

**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on H.B. 2522
RELATING TO HEALTH**

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Friday, February 7th, 2020 at 9:15 a.m. Room: 329

1 **Department Position:** The Department of Health ("Department") strongly supports this
2 measure and offers the following testimony.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the
4 Department's Behavioral Health Administration ("BHA") whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the Department is committed to carrying
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
8 person centered. The BHA's Adult Mental Health Division ("AMHD") provides the following
9 testimony on behalf of the Department.

10 The Department strongly supports the repurposing of unused state facilities to house
11 non-forensic individuals in short-term residential beds. These short- term residential beds are
12 designed to 1) stabilize the individual's mental health and substance use conditions and 2)
13 assess then triage the individual to a clinically appropriate level of care through the Hawaii
14 Coordinated Access Resource Entry System ("CARES").

1 The Department, in collaboration with state agency partners through the task force and
2 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
3 short-term stabilization services throughout the state creates unnecessary burdens on
4 emergency departments, law enforcement, and individuals living with behavioral health issues.
5 Long-term mental health recovery and community reintegration can be achieved through
6 appropriate clinical intervention and consistent flow through a care continuum based on clinical
7 need and level of care.

8 Short-term residential stabilization beds provide a sub-acute level of care for individuals
9 whose behavioral health issues do not meet medically necessary criteria for acute
10 hospitalization but whose presentation and current medical status are not conducive or
11 appropriate for community-based services such as low intensity residential, or outpatient
12 services. Constructing sub-acute stabilization services will enhance the state's current care
13 continuum by, for example, helping to reduce unnecessary emergency department admissions,
14 promoting jail diversion opportunities, and better assisting individuals with behavioral health
15 issues to be appropriately triaged through a coordinated care continuum.

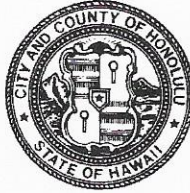
16 Thank you for the opportunity to testify on this measure.

17 **Offered Amendments:** None.

18 **Fiscal Implications:** There are other measures being heard by the legislature that allow the
19 Department to use the Mental Health and Substance Abuse Special Fund for the purposes
20 described in this measure including H.B. 0035_HD1, H.B. 2022, H.B. 2349, S.B. 2506, and S.B.
21 2905. The Department respectfully requests that beyond legislative approval of use of the
22 special fund for these purposes that any additional appropriations made available through this
23 measure do not supplant budget priorities identified in the Governor's executive budget.

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814
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KIRK CALDWELL
MAYOR

JAMES D. HOWE, JR.
DIRECTOR

IAN T.T. SANTEE
DEPUTY DIRECTOR

February 5, 2022

The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Committee on Human Services & Homelessness and Members
The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Committee on Health and Members
Hawaii State Capitol, #329
Honolulu, Hawaii 96813

Dear Chairs San Buenaventura and Mizuno and Vice Chairs Nakamura and Kobayashi and Members of the Committees:

SUBJECT: HB2522 Relating to Health
In Support

The Honolulu Emergency Services Department which manages both the Emergency Medical Services (EMS) and Ocean Safety Lifeguard Services Divisions (OSD) for the City and County of Honolulu is in support of this measure.

Both the EMS and OSD Divisions are significantly impacted by the prevalence of individuals struggling with substance abuse, mental health conditions and homelessness. These impacts include employee safety, repeated responses by limited emergency response resources, transport to emergency room facilities and community complaints regarding the activities of these identified groups in the legislation.

Our EMS Division participated in task force and working groups respectively and it is the Department's position that this measure is a critical additional step in ensuring the safety of our responders, the general community and the population identified in HB 2522.

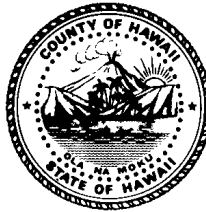
Thank you for the opportunity to testify on the issue of major importance to our community.

Sincerely,

A handwritten signature in blue ink, appearing to read "James D. Howe, Jr.", is written over a circular stamp. The stamp contains the text "James D. Howe, Jr." and "Director".

James D. Howe, Jr.
Director

REBECCA VILLEGAS
Council Member
District 7, Central Kona



PHONE: (808) 323-4267
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HAWAI'I COUNTY COUNCIL

*West Hawai'i Civic Center, Bldg. A
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawai'i 96740*

January 31, 2020

TESTIMONY OF REBECCA VILLEGAS
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL
ON HB 2522, RELATING TO HEALTH
Committee on Human Services, and Homelessness
Committee on Health
Friday, February 7, 2020
9:15 a.m.
Conference Room 329

Aloha Chair Buenaventura, Chair Mizuno, and Members of the Committees:

I thank you for the opportunity to testify in support of HB 2522, relating to health. My testimony is submitted in my individual capacity as a member of the Hawai'i County Council and Chair of the Hawai'i County Council Public Safety Committee.

The purpose of this measure is to require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and substance abuse use, and to assess patients and triage to clinically appropriate level of care through the Hawai'i coordinated access resource entry system. The Lack of stabilization beds is a significant gap in services during its first three months of operation. Current options for those needing stabilization from substance abuse, mental health, and homelessness are stretched and emergency facilities throughout the State have experienced substantial increases in psychiatric emergency admissions, which has resulted in overcrowding and unsafe environments for patients and medical staff. Repurposing unused State facilities to address this social service gap will keep the financial costs in a manageable level, and will help those in need.

