committee on Health and Human Services

Monday, March 17, 2025 1:00 PM Room 225

Comments on HB 943 HD1 RELATING TO HOMELESSNESS

Chair San Buenaventura and members of the committee:

Thank you for hearing this measure and for the opportunity to submit comments.

Waikiki Health is a Federally Qualified Health Center providing primary care as a core service at multiple clinics in Waikiki, McCully/Moiliili, Kaimuki, and by means of mobile medical unit. We also operate the Keauhou Shelter in Moiliili, which can accommodate 76 individuals using a Housing First model and providing wrap-around social services as well as integration with our nearby primary care and behavioral health services if needed.

We very much understand the need for this type of measure, as many of our clients come to us with alcohol and substance abuse issues. We have discussed this measure with our program specialist. You and any members of your committee are welcome to contact Waikiki Health at any time for further information concerning our activities and experiences in addressing homelessness.

Mahalo again for the opportunity to submit comments.



Alexis Charpentier (MPH)  
Chief Executive Officer, Waikiki Health



HAWAII HEALTH &  
HARM REDUCTION CENTER

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[www.hhhrc.org](http://www.hhhrc.org)

*"Reducing harm,  
promoting health,  
creating wellness, and  
fighting stigma  
in Hawai'i and  
the Pacific."*

## TESTIMONY IN SUPPORT OF HB 943, HD 1

TO: Chair San Buenaventura, Vice Chair Aquino, & HHS  
Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 17, 2025 (1:00 PM)

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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.

**HB-943-HD-1**

Submitted on: 3/15/2025 6:43:48 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jillian Anderson	Testifying for Waikiki Neighborhood Board	Support	Written Testimony Only

Comments:

**WAIKIKI NEIGHBORHOOD BOARD***Legislative Permitted Interaction Group*

The Waikiki Neighborhood Board stands in **support** of HB943 HD1.

With a high percentage of our homeless population experiencing mental illness and substance abuse, it is imperative that these behavioral health conditions are addressed in a dedicated setting. Presently, emergency medical services bear the brunt of treatment, which oftentimes does not provide long-lasting results while at the same time being extremely costly to the state. This gap in our continuum of care is a large contributor to our high rate of chronic homelessness and HB943 HD1 would serve as a way to ensure more individuals receive the behavioral healthcare interventions they require.

The establishment of a homelessness triage and treatment center program would aid in reducing the number of chronically homeless individuals in Waikiki and in communities statewide. Our goal should be to create lasting outcomes instead of continuing to invest in piecemeal, band-aid fixes that do not always address an individual's root conditions. The establishment of this treatment program would work to do just that.

The Waikiki Neighborhood Board asks for your continued support of this measure which would greatly benefit those in need in our community.

**HB-943-HD-1**

Submitted on: 3/15/2025 8:39:35 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tim Hansen	Testifying for NAMI Hawaii	Support	Written Testimony Only

Comments:

March 15, 2025

To: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair, and

Honorable Members

From: Tim Hansen, LCSW, Policy Director, NAMI Hawaii

Re: HB943\_HD1 - Relating to Homelessness

**POSITION: NAMI HAWAII SUPPORTS HB943 HD1**

Hawaii, like many states, faces a variety of mental health challenges that require legislative attention. National Alliance on Mental Illness (NAMI) Hawaii has selected the following four key priorities for the upcoming legislative session that will be beneficial for improving mental health services and support in our state: 1) Crisis Response Services; 2) Quality, Affordable, and Culturally Relevant Care, 3) Criminal Justice Mental Health Reform and 4) Workforce Development that includes Peer Support Specialists.

NAMI Hawaii is committed to advancing efforts to “Reimagine Crisis Response” in our state. We are calling for a standard of care in every community that provides a continuum of crisis services that ends the revolving door of ER visits, arrests, incarceration and homelessness. Issues under this policy focus include the funding, maintenance, expansion, and improvement of having:

~ **Someone to Call** - Crisis call centers (988) & other hotlines

~ **Someone to Respond** - Mobile crisis response units & Crisis intervention teams (CIT)

~ **Someplace to Go** - Crisis stabilization centers, Inpatient psychiatric care, & Long-term supportive housing

~ **Someone to Provide Support** - Comprehensive case management services, Assisted community and outpatient treatment (ACT, AOT), & Clubhouses.

