

SB2560

Measure Title:	RELATING TO MENTAL HEALTH.
Report Title:	Mental Health System; Homeless Individuals (\$)
Description:	Requires the department of health to provide treatment care for homeless individuals with serious and persistent mental health challenges as a part of its comprehensive mental health system. Appropriates moneys from the general fund for mental health care and treatment for homeless individuals. Effective 07/01/16.
Companion:	
Package:	None
Current Referral:	CPH/HMS, WAM
Introducer(s):	TOKUDA, BAKER, CHUN OAKLAND, DELA CRUZ, ENGLISH, GALUTERIA, INOUE, KOUCHI, NISHIHARA, Kidani



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 4, 2016

TO: The Honorable Senator Suzanne Chun Oakland, Chair
Senate Committee on Human Services

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: **SB 2560 – RELATING TO MENTAL HEALTH**

Hearing: Thursday, February 4, 2016, 1:15 p.m.
Conference Room 016, State Capitol

POSITION: The Governor's Coordinator on Homelessness appreciates the intent of the measure, as it proposes to provide funding to address key aspects of the State's work to end homelessness. However, the Coordinator's support of this measure is limited to the extent that passage of this bill does not replace or adversely impact priorities indicated in the Executive Budget. The Coordinator defers to the Department of Health (DOH) regarding the administration and implementation of the proposed services for homeless individuals with serious and persistent mental health challenges.

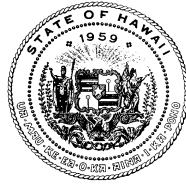
PURPOSE: The purpose of the bill is to require DOH to provide treatment for homeless individuals with serious and persistent mental health challenges as part of its comprehensive mental health system, and to appropriate funds for such treatment.

The Coordinator notes that this measure includes specific language to address homeless outreach services for homeless individuals with serious and persistent mental health challenges. Both DOH and the Department of Human Services (DHS) currently contract nonprofit organizations to provide homeless outreach, including services specifically targeted for individuals with serious and persistent mental health challenges. The Coordinator notes

that DOH and DHS work closely together to align and target their services for homeless individuals, and asks for the Legislature's support of the Governor's Executive Budget request, which includes \$2 million for homeless outreach.

The Coordinator also notes that this measure is in alignment with Goal 1, Objective 1 of the Hawaii Interagency Council on Homelessness Strategic Plan to End Homelessness, which is to "Refocus homeless services into a crisis response system that prevents homelessness and rapidly returns people experiencing homelessness to stable housing."

Thank you for the opportunity to testify on this bill.



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Testimony SUPPORTING SB2560
Relating to Mental Health

SENATOR SUZANNE CHUN OAKLAND, CHAIR
COMMITTEE ON HUMAN SERVICES

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Hearing Date: February 4, 2016, 1:15 p.m. Room Number: 016

1 **Fiscal Implications:** Undetermined at this time.

2 **Department Testimony:** The Department of Health (DOH) supports this measure, although we
3 have concerns and would like to offer comments.

4 The DOH's mission is to focus on individuals with serious and persistent mental illnesses
5 (SPMI) who are forensically encumbered, uninsured, or who live in rural areas with very limited
6 access to mental health services.

7 The DOH already provides substantial, significant services to individuals who are
8 homeless. We do this through our administration of a Federal Grant, our homeless outreach
9 contracts, and through our many other programs which, in providing general safety net support
10 for individuals with mental health challenges, help to get and keep people in housing. We
11 provide these services with the collaboration of other state agency partners and the provider
12 community. It is a shared responsibility with many others.

1 One potential concern is the bill may conflate the issue of homelessness and mental
2 health services. The reasons people are homeless are complex, it is not just about mental health
3 supports. It is about the affordable housing shortage, poverty, and access to health care, to name
4 a few reasons. Homeless people may qualify for or have health insurance to cover medically
5 needed mental health supports. Many individuals who are homeless may have mental health
6 challenges, but it is not clear that they have SPMI or would generally qualify for DOH mental
7 health continuing supports.

8 The bill should clearly specify and focus on individuals with SPMI challenges and for
9 whom these challenges prevent the person from obtaining housing and residing successfully in
10 the community. The DOH's Adult Mental Health Division's (AMHD) resources may need to be
11 reallocated to fund this service.

12 The DOH will discuss the content of this bill with the Department of Human Services
13 (DHS) and other partners regarding roles, health insurance access, and to review appropriations
14 for housing, community based support services and resources, with goals of continued
15 collaboration.

16 Lastly, this bill identifies the use of tobacco settlement master settlement funds for the
17 appropriation. The DOH will consult with its Health Resources Administration and tobacco
18 settlement fund staff regarding this appropriation.

19 Thank you for the opportunity to testify.

20 **Offered Amendments: None.**



HAWAII SUBSTANCE ABUSE COALITION

SB2560 RELATING TO MENTAL HEALTH: DOH to provide treatment care for homeless individuals with serious and persistent mental health

COMMITTEE ON HUMAN SERVICES: Senator Chun-Oakland, Chair; Senator Riviere, Vice Chair
COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH: Senator Baker, Chair; Senator Kidani, Vice Chair

- Thursday, Feb. 4, 2016 at 1:15pm
- Conference Room 016

HSAC Supports SB2560 with Recommendations:

Good Afternoon Chairs Senator Chun-Oakland and Senator Baker; Vice Chairs Senator Riviere and Senator Kidani; and Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition (HSAC) supports the language to be more specific for severe and persistent mental illness.

HSAC recommends that the language include chronic substance use disorders too since this disorder is often co-occurring with severe and persistent mental illness.

- "S334-2 Mental health system. The department of health shall foster and coordinate a comprehensive mental health system to provide treatment and care for homeless individuals with serious and persistent mental health challenges including any co-occurring substance use disorders to enable them to reside in a permanent dwelling unit or homeless facility.

Effective, appropriate and accessible treatment for homeless people addresses substance use disorders because many homeless experience multiple, complex needs and often encounter significant barriers in receiving the services they need.¹

- Most important was access to housing and providing comprehensive, well-integrated, client-centered services with uniquely-qualified staff, which includes the unique approaches for substance use disorders.

¹ Providing Treatment for Homeless People with Substance Use Disorders (2003) Suzanne Zerger, Ken Kraybill, National Health Care for the Homeless Council. <http://www.nhchc.org/wp-content/uploads/2011/09/CA05RCasestudies-FINAL5.pdf>

- Addressing the needs of the whole person in the context of his or her environment can't be taken apart from a homeless person's substance-related issues.
- In addition, effective treatment integrates behavioral health with primary health care.
- At the service delivery level, programs must emphasize the importance of providing integrated care through interdisciplinary teams typically made up of medical, mental health, substance use, and social service providers. Not only are providers co-located but they also work collaboratively; each team member has some level of involvement and investment in all aspects of the homeless person's care.
- Client-centered services are offered concurrently rather than sequentially or in a parallel manner. Whether care is abstinence from substance use or harm reduction, motivational interviewing/motivational enhancement techniques are used in their interactions with clients.

A continuum of comprehensive services is needed to address serious and persistent mental health by prioritizing access to appropriate housing and providing comprehensive, well-integrated, client-centered services with uniquely-qualified staff that includes the unique approaches for substance use disorders.

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