For the reasons stated above I urge the Committee on Human Services and Homelessness, and the Committee on Health to support this measure as well. Should you have any questions, please feel free to contact me at (808) 323-4267.

Mahalo for your consideration.

A handwritten signature in black ink, appearing to read "Rebecca Villegas".

Rebecca Villegas
Council Member, Hawai'i County Council

HB-2522

Submitted on: 1/28/2020 9:16:14 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julie Yurie Takishima- Lacasa	Hawai'i Psychological Association	Support	No

Comments:



HB2522 Stabilization Beds/CARES for Substance Use Disorders and Mental Health

COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS:

- Rep Joy Buena Ventura, Chair; Rep. Nadine Nakamura, Vice Chair

COMMITTEE ON HEALTH:

- Rep John Mizuno, Chair; Rep. Bertrand Kobayashi, Vice Chair
- Friday, Feb. 7th, 2020: 9:15 am
- Conference Room 329

Hawaii Substance Abuse Coalition Supports HB2522:

GOOD MORNING 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 of over 30 non-profit alcohol and drug treatment and prevention agencies.

HSAC recommends that private non-profits could operate state facilities for non-forensic beds and could supplement state funding, including fund raising to remodel as well as accessing non-state funds to support operations.

Our current systems need help because they are overwhelmed with high utilizers of expensive emergent care for people with chronic conditions of mental health and substance use disorders.

- High utilizers typically are vulnerable populations with complex problems involving high behavioral health needs and multiple chronic conditions. Due to these complicated medical needs, such patients tend to heavily rely on ER facilities and are difficult to engage in ongoing care, especially with primary care providers.
- The emergency department is the last-resort healthcare where 5% of patients account for 25% of the visits. These are medically and socially complex patients. The Agency for Healthcare Research and Quality (AHRQ) indicated that in 2010, the top 1% of high cost patients accounted for 21.4% of total healthcare spending at an average annual cost of \$87,570.

Government resource expenditures for high utilizers are huge.

- Across three systems: healthcare (emergency care), criminal justice (including law enforcement, courts and corrections) and homelessness, and high utilizers are expensive to state [and city] mental health services yet still don't get adequate care for the severe often untreated mental illness and substance use disorders.

- Police are overwhelmed with responding to crisis situations with homeless people who have a drug induced psychosis from being high on methamphetamine. Frequently, such homeless are recycling through emergency care.

Complex Patients need multiple levels of care to meet their individual need.

- Stabilization beds are a level of care that is needed for high end utilizers because we have high levels of care for acute emergent needs and then the only option for them is to step down to a lower more stabilized level of care when they are not yet stabilized.
- Given that the only option for people with high acuity, multiple chronic conditions is emergent care or treatment, they are often placed into higher levels of expensive, emergent care for a longer period of time or more likely, they are discharged from expensive, emergent care in a very short time and released back to the community rather than accessing treatment that requires some functionality and motivation.
- We need to implement the appropriate short term level of care to stabilize such patients until they can transition into residential or outpatient treatment services.

Patients can start with a Subacute Residential Stabilization level of care or transition down from emergent care.

- Emergency rooms are over utilized in some situations because it is the most accessible part of the system. Some patients need stabilization not emergent care.
- Other patients can transition to this care once their immediate crisis is addressed after emergent care. A post-stabilization period is often needed because their treatment goals have not been addressed in short term emergent care.

Without treatment options, the patient will not progress towards recovery but regress and end up back in the emergency department.

- This tragic cycle occurs because we have failed to stand up enough options that are accessible in the community.
- There needs to be options so that a “warm handoff” to a community setting can be made after stabilization to continue treatment and reduce the risk of recurrence of crisis acute admissions.

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

HB-2522

Submitted on: 1/28/2020 10:46:15 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Partners In Care & Hawaii Kai Homeless Task Force	Support	Yes

Comments:

The cost of our mental health crisis, both in financial terms, and in terms of human suffering is staggering. Virtually all unsheltered chronic homelessness is generated by severe mental illness and addiction. Addiction itself is a form of mental illness. Some studies show that as much as 72% crimes were predicated by addiction or other forms of mental illness.

HB-2522

Submitted on: 1/31/2020 5:35:24 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:



Friday, February 7, 2020

House Bill 2522
Testifying in Support

Aloha Chairs Mizuno and San Buenaventura, Vice Chairs Kobayashi and Nakamura, and Members of the Committees on Health and Human Services & Homelessness,

The Democratic Part of Hawai'i (The Party) **stands in support of HB2522** Relating to Health, which requires the DOH to establish short-term residential beds for the purpose of stabilization from mental health conditions or substance use and to assess patients and triage them to a clinically appropriate level of care through the Hawai'i coordinated access resource entry system (CARES). Appropriates funds.

Having a facility, or multiple facilities, in every county that increase access for those living with a mental health diagnoses, would benefit everyone in the state of Hawai'i. Having a coordinated system by which to accomplish this goal, is the ideal way to move forward.