NAMI Hawaii strives to provide ongoing support and advocacy to empower families and individuals living with mental illness. NAMI Hawaii is **in support of HB943 HD1** and is



encouraging your support in the passing of this bill, which requires and appropriates funds for the Department of Health to expand existing crisis intervention programs.

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

## **HB-943-HD-1**

Submitted on: 3/15/2025 3:27:43 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Master Shelby "Pikachu" Billionaire	Testifying for Ohana Unity Party & Kingdom of The Hawaiian Islands	Support	Remotely Via Zoom

Comments:

Dear Honorable Legislators,

House Bill No. 943 presents a commendable initiative to address Hawai‘i’s severe homelessness crisis by establishing a Homeless Triage and Treatment Center Program within the Department of Health’s Alcohol and Drug Abuse Division. This report offers a detailed analysis of the bill’s provisions, leveraging data from the 2024 Point-in-Time (PIT) Counts and the success of the ‘Imi Ola Piha pilot, alongside broader contextual insights. It concludes with proposed amendments to strengthen implementation and maximize impact.

### Bill Overview

- Purpose:
  - Expands crisis intervention by creating a permanent triage and treatment program for homeless individuals and those at risk, focusing on substance abuse and mental illness.
  - Appropriates funds for FY 2025-2026 and FY 2026-2027 to support this program.
- Key Provisions (§321-):
  - Establishes the program within the Alcohol and Drug Abuse Division (DOH).
  - Services include emergency food/shelter, medical assessments, detox, behavioral health, and trauma-informed life skills groups.
  - Mandates collaboration with hospitals, rehab facilities, law enforcement, and homeless service providers.
  - Allows DOH to contract with facilities for comprehensive triage services.
- Effective Date: July 1, 3000 (likely a typo; intended as 2025 or 2026).

### Data & Context

- Homelessness Scale:
  - Hawai‘i ranks 5th nationally for per capita homelessness (2024 Homeless Counts by State).
  - 2024 Oahu PIT: 4,494 total homeless (sheltered/unsheltered), with 40% chronically homeless (1,798), 26% with substance abuse (1,168), 33% with

- mental illness (1,483), 55% with disabling conditions (2,472), and 36% with physical/developmental disabilities (1,618).
  - 2024 Bridging the Gap PIT (neighbor islands): 1,276 unsheltered, with 40% mental illness (510) and 34% substance use disorder (434).
  - Total statewide PIT: 6,389 (Oahu + neighbor islands), though annual numbers are higher due to transience.
- Healthcare Burden:
  - High emergency department (ED) use by homeless individuals costs millions annually—e.g., each frequent utilizer averages \$20,000/year in ED/ambulance costs (National Alliance to End Homelessness, 2023). Hawai‘i’s 1,168 substance users and 1,483 mentally ill could drive \$30M+ in annual ED expenses (extrapolated).
- Pilot Success:
  - ‘Imi Ola Piha (since June 2023): Triaged 400+ referrals, admitted 365 clients, detoxed 354 (97% success rate), stabilized 134 mentally ill (37%), and transitioned many to housing/treatment statewide.

## Analysis

### Strengths

1. Proven Model: The ‘Imi Ola Piha pilot’s 97% detox success and 37% mental health stabilization rate demonstrate efficacy, mirroring national triage successes (e.g., San Francisco’s Sobering Center reduced ED visits by 30%, HUD, 2022).
2. Targeted Focus: Addresses co-occurring disorders (55% disabling conditions), filling a gap in behavioral health care with immediate access—key for the fleeting “window of contemplation” in substance use recovery.
3. Cost Savings: Diverting 1,168 substance users and 1,483 mentally ill from EDs could save \$15–20M yearly, offsetting program costs (based on \$20,000/utilizer).
4. Collaboration: Partnerships with hospitals, police, and providers enhance reach and efficiency, leveraging existing infrastructure.
5. Trauma-Informed Care: Life skills groups foster retention—critical as 70% of homeless report trauma (SAMHSA, 2023)—boosting long-term outcomes.

