

EXECUTIVE CHAMBERS
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA

Testimony of
Michael K. Champion, MD
Senior Advisor for Mental Health and the Justice System

Before the
Senate Committee on Health and Human Services
Wednesday, February 5, 2025, at 1:00 PM
State Capitol, Conference Room 225 and Videoconference

In consideration of
**Senate Bill No. 1450, Relating to an Intensive Mobile Team Pilot Program for Houseless
Individuals Suffering from Serious Brain Disorders**

Chair San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services:

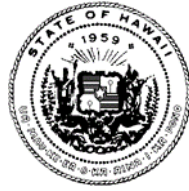
I am writing in **SUPPORT** of Senate Bill 1450, which establishes a pilot program in the Department of Health to provide Intensive Mobile Treatment-type services prioritizing chronically houseless people experiencing serious mental health conditions like schizophrenia and schizoaffective disorder.

There is a clear and pressing need to develop upstream services that impact key social determinants of health including housing instability and access to healthcare services, particularly substance use disorders and untreated serious mental health conditions which are root causes of chronic unsheltered homelessness. Those with serious mental illness and chronic substance abuse comprise a significant proportion of Hawai'i's homeless population. Mobile crisis teams that deliver on-site care to individuals experiencing behavioral health crises reduce escalation and reliance on law enforcement. Community outreach programs engage individuals in unsheltered environments, connecting them to treatment and housing services early.

The pilot program outlined in this measure includes expanded services to respond to crises, provide care coordination, and collaborate with health care systems, law enforcement agencies, and homeless providers to address the needs of houseless individuals experiencing mental health crises. Services include assessment for and pursuing assisted community treatment when appropriate. This pilot will provide a method to engage those individuals who are experiencing a mental health crisis to support stabilization and recovery.

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

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



RYAN I. YAMANE
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

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

February 4, 2025



TO: The Honorable Senator San Buenaventura, Chair
Senate Committee on Health and Human Services

FROM: Ryan I. Yamane, Director

SUBJECT: **SB 1450 – RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR
HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS.**

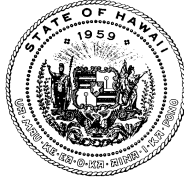
Hearing: Wednesday, February 5, 2025, 1:00 p.m.
Conference Room 225 & Videoconference, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) strongly supports this administration bill and defers to the Department of Health.

PURPOSE: The purpose of the bill is to 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.

Individuals who have brain disorders and who are experiencing homelessness in our State will benefit from the Intensive Mobile Treatment (IMT) proposed by this measure. The IMT models have been used to serve individuals who are the most challenging, such as individuals who need assistance managing their medications. These are needed services that will add to the existing continuum of homeless services.

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



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
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Testimony in SUPPORT of SB1450
RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS
SUFFERING FROM SERIOUS BRAIN DISORDERS

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR HENRY J.C. AQUINO, VICE CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: February 5, 2025, 1:00 p.m. Location: Room 225 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 illness such as schizophrenia and schizoaffective disorder and who have very
10 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,
14 low caseloads, following individuals across all settings (jail, streets, emergency rooms, prison,

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

5 **Offered Amendments:** None.

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

LATE

SB-1450

Submitted on: 2/4/2025 3:42:50 PM

Testimony for HHS on 2/5/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Liam Chinn	Testifying for Reimagining Public Safety in Hawai'i Coalition	Comments	Remotely Via Zoom

Comments:

Aloha Chair San Buenaventura and Vice Chair Aquino,

The Reimagining Public Safety Coalition, which includes 25 organizations across the Hawai'i, generally supports expansion of mobile crisis responder service. However, we have concerns about SB1450, specifically related to issues of consent and potential violation of constitutional rights of "enrollees". Forced treatment is neither effective nor ethical. As currently written, SB1450 is a shortcut by the state-- it gives the state the authority to intervene in cases of severe mental illness, but without requiring full conservatorship type responsibilities.

The state has averse to taking responsibility, however, treatment alone doesn't work without providing housing and other care. SB1450 should establish a system of conservatorship, or legal authority to act for people with severe mental illness, and ensure they receive the entire continuum of care needed.

SB-1450

Submitted on: 2/4/2025 10:59:19 AM

Testimony for HHS on 2/5/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Raelyn Reyno Yeomans	Individual	Oppose	Remotely Via Zoom

Comments:

To: Senate Committee On Health and Human Services

Re: SB1450

I am submitting testimony in opposition to SB1450.

As mentioned by the Department Of Health in their 1/30/25 testimony on the House Companion (HB1131) to this bill, Intensive Mobile Treatment (IMT) Teams are currently being used in New York City. The Department Of Health states that this bill (SB1450) is modeled after the New York City IMT model of care.

In New York City, though, IMT Teams provide participants with in-depth, continuous, patient-centered support and treatment through a team consisting of mental health providers, social workers, case managers, and **peer specialists**. Supports are available 24/7 and participants are serviced by the IMT Team **wherever they are in the community**. The support continues even when the participant is hospitalized/in rehab/or in other treatment programs. The goal is to provide long term treatment and services to the participant in a manner that is flexible and in a way that is best suited for the participant and their particular circumstances. Because of the flexible nature of the IMT Team and their ability to adapt to the participant’s circumstances, these interactions **ARE VOLUNTARY**. *

In comparison, SB1450 reads more like a conservatorship or other court-ordered relationship between the IMT and the “enrolled” participant.

By “prioritizing individuals with schizophrenia or schizoaffective disorder” that are houseless, there is a much greater likelihood that participants will be difficult to “enroll” voluntarily into the IMT program.

Despite this, the IMT is then mandated by this bill to “determine” and collaborate with hospitals and crisis centers on the enrolled participant’s admission to the hospital or crisis center.