Governor Ige's Administration has demonstrated a strong commitment to addressing the intersection of mental and physical health and homelessness by appointing the Lt. Governor as the point person for a more comprehensive and holistic approach — which would be complemented well by the stabilization facilities called for in this proposal.

Prioritizing access for the homeless community will drastically reduce the financial strain on emergency services in the state, including hospital visits and crime. According to Hope Services, 33 percent of Hawai'i's homeless population are mentally ill and 21 percent suffer with a substance abuse disability. If we treat the underlying illnesses, homelessness will be drastically reduced; causing a safer and more productive community for all people.

Homelessness among mentally ill is associated with fewer psychiatric and stabilization hospital beds. In 2006, Markowitz published data on 81 US cities, looking at correlations between the decreasing availability of psychiatric hospital beds and the increase in crime, arrest rates, and homelessness. As expected, he found direct correlations. This is consistent with past studies in Massachusetts and Ohio that reported that 27 and 36 percent of the discharges from state mental hospitals had become homeless within six months. It is also consistent with a study in New York that found that 38 percent of discharges from a state hospital had "no known address" six months later.

Read more at: <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>.

The need for both inpatient and outpatient treatment for those living with severe mental illness, including those who are homeless, is a need that it exists in every county. As it stands right now, those living on neighbor Islands who require this type of assistance in order to live as productively as they are able, must get on a waiting list for the one facility that exists in Honolulu County.

Every person, regardless of the disability that they might be living with, deserves an opportunity to live with grace and dignity. For those that require stabilization in order to proceed to the next step in their treatment, this includes making sure that they have access to help when needed. Having the DOH create and implement a coordinated system will allow our residents who are the most vulnerable to have access to the help that they need.

For these reasons we urge to vote favorably on this bill.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i

Helping Hawai'i Live Well

To: Representative Joy San Buenaventura, Chair, Representative Nadine Nakamura, Vice Chair, Members, House Committee on Human Services and Homelessness

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, Members, House Committee on Health

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF HB 35 HD1 RELATING TO MENTAL HEALTH

Hearing: February 7, 2020, 9:15 am, CR 329

Thank you for hearing **House Bill 2522**, which requires the department of health to establish short-term residential beds for the purpose of stabilization from mental health conditions or substance use and to assess patients and triage them to a clinically appropriate level of care through the Hawaii coordinated access resource entry system (CARES).

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i in 1942, that serves the community by promoting mental health through advocacy, education and service. We have been a leader in improving the care and treatment of people with mental illness in Hawaii through policy change.

As mentioned in section 1 of the bill, Acts 90 and 263, Session Laws of Hawaii 2019, established a task force and working group to identify gaps in our state's mental health system. Our organization served on this task force. The resulting report identified sub-acute stabilization beds as one of the greatest needs within our state's mental health system of care. Currently our community has virtually no resources to help people who need this high level of care, which is right under hospitalization. We also do not have enough hospital or acute level capacity so we do not want to take up hospital beds with people who need the sub-acute level of care. The development of sub-acute stabilization beds will be a significant improvement to our mental health system. CARES is also critical to this effort because it will provide the coordination of access to the system so that it is as efficient and effective as possible.

In mental health, access to care is everything and we humbly ask you to support this initiative to improve access. Thank you for considering my **testimony in support of HB 2522**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.



AMERICANS FOR DEMOCRATIC ACTION

OFFICERS		DIRECTORS		MAILING ADDRESS
John Bickel, President	Melodie Aduja	Chuck Huxel	Stephen O'Harrow	P.O. Box 23404
Alan Burdick, Vice President	Juliet Begley	Jan Lubin	Lyn Pyle	Honolulu
Marsha Schweitzer, Treasurer	Ken Farm	Jenny Nomura		Hawai'i 96823
Doug Pyle, Secretary	Stephanie Fitzpatrick	Dave Nagaji		

February 1, 2020

TO: Chairs San Buenaventura & Mizuno and members of HSH/HTL Committees

RE: HB 2522 Relating to Health

Support for hearing on February 7

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

We support HB 2522 as it would establish short-term residential beds for the purpose of assessing and triaging patients to a clinically appropriate level of care and for stabilization of mental health conditions or substance use. The task of caring for homeless populations and individuals with mental health and/or substance abuse needs is mainly handled by emergency rooms. Without additional facilities, these kinds of patients more than likely get discharged back to the street.

This bill would ease the burden on emergency rooms and would give first responders more resources to help homeless individuals in mental health or addiction crises. (easing the burden on emergency rooms and providing first responders more resources to assist homeless individuals in mental health or addiction crises.)

ADA supports this measure, provided that DOH is funded sufficiently to provide staffing and resources to carry it out.

Thank you for your favorable consideration.