### Weaknesses

1. Funding Ambiguity: The blank appropriation (“\$ \_\_\_\_”) risks underfunding. An 8-bed pilot served 365 clients; scaling statewide (6,389 PIT total) needs \$10–15M/year (e.g., California’s \$12M for 1,000 clients, 2023).
2. Capacity Limits: One center can’t serve all counties—Oahu’s 4,494 vs. neighbor islands’ 1,276 show uneven need.
3. Data Gaps: Lacks metrics on pilot’s housing transitions or cost savings, weakening the case for permanence.
4. Typographical Error: July 1, 3000, effective date delays implementation (intended 2025).
5. Scope Limitation: Focuses on substance abuse/mental illness, potentially missing the 45% without these conditions (2,873 of 6,389).

## Opportunities

- Federal Leverage: Could attract HUD’s Continuum of Care funds (\$200M nationally, 2023) or SAMHSA grants (\$100M, 2024) with robust data.
- Health Equity: Targeting chronic homelessness (40%) and disabilities (55%) aligns with federal priorities, enhancing funding odds.
- Scalability: Success could model national triage programs, elevating Hawai‘i’s profile.

## Threats

- Budget Competition: Hawai‘i’s \$16B budget (2025 est.) faces housing/healthcare demands—funding may be cut without clear ROI.
- Provider Strain: Hospitals and rehab facilities, already stretched (e.g., 15% bed shortage, Hawai‘i DOH, 2023), may resist collaboration.
- Stigma: Public resistance to triage centers near communities could delay siting.

## Proposed Amendments

To maximize H.B. No. 943’s impact, I recommend the following amendments:

1. Specify Funding:
  - Amendment: Replace “\$ \_\_\_\_” in Section 3 with “\$12,000,000 or so much thereof as may be necessary for FY 2025-2026 and the same sum for FY 2026-2027.”
  - Rationale: Covers two 8-bed centers (Oahu, neighbor islands) at \$5M each, plus \$2M for staffing/outreach, based on ‘Imi Ola Piha’s \$1.5M pilot cost (est.) and California benchmarks. Serves ~800–1,000 clients yearly, targeting 1,168 substance users and 1,483 mentally ill.
2. Correct Effective Date:
  - Amendment: Revise Section 5 to “This Act shall take effect on July 1, 2025.”
  - Rationale: Aligns with FY 2025-2026, preventing a service gap post-pilot funding.
3. Add Multi-County Mandate:
  - Amendment: Add to Section 2(b): “(7) Establish at least one triage center on Oahu and one on a neighbor island (e.g., Hawai‘i Island or Maui) by June 30, 2026.”
  - Rationale: Ensures equitable access—Oahu’s 70% of homelessness (4,494) and neighbor islands’ 1,276 unsheltered need distinct hubs.
4. Incorporate Reporting Metrics:
  - Amendment: Add to Section 2(c): “The division shall submit an annual report to the legislature by December 1, detailing clients served, detox/stabilization rates, housing transitions, and ED cost savings.”
  - Rationale: Quantifies success (e.g., 354 detoxed) and ROI (\$15–20M savings), securing future funding and federal grants.
5. Broaden Eligibility:
  - Amendment: Revise Section 2(a) to: “...serving homeless individuals and those at risk with substance abuse issues, mental illness, or other disabling conditions.”

- Rationale: Includes the 55% with disabilities (2,472), not just 26% substance users and 33% mentally ill, maximizing reach (e.g., 36% physical disabilities, 1,618).
6. Pilot Transition Plan:
- Amendment: Add to Section 2(d): “The division shall integrate the ‘Imi Ola Piha pilot into the program by July 1, 2025, retaining its staff and infrastructure.”
  - Rationale: Preserves 400+ referrals and 354 detoxed clients’ momentum, avoiding disruption.