The IMT Team is also mandated by this bill to appear “if and when” the enrolled participant is arrested “to share information on their participation in the pilot program”.

There are many mandates in SB1450 but these two, in particular, raise serious questions about the authority of the the IMT to “determine”, collaborate, and “share” on behalf of the enrolled participant. How will these IMT mandates impact the rights of the “enrolled participant” when considering HIPAA laws and any pertinent federal and state laws surrounding Medicaid and Medicare billing..?

I would also ask that this Committee consider if the “Immunity from Liability” language for state providers and private/nonprofit providers proposed in SB1322 (part of the same package of bills as SB1450) will or could impact this bill. If so, why is Immunity from Liability being sought for state providers and private/nonprofit providers that are providing services outlined in this bill?

Again, I oppose SB1450 as this bill includes mandates that require an authority over the 'enrolled participant' that does not exist.

If the state would like to send a Mobile Team Of Providers to OFFER behavioral health support and treatment to houseless individuals, then they can do so but the state should not be ordering providers to perform functions that they do not have the authority to perform in the provider/patient relationship.

*Colton, J., Misra, R., Woznick, E. *et al.* Reaching the Unreachable: Intensive Mobile Treatment, an Innovative Model of Community Mental Health Engagement and Treatment. *Community Ment Health J* **60**, 839–850 (2024). <https://doi.org/10.1007/s10597-024-01243-0>

*<https://mentalhealth.cityofnewyork.us/program/intensive-mobile-treatment-imt>



**Testimony to the Senate Committee on Health and Human Services
Wednesday, February 5, 2025; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: SENATE BILL NO. 1450, RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS.

Chair San Buenaventura, Vice Chair Aquino, 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 Senate Bill No. 1450, 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 Senate Bill No. 1450
Wednesday, February 5, 2025; 1:00 p.m.
Page 2

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.



Hawaii Medical Association

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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Date: Feb 5, 2025
From: Hawaii Medical Association (HMA)
Jerald Garcia MD - Chair, HMA Public Policy Committee

Re: SB 1450 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 Count. [HawaiiHealthMatters.org Jan 22 2023](https://www.hawaiihealthmatters.org/jan-22-2023). Accessed Feb 1 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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SB1450 Mobile Psychiatric Services

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Wednesday, Feb 5, 2025: 1:30: Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports SB1450:

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.



To: Committee on Health and Human Services

Hearing Date/Time: Wednesday February 5, 1:00 PM

Re: Testimony in Support of SB 1450

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

The Hawaii Health & Harm Reduction Center (HHHRC) **supports SB 1450** which would establish a pilot program within the Hawaii Department of Health for intensive mobile street medicine services, specifically focused on people who are chronically homeless and suffer from severe and persistent mental illness (SMI) and other serious brain disorders. HHHRC has been running a street medicine program for the last eight years and has struggled with the capacity and resources necessary to address the psychiatric issues seen on the streets.

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 conducts street outreach, has a medical mobile unit and a walking-based street medicine team and we strongly feel that a focus on those with SMI will make a huge difference in their lives, allow linkage to housing and other services and working with this vulnerable community outside of the correction system.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

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LATE

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

FROM: Kathy Hammes, Individual Citizen

RE: SB 1450, Relating to an Intensive Mobile Team Pilot Program for Houseless Individuals Suffering from Serious Brain Disorders.

HEARING: February 5, 2025, at 1:00 PM

POSITION: Support SB1450

I am writing to ask for your support for SB 1450 to establish an intensive mobile team pilot program within Hawaii's Department of Health to provide specialized mental health services for chronically houseless individuals suffering from serious brain disorders, such as schizophrenia and schizoaffective disorder, often accompanied by anosognosia, an inability to recognize the impact of their brain disorders on their wellbeing.

The program will create a mobile team within the community mental health center system, with a specific focus on serving up to 40 participants who meet the eligibility criteria. The team will offer comprehensive services including after-hours crisis response, emergency room support, coordination with law enforcement, collaboration with hospitals, prioritizing housing placements, initiating psychiatric medication treatments, pursuing assisted community treatment orders, and continuing services even if a participant is hospitalized.

The pilot program is set to run from July 1, 2025, until June 30, 2028.

I hope I can count on your support for this bill that can provide intensive, targeted support to a people living with severe mental illnesses.

Thank you for this opportunity to submit testimony for SB1450.

LATE

SB-1450

Submitted on: 2/4/2025 5:36:18 PM

Testimony for HHS on 2/5/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marsha Hee	Individual	Support	Written Testimony Only

Comments:

Please **support SB 1450!**

As a family member of a brother living with mental health challenges, I know that a targeted mobile unit would make a huge difference for individuals who lack any access to services they need and seek. I urge your strong support for SB1450 to provide mental health services for chronically homeless individuals by establishing an intensive mobile team pilot program within Hawaii DOH.

I am writing to ask for your support for SB 1450, a bill that establishes an intensive mobile team pilot program within Hawaii's Department of Health to provide specialized mental health services for chronically homeless individuals suffering from serious brain disorders, particularly schizophrenia and schizoaffective disorder.

The program will create one mobile team within the community mental health center system, with a specific focus on serving up to 40 participants who meet the eligibility criteria. The team will offer comprehensive services including after-hours crisis response, emergency room support, coordination with law enforcement, collaboration with hospitals, prioritizing housing placements, initiating psychiatric medication treatments, pursuing assisted community treatment orders, and continuing services even if a participant is hospitalized.

The pilot program is set to run from July 1, 2025, until June 30, 2028.

I hope I can count on your support for this bill that can provide intensive, targeted support to a people living with severe mental illnesses.

Sincere mahalo,

Marsha Hee