Sincerely,
John Bickel, President





CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF HB 2522: RELATING TO HEALTH

TO: Representative Joy A. San Buenaventura, Chair, Representative John M. Mizuno, Chair, and Members, Committees on Human Services & Homelessness, and Health
FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i
Hearing: **Friday, 2/7/20; 9:15 AMam; CR 329**

Chair San Buenaventura, Chair Mizuno, and Members, Committees on Human Services and Homelessness, and Health:

Thank you for the opportunity to provide testimony **in strong support of HB 2522**, which allocates funds and requires DOH to establish short-term residential beds for the purpose of stabilization from mental health conditions or substance abuse. I am Rob Van Tassell, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 70 years. CCH has programs serving elders, children, families, homeless, and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i. Catholic Charities Hawai'i has a long history of working in the areas of affordable housing and homelessness.

Currently, there is a gap in services for homeless folks who are in crisis but who do not need acute hospitalization due to mental illness or substance abuse. Yet lower level community treatment programs are not sufficient. Unfortunately, these vulnerable homeless people often return to the streets and then suffer from a cycle of relapse and decompensation. The Oahu homeless Point in Time count reported that 36.4% of homeless single adults suffer from some type of mental illness. The intersection of homelessness and behavioral health conditions contributes to Hawaii having the second highest rate of per capita homelessness in the nation. Currently, Hawaii's treatment resources do not include crisis stabilization beds. The task force/working group created last year by the legislature to review the behavioral system of care, has highlighted the need in Hawaii for a coordinated network of stabilization beds for those struggling with substance abuse, mental health conditions and homelessness.

The funding in the bill would invest in existing state facilities that have underutilized bed space to create this missing inventory of crisis stabilization beds. What a win-win solution: invest to provide a much needed resource to bridge this gap in services and end this repeated cycle of relapse for many of these vulnerable homeless.

While housed in these transitional placements, these individuals can receive outreach, housing navigation and other services from the homeless continuum. HB 2522 would facilitate coordination between the behavioral health continuum and homeless services continuum to better serve these very vulnerable homeless people.



CLARENCE T. C. CHING CAMPUS • 1822 Ke'eumoku Street, Honolulu, HI 96822
Phone (808)373-0356 • bettylou.larson@CatholicCharitiesHawaii.org



We urge your support for HB 2522. Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.



PARTNERS IN CARE

Oahu Continuum of Care

Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.

Testimony in Support of HB 2522 Relating to Health

TO: House Committee on Human Services & Homelessness
FROM: Partners in Care (PIC)
HEARING: February 7th at 9:15 am Room 329
RE: Strong Support for HB 2522

Dear Joy A. San Buenaventura, Chair; Nadine K. Nakamura, Vice Chair, and members of the committee:

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports SB 2505** which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance use. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System). This resource is sorely missing in our community, which results in the overuse of Hawaii's already taxed emergency departments, excessive police and EMS involvement, and medically vulnerable people suffering on our streets because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.

PIC and its member organizations are receiving technical assistance (TA) from Housing and Urban Development (HUD) to address the crisis of unsheltered homeless in our community. The HUD TA providers, PIC leadership and member organizations have identified a significant gap in the continuum of homeless services for those on the street that suffer from mental health and/or substance use for those who are inappropriate for emergency shelter because of mental health, substance use or other complex medical conditions. SB 2505 would provide a respite from the streets for these vulnerable populations and will allow for homeless outreach and housing navigation as well as other wrap around services to be offered, in addition to being able to know where to find and connect with those who are homeless. SB 2505 will provide a coordinated intersection for the behavioral health continuum of care and the homeless continuum of care and link CARES with the homeless Coordinated Entry System (CES).

SB 2505 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. We also respectfully ask for support of SB 2506 which would provide funding for stabilization beds and the capital improvements needed to make them aligned with best practices.

We urge you to support for SB HB 2522. Thank you for focusing on the intersection of homelessness, substance use and mental health. If you have questions, please contact our Advocacy Chair, Gavin Thornton, at (808)366-7875.

HB-2522

Submitted on: 2/2/2020 10:12:25 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:

I support this bill as means to find an end to disenfranchisement through the general instabilities of homelessness. It takes no doctorate degree to understand that stability will help people better than pills and nowhere to go to deal with the consequences thereof.

People with dental and mental illness, often suffer from other factors such as displacement on the streets, rejection from society and depression. By fixing these things, the system can save a lot of grief and can bring a brighter future of productivity because we will have addressed the issues that plague our communities, lighten the burden upon already at-risk and struggling families, and move forward with a stronger society.

HB-2522

Submitted on: 2/3/2020 11:29:26 AM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cassandra Castillo	Individual	Support	No

Comments:

Representative Joy A. San Buenaventura, Chair

Representative Nadine K. Nakamura, Vice Chair

Committee on Human Services and Homelessness

Cassandra Castillo

91-773 Oneula Place.

Ewa Beach, HI

96706

Friday, February 7, 2020

Support for H.B. No. 2522, Relating to Health

My name is Cassandra Castillo and I am currently in my final semester of the Myron B. Thompson – School of Social Work Program. My concentration is Behavioral Mental Health and my practicum site is at Windward Oahu Treatment Service Section. Many of the consumers that I am in contact with have a mental illness alongside a substance use disorder. I am in strong support of H.B. No. 2522, Relating to Health, which will provide more short-term residential beds for the purpose of stabilization from mental health conditions or substance use to assess patients and triage them to a clinically appropriate level of care.

