

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of HB1131
RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS
SUFFERING FROM SERIOUS BRAIN DISORDERS**

REPRESENTATIVE LISA MARTEN, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: January 30, 2025, 9:30 a.m. Location: Room 329 and Videoconference

1 **Fiscal Implications:** The Department of Health (“Department”) requests funding for this
2 measure be considered as an innovative way to provide intensive services to severely impaired
3 individuals who have not been able to stabilize with existing services.

4 **Department Position:** The Department supports this measure.

5 **Department Testimony:** The Adult Mental Health Division (AMHD) provides the following
6 testimony on behalf of the Department.

7 The Department supports this bill, which proposes the creation of a pilot program
8 providing high-intensity case management services to individuals who suffer from serious and
9 persistent mental illnesses such as schizophrenia and schizoaffective disorder and who have
10 very high needs as evidenced by frequent hospital visits, arrests, and other contacts with law
11 enforcement.

12 This model is based on the Intensive Mobile Team (IMT) model of care currently in
13 operation in New York City. The interdisciplinary team is characterized by 24/7 accessibility,

1 low caseloads, following individuals across all settings (jail, streets, emergency rooms, prison,
2 shelters, etc.), and street psychiatric providers. The desired outcome is to provide care to these
3 individuals, which would decrease morbidity and mortality. It would also save the community
4 money through decreased hospitalizations, decreased law enforcement encounters, and
5 decreased incarcerations at the cell block/jail/prison.

6 **Offered Amendments:** None.

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



**Testimony to the House Joint Committee on Human Services and Homelessness
and Health
Thursday, January 30, 2025; 9:30 a.m.
State Capitol, Conference Room 329
Via Videoconference**

**RE: HOUSE BILL NO. 1131, RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM
FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS.**

Chair Marten, Chair Takayama, and Members of the Joint Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of House Bill No. 1131, RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, is part of the Administration's legislative package. It would:

- (1) Establish an intensive mobile team pilot program within the Adult Mental Health Division of the Department of Health to provide intensive mobile team services, or "street psychiatry" to chronically houseless people suffering from serious brain disorders, including but not limited to schizophrenia and schizoaffective disorder; and
- (2) Appropriate \$1,300,000 in general funds for fiscal year 2025-2026, and the same amount for fiscal year 2026-2027, to be expended by the Department of Health (DOH) for 8.1 positions exempt from civil service requirements.

This bill would take effect on July 1, 2025.

Testimony on House Bill No. 1131

Thursday, January 30, 2025; 9:30 a.m.

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Due to advances in technology, health care professionals are able to provide desperately needed services "in the field" and help populations that are greatly underserved. For the homeless and other marginalized groups, a simple cold or a scratch can linger and develop into more serious maladies requiring expensive treatments in the emergency room. These costs go unpaid and ultimately are borne by all of society through higher insurance premium rates, higher treatment costs and greater utilization of social services.

From that context, the use of mobile clinics is potentially a "game-changer" in health care. Professionals are able to go to where the patients are and treat injuries and sicknesses at an earlier stage to prevent them from getting worse and more costly to address.

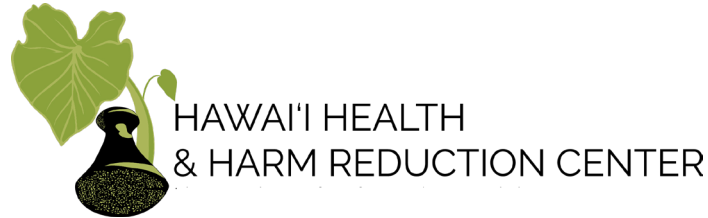
This approach is already being taken and used in various communities throughout the State. HPCA members currently utilize mobile clinics to provide primary care and mental health services to the underserved.

While we applaud the intent of this measure, we have concerns on how the implementation of services by State-run mobile clinics will be integrated with those that are already in use. There would be a need to ensure that areas serviced do not overlap or else other equally-needy communities are not left out from these services.

If the intent of this measure is promote the use of mobile clinics in underserved areas, this Committee may want to consider providing DOH the flexibility to contract with nonprofits that already do this to possibly expand service areas and the scope of services provided. Ultimately, that would facilitate the underlying goal of this measure.