## Conclusion

H.B. No. 943 is a bold, data-driven response to Hawai‘i’s 5th-ranked homelessness crisis, with the ‘Imi Ola Piha pilot proving triage works—97% detox success and 37% mental health stabilization are standout results. Its strengths lie in cost-saving potential (\$15–20M/year) and collaborative care, but funding ambiguity, capacity limits, and a typo threaten execution. The proposed amendments—\$12M funding, a 2025 start, multi-county hubs, metrics, broader scope, and pilot integration—ensure scalability and accountability.

This bill can reduce ED strain, house the chronically homeless (1,798), and save lives among 6,389 in need. I urge its passage with these enhancements to cement Hawai‘i’s leadership in compassionate, effective homelessness solutions. I’m available to provide further analysis or data as needed.

Respectfully,

Master Shelby "Pikachu" Billionaire, HRM

Ohana Unity Party, Chairman

[www.Ohanaunityparty.com](http://www.Ohanaunityparty.com)

Kingdom of The Hawaiian Islands, H.I.



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

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Honolulu, HI 96808

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## SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J. C. Aquino, Vice Chair

March 17, 2025 1:00 P.M. - VIA VIDEO CONFERENCE – ROOM 225  
TESTIMONY IN STRONG SUPPORT OF HB 943, RELATED TO HOMELESSNESS

The Hawaii Psychological Association (HPA) strongly supports HB 943, which requires and appropriates funds for the Department of Health to establish a homeless triage and treatment center program. This legislation is needed to adequately serve individuals experiencing homelessness in our state, particularly those with substance abuse issues and mental illness.

Triage services play a vital role in stabilizing individuals who are experiencing homelessness, particularly those who have been homeless for extended periods of time, by addressing untreated medical conditions and other immediate needs. These services also provide diversion from emergency departments and jails for frontline response to homeless individuals, many of whom continuously cycle between the streets, criminal justice system, and emergency services.

HB 943 recognizes the intersections between homelessness, substance abuse, and mental illness and highlights the need for community-based care for this vulnerable population. The findings listed in this bill indicate that homeless triage and treatment center programs, like 'Imi Ola Piha, make a notable difference in helping homeless individuals who suffer from behavioral health conditions receive the care that they need, such as medically assisted withdrawal management and psychiatric stabilization. Addressing behavioral health issues that underlie and maintain homelessness will better equip them for reintegration into the community.

Thank you for the opportunity to provide testimony on this very important bill.

Sincerely,

A handwritten signature in cursive script that reads "Alex Lichton, Ph.D.".

Alex Lichton, Ph.D.,  
Chair, HPA Legislative Action Committee



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

**TO:** Honorable Senator Joy A. San Buenaventura  
Chair, Senate Committee on Health and Human Services  
  
Honorable Senator Henry J.C. Aquino  
Vice Chair, Senate Committee on Health and Human Services

**FROM:** Connie Mitchell, Executive Director  
IHS, Institute for Human Services, Inc.

**RE:** HB943 HD1- RELATING TO HOMELESSNESS

**DATE:** March 14, 2025

**POSITION:** IHS supports the passing of HB943 HD1

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

According to a recent Point-in-Time Count, approximately 1 in 7 persons experiencing homelessness on O'ahu self-reported problematic substance use as a cause of homelessness. While there are various social detox centers, there are limited options for those requiring medicated-assisted treatment. When it was first established in 2023, '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 services as a Homeless Triage and Treatment Center.

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 (HTC) 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 HTC clients receive concurrent psychiatric stabilization with their detox due to having co-occurring conditions.

By having HTCs funded and monitored by the Department of Health, it 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. Moreover, it would allow for creation of other HTC sites. The current HTC serves individuals originating from all counties working with insurance and service providers to transport clients to/from O'ahu to receive initial detox withdrawal management and/or stabilization.

The need for a community-based, mediated-assisted detox treatment center is great; HTCs effectively address and serve many of the chronically homeless individuals in our community, who are high utilizers of emergency services. Mahalo for the opportunity to testify.