The hospitals are overcrowded and flooded with an increase in psychiatric emergency admissions, resulting in unsafe conditions for not only for the patients, but the medical staff as well. Hawaii is also home of the second highest rate of homelessness in the United States, with 36.4 percent of homeless adults suffering from some type of mental illness. Our people are left on the street, with a mental illness struggling day-to-day to get the treatment that they deserve because of the lack of resources, we as a state, fail to provide. Our state motto is, "Ua mau ke ea o ka 'Āina I ka pono" which means, "the life of the land is perpetuated in righteousness". It is our duty, as the people of Hawaii, to perpetuate the life of all living on our land through dignity and respect.

By providing short-term residential beds for the purpose of stabilization to assess and triage individuals to a clinically appropriate level of care, we are creating a system-wide approach that puts the individual and their needs at the center to not only promote wellness for the individual, but our entire community. I urge the committee to pass H.B. No. 2522. Thank you for this opportunity to testify.

HB-2522

Submitted on: 2/3/2020 4:56:20 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Medeiros	Individual	Support	No

Comments:

Aloha,

I write in strong support of HB2522. I believe this bill is a step in the right direction to address some of the substance abuse and mental health needs we face in our communities that potentially cause safety concerns for our residents. I ask that you pass this bill.

Mahalo,

Richard

HB-2522

Submitted on: 2/3/2020 6:49:28 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Honda	Individual	Support	No

Comments:

HB-2522

Submitted on: 2/3/2020 8:58:04 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shana Logan	Individual	Support	No

Comments:

My name is Shana W. Logan and I fully support HB2522 relating to setting up beds for monitoring mental health patients. As we have seen with the recent tragedy with two officers shot by a mentally ill individual, there is a need that goes beyond seeing them as just a nuisance. Some of these patients, often heavily medicated already, are dangerous to themselves and others. As a mother of an emotionally disturbed adult son of 30 years old who spend most of his adult life in jail or on the streets of Hilo, I fully understand the need for such a place and fully endorse CARE, Hawaii to run it. Their staff has been very helpful to my son, yet I know they can only do so much. With more funding, they can expand their services and provide more support for those who are hanging on a thread and perhaps a danger or in danger while on the streets. Please provide funding for this, and also provide for a way that judges in the court system can send them to these places instead of jail so they can be rehabilitated properly instead of recycled and worse off, even committing suicide or homicide as they re-enter society because their homelessness causes more mental health issues, including drugs and alcohol abuse, further pulling them back down and bringing their friends, families, and communities with them through crime and violence. This service is not provided right now on the level that is needed if at all in many communities, and there is no room for any more at the State Hospital, so this has been sorely needed for a long time. People are suffering and so are we. Our island home should be a safe and happy place to live, not one full of fear and anxiety. Please pass this bill and even include more to it that will provide for wrap around services which include a cultural component, a domestic violence assessment, a real disability assessment and follow up as well with drug, alcohol and prescription drug abuse assessments that are not punitive but are compassionate for those who are addicted due to mental health issues. They are struggling, and it is very real. Mahalo for your time and support for these most vulnerable of society. Aloha. Shana W. Logan, Hilo, Hawaii.

HOUSE OF REPRESENTATIVES
THE THIRTIETH LEGISLATURE
REGULAR SESSION OF 2020

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Rep. Joy A. San Buenaventura, Chair
Rep. Nadine K. Nakamura, Vice Chair

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

DATE: Friday, February 7, 2020

TIME: 9:15 a.m.

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

HEARING HB2522

POSITION: **STRONG SUPPORT HB2522**

Access to mental health services is an area in which improvements can always be made. The language of this bill establishes the framework and funding required for the assessment of patients and triaging them to a clinically appropriate level of care through the Hawaii coordinated access resource entry system (CARES).

Stabilization of a patient is an important foundation for effective care and greater positive outcomes. This idea to some would have a negative impact because it may violate the persons civil rights. however, the balance between good public policy and personal choice should be seen within the following context 1) what is the best outcome for society in terms of overall cost, public safety and health? 2) What is the alternative to non-intervention and its effect on societal cost and public safety?

Having the locations for stabilization is of the utmost importance too. Communities across Hawaii must come to the realization that mental health services transcend geographic boundaries. Thus, accessible locations throughout all islands will best serve the residents of Hawaii.

We must approach matters of mental health with a clinical approach. Therefore, I urge this committee to pass this bill out and support all amendments to this bill to

increase its effect to provide care for persons who need additional assistance. Thank you for reading my testimony.

Mahalo,

Ken Farm

Rep. Joy A. San Buenaventura, Chair
Rep. Nadine K. Nakamura, Vice Chair
Committee on Human Services & Homelessness
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Committee on Health

Lisa B. Bollinger
Graduate Student in the School of Social Work
Interning at various schools on the island of Hawai'i

February 5, 2020

Support for H.B. 2522, Relating to Health

Dear Chair Buenaventura, Chair Mizuno and members of the Committees,

Aloha. My name is Lisa Bollinger, and I am a student completing my master's degree in social work. My area of specialization is behavioral mental health, and I am writing to ask you to please pass H.B. 2522 in order to create a collaborative system that will allow those with serious mental illness to receive the stabilization care they need. I appreciate the efforts of the task forces working to improve and create an integrated approach to behavioral health services, and I support their findings.