With those concerns, the HPCA **SUPPORTS THE INTENT** of this measure and respectfully urges its approval for further discussion.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



To: Committee on Human Services & Homelessness and Committee on Health

Hearing Date/Time: Thursday, January 30th, 9:30 am

Re: Testimony in Support of HB 1131

From: Heather Lusk, Hawai'i Health & Harm Reduction Center

Dear Chair Marten, Chair Takayama, Vice Chair Olds, Vice Chair Keohokapu-Lee Loy, and members of the committees:

Hawai'i Health & Harm Reduction Center (HHHRC) supports HB 1131 which would establish a pilot program in the Department of Health to provide intensive mobile treatment-type services to chronically houseless people suffering from serious brain disorders.

HHHRC'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.

HHHRC has operated a Medical Mobile Unit for the past two years and a robust street medicine team for 8 years. Our experience shows that providing services where people are increases connection and the chance that people will continue services and gain autonomy. We strongly support this bill and know it will save lives.

Thank you for the opportunity to testify.

Heather Lusk,
Executive Director
Hawai'i Health & Harm Reduction Center





HB1131 Mobile Psychiatric Services

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Thursday, Jan 30, 2025: 9:30: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports HB1311:

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 including transition housing.

Psychiatric doctors in a mobile team effort provide specialized mental health expertise that reduces crises by providing proactive treatment in the community, preventing unnecessary hospitalizations or incarcerations:

1. **Immediate Mental Health Assessment** – Psychiatrists can evaluate individuals experiencing acute mental health crises, ensuring proper diagnosis and intervention. Many homeless people have not had an evaluation.
2. **Medication Management** – Many SMI conditions (schizophrenia, bipolar disorder, severe depression) require medication, but adherence is a major challenge among the homeless population. Psychiatrists in mobile teams can prescribe, monitor, and adjust medications while working closely with case managers to ensure consistent follow-up in real time.
3. **Crisis Intervention** – Psychiatrists help stabilize individuals experiencing severe psychiatric distress, like psychosis, mania, or suicidal thoughts and immediately intervene to provide rapid stabilization and/or refer crisis situations to a crisis shelters, reducing the need for emergency room visits or hospitalizations. Psychiatric crisis care can decrease the risk of self-harm or harm to others.
4. **Community-Based Treatment** – Mobile teams often serve vulnerable populations, such as the homeless with substance use disorders, which can be referred to substance use and co-occurring mental health disorder treatment services. They can, on the spot, determine whether community-based treatment is best.

5. **Holistic Patient Care** – They work alongside social workers, nurses, and other professionals to provide trauma-informed care ensuring that interventions do not retraumatize or alienate individuals while addressing both mental and physical health needs.
6. **Reducing Stigma and Barriers to Care** – Having psychiatrists in a mobile team makes psychiatric care more accessible and less intimidating, encouraging more people to seek help. Many individuals with SMI are distrustful of the medical system due to past negative experiences. Having psychiatrists engage with them in the field builds rapport and increases the likelihood of them accepting treatment.

For individuals experiencing serious mental illness (SMI) and homelessness, psychiatric doctors in a mobile team act as a bridge between the streets and short/long-term care. Psychiatrists collaborate with mental health and substance use disorder treatment centers, housing programs, community mental health centers, and social services to transition individuals into stable living situations with continued treatment.

We appreciate the opportunity to testify and are available for questions.



Hawaii Medical Association

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HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair

HOUSE COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: January 30, 2025
From: Hawaii Medical Association (HMA)
Jerald Garcia MD - Chair, HMA Public Policy Committee

Re: HB 1131 RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS.

Position: Support

This measure would establish a pilot program in the Department of Health to provide intensive mobile treatment-type services, e.g., "street psychiatry," to chronically houseless people suffering from serious brain disorders like schizophrenia and schizoaffective disorder.

The homeless people of Hawaii have significant rates of serious mental health and substance use disorders. Some of these homeless patients may be located temporarily in emergency shelters or transitional housing. However, the majority of these individuals are unsheltered and have minimal to zero access to much-needed care. In Hawaii, unhoused individuals are disproportionately Native Hawaiian or Pacific Islander.