## TESTIMONY OF MĀPUANA HARDY-KAHALEOUMI

HEARING ON MARCH 17, 2025 AT 1:00 PM IN HOUSE CONFERENCE ROOM 225

HB943: RELATING TO HOMELESSNESS

March 17, 2025

Welina mai e nā lālā kōmike. My name is Māpuana Hardy-Kahaleoumi and I am a social work student at the University of Mānoa as well as a former intern at Ho‘okahi Leo Kauhale on Middle street. I am submitting this testimony in support of HB943 which requires the allocation of funds to the Department of Health in order to expand existing crisis intervention programs by establishing a houseless triage and treatment center program. During my time at the Kauhale, which is a low-barrier tiny home shelter program that offers stable housing and services to chronically unhoused community members, I was able to work directly with many community members who were being affected by co-occurring disorders. Folks had shared that simultaneously having to navigate a variety of mental as well as physical health conditions and experiencing Substance Use Disorders were interconnected with their experiences of chronic houselessness. I also had the privilege of listening to their life experiences and heard countless stories of the many barriers that made accessing resources such as triage as well as treatment services unattainable for them and how our current system failed them at some point in their lives. While this issue is incredibly prevalent in Hawai‘i’s society, it also uniquely impacts individuals of intersecting marginalized identities such as the Native Hawaiian and Pacific Islander communities. According to the 2024 Oahu Point in Time Count report, which is the same report that the legislature references in the bill, Native Hawaiians and Pacific Islanders represent 41% of the count despite only comprising 10% of O‘ahu’s population. The most vulnerable groups of our community are notably being further harmed by this issue and our



current system is not only inadequate in addressing it but also exacerbates chronic houselessness. For these reasons, Hawai'i must invest in extending aloha and healing to community members affected by co-occurring disorders and houselessness. Individuals who are houseless are entitled to access triage and treatment services as it is their basic human right and therefore efforts to make treatment more available, such as this bill, is a necessity in order to truly achieve this. However, I do want to recognize the effective date of this bill which is July 1, 3000. In the bill, the legislature finds that the lack of triage and treatment care has been a major gap in the services provided to persons struggling with houselessness, mental illness, and substance use disorders. The legislature also expresses that a person should be able to immediately access this care when they seek these services out. If passed, the bill would take effect in 975 years if it is not amended which directly contradicts the findings and expectations set by the legislature. In order to truly close these disparity gaps that the legislature has sought out to do with the proposing of this bill, this effective date must be amended. Performative social change will only intensify this issue and ultimately worsen the harm being felt by the various groups that comprise Hawai'i's beautiful community therefore I strongly recommend that the necessary changes be made to the effective date of this bill.

**HB-943-HD-1**

Submitted on: 3/14/2025 4:02:38 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kekuawela Tauala	Individual	Support	Written Testimony Only

Comments:

Aloha, my name is Kekuawela Tauala. I am an undergraduate student in the BSW program at the University of Hawaii at Manoa. I support HB943 HD1 and believe it would help Hawaii's homeless community. Thank you for the opportunity to provide testimony.

Mahalo,

Kekuawela Tauala

## **Testimony in SUPPORT of House Bill No. 943**

### **RELATING TO: HOMELESSNESS**

Aloha, 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](mailto:Chelseataylr@gmail.com)*

**HB-943-HD-1**

Submitted on: 3/14/2025 4:51:17 PM

Testimony for HHS on 3/17/2025 1:00:00 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: 3/14/2025 11:31:34 AM

Testimony for HHS on 3/17/2025 1:00:00 PM

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

## Comments:

I support this bill to expand our 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.

While testifying here in my individual capacity, as a former director and president of IHS, I know the crisis intervention programs have filled an important hole in our safety net by having a safe setting (other than a jail or ER) for homeless persons in crisis to come and be triaged for immediate help. This approach has been successful and is helping avoid a needless and expensive rotating door between our ER, jail and courts. Homeless persons in mental health crisis need immediate help to stabilize them and provide programs they are willing to participate in to receive help with their condition, and these programs are a wonderful way to do that.

Please support this bill. Thank you for your consideration of my testimony.

Ellen Carson

Honolulu, Hawaii

**HB-943-HD-1**

Submitted on: 3/13/2025 10:51:55 AM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael EKM Olderr	Individual	Support	Written Testimony Only

Comments:

I don't think this bill goes far enough to protect our homeless population here in Hawaii, but it is better than nothing. So I support this bill.

**HB-943-HD-1**

Submitted on: 3/14/2025 5:30:54 PM

Testimony for HHS on 3/17/2025 1:00:00 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: 3/14/2025 9:10:41 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tasman Kekai Mattox	Individual	Support	Written Testimony Only

Comments:

A triage center would be incredibly helpful. I support this bill.



**LATE**

**HB-943-HD-1**

Submitted on: 3/16/2025 11:31:36 PM

Testimony for HHS on 3/17/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Landis Lum	Individual	Support	Written Testimony Only

Comments:

Honorable Senator Joy A. San Buenaventura

Chair, Senate Committee on Health and Human Services

Honorable Senator Henry J.C. Aquino

Vice Chair, Senate Committee on Health and Human Services

FROM: Landis Lum MD

Medical Director, H4 (Hawaii homeless healthcare Hui) and Chief Physician, IHS Detox Center

RE: HB943 HD1- RELATING TO HOMELESSNESS

DATE: March 16, 2025

I am a Family Medicine physician and also board certified in addiction medicine. I support the passing of HB943 HD1.

The 2024 Bridging the Gap Point in Time Count reported that 40% of the houseless reported a mental illness and 34% had a substance use disorder. If we could reach such individuals and treat their mental illness and addiction, they could become gainfully employed and lift themselves out of homelessness. In addition, such individuals are high users of hospital emergency departments, costing taxpayers millions of dollars each year, and if we treat their mental illness or addiction, we could drastically reduce taxpayer funded medical costs.

The Catch 22 is that these individuals often don't see health care providers regularly or are too impaired to seek help. By establishing a homeless triage and treatment center program in the health department, the department could partner with hospitals, churches, rehabilitation facilities, law enforcement agencies, and homeless service providers in the community to reach these individuals in the field and ask them if they are willing to detox off their meth, alcohol or fentanyl in order to realize a better future (or in the case of a mental illness, to consider entering a facility where they'd have a roof over their head, 3 meals a day, and treatment for their mental symptoms). Community partners often have outreach teams that can go to where these impaired homeless live and talk to them when they may be at rock bottom (& too impaired to visit a clinic) to see if they're ready for a new life.

In my experience, many indeed are willing, indeed grateful to our staff for treating them - sometimes coming back to visit, some even asking to volunteer or work for us.

But without innovative ways of reaching these individuals, they will continue to use illicit drugs or have uncontrolled psychiatric illness. HB943 HD1 would not only reduce their overuse of hospitals, but also homelessness in our state.

To: The Honorable Joy A. San Buenaventura, Chair  
The Honorable Henry J.C. Aquino, Vice Chair  
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Director of Public Policy  
Sarielyn Curtis, External Affairs Specialist

Hearing: Monday, March 17, 2025, 1:00 p.m., Conference Room 225

RE: **HB943 HD1 Relating to Homelessness**

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AlohaCare appreciates the opportunity to provide testimony in **support** of the **HB943 HD1**. This measure 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.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 70,000 Medicaid and dual-eligible health plan members on all islands. Approximately 37 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 whole-person care approach of this measure, acknowledging persons experiencing mental health issues, substance use disorders, or homelessness require a compassionate and holistic approach. We are hopeful that the proposed establishment of the homeless triage and treatment center program will be critical to the crisis continuum to provide rapid access to appropriate care and support for persons who might otherwise matriculate through hospitals, the criminal justice system, or our state's shelters and streets, all of which are not equipped to address these needs. By redirecting these individuals, we anticipate significant reductions in homelessness, unnecessary criminalization, law enforcement involvement, emergency room visits, and the utilization of acute care facility resources. Furthermore, the implementation of this measure is vital to better serve our community and improve the quality of life for many of Hawai'i's residents.

Mahalo for this opportunity to testify in **support** of the **HB943 HD1**.