I agree that the 'intersection of homelessness and behavioral health conditions is a crisis in Hawai'i' and support this measure's steps to address it. H.B. 2522. According to the Treatment Advocacy Center, a minimum of "50 beds per 100,000 people is considered necessary" to provide services for those with SMI. Hawaii has 14.1 beds per 100,000 people, ranking 17-18th in the nation and well below what is needed. We must address this crucial gap in beds if we are to serve our seriously mentally ill population and build a path towards stability.

Estimates from SAMHSA are that Hawai'i has approximately 44,000 seriously mentally ill residents or 3.2% of our population. And yet, only 31.8% of adults with mental illness in Hawaii receive any form of treatment from either the public system or private providers (SAMHS, 2017). The remaining 68.2% receive no mental health treatment. Additionally, those with mental health conditions are 2.9 times more likely to interact with the criminal justice system than the hospital system (Treatment Advocacy Center, 2010). We cannot continue to rely on emergency rooms and jail cells to be the default care sites for residents needing behavioral healthcare.

I urge you to pass this measure with a reasonable funding amount, and at the very least pilot this program to determine how best to expand statewide access to triage services and short-term residential beds. Clearly this measure alone will not transform the larger issues of either homelessness or mental health, but H.B. 2522 will provide funding and a mandate for an important component in delivery of integrated behavioral health care for both populations. I encourage the committees to pass H.B. 2522 in support of the task force recommendations and findings.

Thank you for listening and for the opportunity to testify.

HB 2522

February 5, 2020

Natalia Werkoff

Aloha, my name is Natalia Werkoff and I am a Social Worker and Certified Substance Abuse Counselor working primarily with the houseless population living in the Chinatown area. I also provide case management services with most of my clients. I would like to testify that I am *for* the proposed bill SB 2505 that would require and appropriate funds for the Department of Health to establish stabilization beds for non-forensic patients with substance use and/or mental health disorders.

One of my main roles in my position as a CSAC and case manager is connecting people to treatment and helping navigate the system. I have run into numerous barriers regarding clients being unable to access services on demand which leads to their loss of motivation and further hopelessness. At times my clients are ready for treatment, but are discouraged with program waitlist. It can be incredibly challenging to find a bed opening at the only detox program on island, let alone be able to get a hold of a staff member when we call. This leaves many community members in an unsafe and unhealthy living situation while they are trying to get sober. Stabilization beds would allow those who are asking for help to have the opportunity to a safe place to stay while waiting for detox or treatment.

I was recently providing intense case management for one of my clients who suffers from mental illness and a substance use disorder. He was asking for help during a non-suicidal mental health crisis and came to my office two days in a row in attempts to get off of the street and into a place where he would feel safe. We contacted shelters, the Access Line, and began the long application process for treatment. Neither options were available to fit his needs in that moment. Later that night, he acted upon impulse and what I assess to be an act of desperation which resulted in his arrest and disturbance to our community. We can only imagine how this situation would have turned out if there was a place which he could have gone to receive professional help. This is a classic and reoccurring example of community members suffering from severe mental illness filling up our jails due to lack of treatment availability.

Mental health and substance use services in Hawai'i need to improve as a whole. Adding stabilization beds would give opportunities for those who want help but cannot access treatment on demand to have a safe place to go, get stable, get support, and find appropriate treatment.

Mahalo for your time,

Natalia Werkoff

TO: House Committee on Human Services & Homelessness

Hearing: Wednesday, January 29 @ 9:15 am Room 329

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

Strong Support for HB 2522

Dear Joy A. San Buenaventura, Chair; Nadine K. Nakamura, Vice Chair, and members of the committee:

The Hawaii Health & Harm Reduction Center (HHHRC) strongly supports HB 2522 which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance use. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System). This resource is sorely missing in our community, which results in the overuse of Hawaii's already taxed emergency departments, excessive police and EMS involvement, and medically vulnerable people suffering on our streets because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.

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. We foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building. HHHRC works at the intersection of homelessness, substance use and mental health. Everyday, HHHRC has contact with people on the streets that need a higher level of care, but have nowhere to go except cycling through our police department, jails and the hospital system. By creating an extra level of services to assess and triage people, agencies like HHHRC can help provide services by knowing where to find our clients and provide services that are clinically appropriate based on a coordinated treatment plan.

HB2522 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. Please support this measure.

Thank you for the opportunity to testify.

LATE

HB-2522

Submitted on: 2/6/2020 2:01:29 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick F. Hurney	Habitat for Humanity Hawaii Island, Inc.	Support	No

Comments:

Aloha,

I strongly support HB 2522. We need more short term stabilization beds.

Mahalo

Patrick Hurney

HB-2522

Submitted on: 2/6/2020 10:39:20 AM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Nikos Leverenz	Individual	Support	No

Comments:

HB-2522

Submitted on: 2/6/2020 12:05:49 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
David Shaku	Individual	Support	No

Comments:

LATE

Aloha Chair San Buenaventura, Vice Chair Nakamura, and Members of the Committee on Human Services and Homelessness:

I am writing to you in strong support of HB2522, which would establish short term stabilization beds for people suffering from mental illness and/or substance use who are actively seeking help. This bill follows through by addressing gaps identified by Act 90 and Act 263 in our existing system of behavioral health care. As such, it is a vitally important step in addressing the major issues of unsheltered homelessness, mental illness, and substance use within our community.