Treatment needs are high. Homeless people endure dangerous mental and physical health disparities, and a pilot program as proposed in this measure is a step in the right direction of improving access to mental health services, especially in the patients with schizophrenia and schizoaffective disorder. Through street medicine, the healthcare team can provide high level care including medication-assisted therapies that make adherence simpler for people living on the street. Additionally, opportunities to study the barriers and challenges of behavioral healthcare in this setting will further inform future best practices for at-risk patients who are homeless. HMA supports this measure and applauds our lawmakers for focused efforts to address the behavioral and healthcare needs of this vulnerable population.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

2025 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

REFERENCES AND QUICK LINKS

Bridging the Gap Continuum of Care- Ka Mana O Na Helu. The Homeless Point In Time. [https://hhdw.org/na-2023-point-in-time-counts/#:~:text=Between%202022%20and%202023%20in,8\).](https://hhdw.org/na-2023-point-in-time-counts/#:~:text=Between%202022%20and%202023%20in,8).) Accessed Jan 28 2025.

Subica AM, Sampaga DS, Ortiz-Misiaszek J, Martin TTK, Okamoto SK. The Mental Health, Substance Use, Physical Health, and Mental Health Treatment Need of Community Individuals Experiencing Homelessness in Hawai'i. *Community Ment Health J.* 2023 Jul;59(5):1021-1026. doi: 10.1007/s10597-022-01076-9. Epub 2023 Mar 9. PMID: 36892628; PMCID: PMC9995740.

Under an L.A. Freeway, a Psychiatric Rescue Mission <https://www.nytimes.com/2024/10/20/health/los-angeles-homeless-psychiatry.html?smid=nytcore-android-share>

Su KY, Feldman BJ, Feldman CT, Saluja S, Coulourides Kogan AM, Cousineau MR. Behavioral Health Care Delivery Through Street Medicine Programs in California. *Community Ment Health J.* 2024 Feb;60(2):283-291. doi: 10.1007/s10597-023-01169-z. Epub 2023 Aug 1. PMID: 37526807; PMCID: PMC10822007.

Lo E, Balasuriya L, Steiner JL. A Street Psychiatry Rotation for Medical Trainees: Humanizing the Care of People Experiencing Homelessness. *Acad Psychiatry.* 2022 Apr;46(2):248-253. doi: 10.1007/s40596-021-01461-8. Epub 2021 Apr 29. PMID: 33928536; PMCID: PMC8083093.

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HB-1131

Submitted on: 1/27/2025 8:12:34 PM

Testimony for HSH on 1/30/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Frank Schultz	Individual	Support	Written Testimony Only

Comments:

I support

HB-1131

Submitted on: 1/27/2025 9:32:46 PM

Testimony for HSH on 1/30/2025 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Keoni Shizuma	Individual	Support	Written Testimony Only

Comments: Aloha Committee members of the House Committee on Health, I stand in strong support of this bill. I am extremely grateful that this bill putting forth more resources to help those who are mentally challenged on the streets. This is greatly needed. Anyone who lives in Hawaii, especially on Oahu, needs only to spend 5 minutes driving nearly anywhere on the island to find houseless individuals suffering from serious brain disorders. The sad thing is, for many individuals, it was never a choice, they never got to choose the life they got, they never chose to have a mental illness, and they probably tried their best to navigate our health system and health supports, and never got the support they needed. They ended up on the streets because no one could care for them anymore. I'm sure there were folks along the way that tried their best to provide support, but the burden was too great, the expertise was not there, and the doctors and medical system (for a variety of reasons) failed them. Sure, some may have gotten to this state due to some bad choices, but many of them didn't have bad choices. They made the right choices, tried their best, and yet the system failed them. Most government efforts to address the houseless suffering mental illness has been following the 'old adage of, "out-of-sight, out-of-mind," as houseless have been shuffled, often times, violently and traumatically (imagine someone struggling to survive and all their belongings are taken away) from one location to another. They never got true support. Sure there have been medical attention provided to some of them, but obviously more needs to be done. I mahalo the introducers of this bill, and mahalo you for your consideration.