For nearly a decade now, the city and state have used criminalization and policing to address visible homelessness, often targeting those most vulnerable individuals that suffer from co-morbid mental illness and addiction. Though intended to ‘disrupt’ unsheltered people’s maladaptive patterns with the idea that this would encourage them to access needed social services, these homeless criminalization policies have utterly failed to provide help and have instead actively inflicted harm on those forced to sleep on the side of the road. Had these policies been effective, we would not see a consistent *increase* in the numbers of people unsheltered on Oahu. For people who are already suffering from mental illness and/or substance use issues, the spatial and psychological disruption of enforcing ‘anti-homeless laws’ often exacerbates symptoms as people turn to well-worn coping mechanisms in the absence of actual help. The money spent in organizing sweeps of homeless encampments, issuing repeated sit-lie and park closure tickets to the same individuals who cannot find a bed to sleep in, and in prosecuting these cases through the district court system is better spent in developing programs and spaces for people to get help when they need it.

H.E.L.P. Honolulu is a shining example of a positive program that has developed out of the misdirected appropriation of homeless services resources to the police. This program, developed collaboratively by HPD’s Community Policing Division and a collection of NGO and state social service providers, pairs up teams of HPD officers with outreach workers to (1) teach new officers supportive and non-confrontational tactics for addressing homelessness and behavioral health on the street, and (2) find immediately open beds for those unsheltered individuals that express an interest in getting off the street. The program has been an unprecedented success for our community in coordinating placement to available services, often getting up to 20 people into shelter or detox beds in a single night. H.E.L.P. Honolulu outreach efforts feature a robust breadth of expertise addressing mental health, substance use, and medical issues, with long-standing participation from agencies like Mental Health Kokua, the Hawaii Health and Harm Reduction Center, and Kalihi Palama Health Center. Though working directly with representatives of detoxes and ADAD, we are often unable to fulfill an individual’s desire for a treatment or detox bed, simply for lack of availability. When dealing with persistent behavioral health issues exacerbated by constant sweeps of encampments, it is all the more essential to capitalize on a person’s willingness by finding them a place to rest when they are ready and asking for a bed. By passing HB2522, you now have the opportunity to make a serious step forward in ensuring that our social service system is able to accommodate the expressed need for treatment beds. We cannot earnestly use disparaging and erroneous terms like “service resistant” to describe chronically vulnerable populations and justify their criminalization if we are unable to even provide the necessary services when they are requested.

In closing, I thank you all for your years of diligent work to address the complex social issues gripping the most vulnerable members of our society. I encourage you to continue this path by creating the

stabilization beds that are needed in our community. I would also humbly ask you to review and amend the assertion in Section 1 that NCH finds “sixty-four per cent of homeless individuals are dependent on alcohol or other substances”. Though I am strongly supporting the need to address mental health and substance use among homeless populations, the vast majority of research conducted in Hawaii and the US suggests that numbers for both substance use disorder (SUD) and serious mental illness (SMI) are usually between one quarter and one third of the total homeless population. By exaggerating the scale of the issue, we call into question our own credibility to address the problem, as well as perpetuating the pejorative and incorrect stereotype of ubiquitous behavioral health issues at the root of homelessness. The issue of homelessness is a structural problem, with behavioral health problems being an effect of living on the street more often than the cause. I would refer you to start with this brief 2017 primer on Substance Use and Homelessness by NCH (<https://nationalhomeless.org/wp-content/uploads/2017/06/Substance-Abuse-and-Homelessness.pdf>) which concisely puts the scale into perspective and shows the need for innovative, harm-reduction based solutions like the stabilization beds which you vote on today. I encourage you to continue your work in developing these innovative solutions for our community in Hawaii, and I thank you for hearing my testimony.

Thank you,

Aashish Hemrajani

HB-2522

Submitted on: 2/6/2020 2:10:12 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Murph	Community Alliance Partners, the Hawaii Island CoC for Homelessness	Support	No

Comments:

LATE

HB-2522

Submitted on: 2/6/2020 2:28:11 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Staley	Individual	Support	No

Comments:

I strongly support HB2522. Thank you.

HB-2522

Submitted on: 2/6/2020 2:48:48 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
David Deges	Hawaii Island HIV/AIDS Foundation	Support	No

Comments:

HB-2522

Submitted on: 2/6/2020 5:28:24 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Normann	Neighborhood Place of Puna	Support	No

Comments:

Please support this bill which will help establish stabilization beds and reduce the number of individuals who end up on the streets because of mental health issues or substance abuse.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Members, Committee on Human Services and Homelessness

LATE

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: February 5, 2020

Hrg: House Committee on Human Services and Homelessness and Committee on Health Joint Hearing; Friday, February 7, 2020 at 9:15 AM in room 329

Re: **Support for HB2522, Relating to Health**

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of HB2522, relating to health. The proposed bill would require the Department of Health to establish short-term residential beds for the stabilization of individuals with mental health conditions or substance use. Patients would be assessed and triaged to a clinically appropriate level of care through the Hawaii coordinated access resource entry system (CARES).

As one of two providers of non-forensic acute care psychiatric services on Oahu, Queen's appreciates the efforts of the legislature and the Department of Health in developing a system of care for our mental health and substance use disorder patients and ensuring continuity in services, particularly for our MH-1 patients. MH-1 is a designation given to individuals transported to hospitals by the law enforcement who have reason to believe that the person is imminently dangerous to self or others. The Queen's Medical Center, Punchbowl has experienced disproportionate increases in the numbers of MH-1s brought to our facility over the years. In calendar year 2019, over 1,600 individuals were brought in on an MH-1. Of those individuals, over half did not meet the criteria for involuntary hospitalization.

Thank you for the opportunity to testify on this measure.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



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HOPE Help Line: 808-935-3050

TESTIMONY IN SUPPORT OF HB 2522: RELATING TO HEALTH

TO: Committee Chair, Vice-Chair and Committee Members
FROM: Brandee Menino, CEO, Hope Services Hawaii, Inc.
Hearing: Friday 2/7/20, 9:15am, Room 329

LATE

Thank you for the opportunity to provide **recommendations and testimony in support of HB 2522**, which would require the department of health to establish short-term residential beds for the purpose of stabilization from mental health and substance use and to assess patients and triage to clinically appropriate level of care through the Hawaii coordinated access resource entry system. **I strongly encourage you to make funding appropriated for this purpose also available to county facilities**, so stabilization beds may be funded at Keolahou, a county-owned emergency homeless shelter and assessment center. **If only state facilities are granted this opportunity, our county would not be able to create desperately needed stabilization beds at Keolahou, which is located less than half a mile from Hilo Medical Center.**

Time and time again, we see the need for crisis stabilization beds for our clients who suffer from mental illness and chronic homelessness. They frequently experience psychotic episodes so severe they are unable to take care of themselves. Some refuse treatment, while others are chronic over-utilizers of emergency services. Those who do seek help for mental health or substance abuse often have to jump through an unreasonable number of hoops just to receive an assessment, let alone treatment.

Angela Kalani, who works at our Hilo men's shelter, shared the story of a former resident named "Josiah". Josiah was a "level 5," which means he suffered from the most severe level of mental illness, and was considered too psychotic to be referred to the 24-hour residential services at Mental Health Kokua. In fact, there is nowhere on Hawai'i Island that patients like Josiah can be referred for residential psychiatric treatment.

Josiah was just about to move into permanent housing, when he had a psychotic episode and attempted suicide. "He went ballistic and broke the windows" says Angela. "This man was violently beating himself up because he believed if he punched his guts, they would explode and he would die." Josiah was taken to Hilo Medical Center, but Angela knew that, because he was a danger to other shelter residents, if he was discharged before his new home was ready he'd be back out on the streets. "I went to Hilo Medical Center and advocated for them to keep him until he got into housing. I tried to get him a psychiatric bed, but they were full. Luckily he had a hand injury so they could take him on medical level—if he hadn't had that injury he would not have been able to stay in the hospital."

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Stories like Josiah's are far too common, and investing in facilities we already have is a no-brainer solution. We've seen this model succeed with Ohana Zones, and we are likely to see an improvement in mental health and permanent housing rates, as well as a decrease in utilization of emergency services by passing this bill.

When we help our most vulnerable residents face their challenges, we create a better Hawai'i for all of us. I urge you to join us in that effort by **supporting HB 2522 with amendments to include county facilities.**

Mahalo nui for your consideration,

Brandee Menino
Chief Executive Officer

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LATE

HB-2522

Submitted on: 2/6/2020 3:10:01 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alysa Lavoie	Individual	Support	No

Comments:

HB-2522

Submitted on: 2/6/2020 3:21:56 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Beonka Snyder	Individual	Support	No

Comments:

LATE

HB-2522

Submitted on: 2/6/2020 4:19:13 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
serenity chambers	Individual	Support	No

Comments:

Aloha,

I am writing to support HB2522. I am licensed psychologist who just started work with an integrated care team at West Hawaii Comomunity Health Center. As a behavioral health provider at this Kailua-Kona clinic, we see 10-15 patients per day, a vast majority of which have severe/persistent mental illness, substance use disorders or both. Many are also homeless. There is a need well beyond the capacity of this clinic. This is part of why I have moved back to Hawaii from the mainland. Please help us help others in need by supporting HB222 so we may have more beds for these types of patients, as they are very often full and the patients have no other options and will sleep on the streets, where their conditions are at high risk of worsening.

Mahalo,

Serenity Chambers, PhD, Licensed Psychologist, West Hawaii Community Health Center

HB-2522

Submitted on: 2/6/2020 6:50:39 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Rantz	Hawaii State Rural Health Association	Support	No

Comments:

LATE

HB-2522

Submitted on: 2/6/2020 8:19:18 PM

Testimony for HSH on 2/7/2020 9:15:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Knezek May	Individual	Support	No

Comments: