

STATE OF HAWAII DEPARTMENT OF HEALTH

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

Testimony in SUPPORT of SB1051 SD1 RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL ILLNESS

SENATOR KARL RHOADS, CHAIR SENATE COMMITTEE ON JUDICIARY

SENATOR DONOVAN M. DELA CRUZ, CHAIR SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date and Time: Tuesday, February 26, 2019 at 10:00 a.m. Room: 211

- 1 **Fiscal Implications:** Undetermined.
- 2 **Department Testimony:** The Department of Health (DOH) supports this measure. SB1051
- 3 SD1 proposes the Department of Human Services (DHS) establish a task force on chronically
- 4 homeless individuals with severe mental illness or substance use disorders. The purpose of the
- 5 task force is to determine specific implementation requirements necessary to establish a pilot
- 6 program intended to procure services from a provider who will operate a shelter and provide
- 7 mental health treatment for homeless individuals with severe mental illness or severe co-
- 8 occurring mental illness and substance use disorders who are subject to court-ordered
- 9 guardianship.

10

11

12

13

14

15

16 17 The DOH acknowledges that homelessness is one of the State's most significant and challenging social concerns. The DOH, the Adult Mental Health Division (AMHD), and the Alcohol and Drug Abuse Division (ADAD) partner with other state agencies and with both contracted and non-contracted community programs to address the mental health and substance abuse needs of individuals experiencing homelessness. Key partners include the Governor's Coordinator on Homelessness (GCH), DHS, Department of Transportation (DOT), Department of Public Safety (PSD), the City and County of Honolulu, law enforcement, and community-based health and human service programs.

- The DOH is ready and willing to be available for consultation with the DHS and the
 Governor's Coordinator on Homelessness to coordinate services, to help design new programs,
 and to work with other agencies and stakeholders on this pressing social issue.
 - The DOH thanks the Legislature for introducing a variety of measures that aim to address the issue of homelessness in Hawaii and looks forward to continued collaboration with legislators, partner agencies, and community stakeholders.
- 7 Thank you for the opportunity to testify.
- 8 Offered Amendments: None

4

5 6



PANKAJ BHANOT DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

P. O. Box 339 Honolulu, Hawaii 96809-0339



February 25, 2019

TO: The Honorable Senator Karl Rhoads, Chair

Senate Committee on Judiciary

The Honorable Senator Donovan M. Dela Cruz, Chair

Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: SB 1051 SD1 – RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL

ILLNESS

Hearing: Tuesday, February 26, 2019, 10:00 a.m.

Conference Room 211, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports this bill, offers comments, and requests additional amendments. DHS appreciates the comments and amendments to the measure made by the Committees on Human Services and Commerce, Consumer Protection, and Health.

PURPOSE: The purpose of this measure is to require the department of human services to establish a task force to determine specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to court-ordered guardianship. Appropriates funds. (SD1)

DHS agrees a task force is necessary to determine best practices and specific implementation requirements to establish a pilot program. Regarding Section 2, for purposes of facilitating decision making of the task force, DHS requests that a majority of task force

members or their designees present at the public meeting constitute a quorum pursuant to section 92-15, Hawaii Revised Statutes.

We are aware that prior to implementing a pilot, we will need time and resources to develop additional community capacity and an understanding of what has worked, and continues to work, especially when participants may not necessarily consent to the services and treatment, and to develop a plan. DHS is interested in establishing model that is evidence based, uses an integrated health care approach, and is community driven.

DHS has reached out to the National Council for Behavior Health located in Washington D.C., to discuss the Certified Community Behavioral Health Clinics (CCBHC) model, a demonstration program based on the Excellence in Mental Health Act, (see https://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics/).

We requested technical assistance from the National Council to address the need identified in this measure and we are in receipt of a proposal for a scope of work to begin June 1, 2019 through July 31, 2022. The proposal includes the following services:

•	Environmental Scan and Needs Analysis	\$24,000
---	---------------------------------------	----------

- Five (5) Planning and Assessment Calls for Kick-Off Site Visit, Steering Committee Formation,
 and other Onsite Visits
 \$ 4,500
- Four (4) Days Onsite Kick-Off Site Visit and Steering Committee Convening \$36,000
- Twelve (12) Days Onsite Visits over the Period of the Contract, Inclusive of trainings in
 Evidence-Based Practices such as Motivational Interviewing \$91,200
- Thirty (30) Coaching Calls to Support Implementation Efforts \$27,000
- Six (6) Webinars on a Topic of Clients Choice Based on Recommendations \$12,000
- Policy, Procedures, Workflows, Care Pathways and Other Resource Development \$24,000
- TOTAL CONSULTATION PRICE (*Excludes travel expenses and additional consultation hours as needed)
 \$218,700*+

Travel

DHS requests a general funds appropriation for FY2019-2020 of \$300,000 for the technical assistance, task force, and other administrative expenses including travel.

DHS requests a general funds appropriation for FY2020-2021 of \$600,000 to implement a targeted demonstration 5 to 8 bed pilot shelter program for homeless individuals with severe mental illness, including the hiring of staff.

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



CATHOLIC CHARITIES HAWAI'I

TESTIMONY IN SUPPORT OF SB 1051 SD1: Relating to Homeless Individuals with Severe Mental Illness

TO: Senator Karl Rhoads, Chair, Senator Donovan Dela Cruz, Chair, and Members,

Committee on Judiciary, and Ways and Means.

FROM: Betty Lou Larson, Legislative Liaison, Catholic Charities Hawai'i

Hearing: Tuesday, 2/26/19; 10:00 am; CR 211

Chair Rhoads, Chair Dela Cruz, and Members, Committees on Judiciary and Ways and Means:

Thank you for the opportunity to provide testimony **in support** of SB 1051, SD1 which establishes a task force to determine the specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals who are subject to court-ordered guardianship. I am Betty Lou Larson, 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.

Probably the most vulnerable of all the homeless living on the streets in Hawaii are the severely mentally ill individuals who suffer from psychosis, hallucinations and bizarre behaviors. They are living in degrading and inhumane situations. They are at great risk of assault, and for women, rape. They have been unreachable by homeless outreach teams. The public is afraid of them and demands that the government or police "do something". Yet, often they are just moved along to another location.

The current Assisted Community Treatment (ACT) law gives hope that we can provide help and solutions to these very disabled people. We support the establishment of a task force to determine how to implement a pilot program where these high need homeless individuals could receive treatment while living in a safe and supportive setting.

We need to seek humane solutions to help these most vulnerable homeless persons. This bill is an important step forward. We urge your support for SB 1051. Please contact me at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.







PARTNERS IN CARE

Oahu's Continuum of Care

Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.

TESTIMONY IN SUPPORT OF SB 1051 SD1: Relating to Homeless Individuals with Severe Mental Illness

TO: Sen Karl Rhoads, Chair, and Sen Glenn Wakai, Vice Chair, Committee on Judiciary; and

Sen. Dela Cruz, Chair, and Sen. Keith-Agaran, Vice Chair, Committee on Ways and

Means; and members

FR: Marya Grambs, Member, Board of Directors, Partners of Care

Hearing: Tuesday, February 26, 2019, 10:00 am, CR211.

Chair Rhoads, Chair Dela Cruz, and Members, Committees on Judiciary and Ways and Means:

Thank you for the opportunity to provide testimony **in support** of SB 1051 SD1. I am Marya Grambs, a member of the Board of Directors of Partners in Care, Oahu's continuum of care for individuals experiencing homelessness.

The pilot shelter established by the task force in SB1051 SD1 is needed in order to stabilize individuals who may be starting on medication but need a few months of shelter and treatment to become stabilized. SB1051 SD1 currently addresses only those individuals who are subject to court-ordered guardianship; we request that the SB1051 ask the task force to include those individuals under Assisted Community Treatment orders as well.

For this population, whose members are severely ill and have been homeless for years, hospitalized and often jailed innumerable times, it generally takes a number of months for the medication and treatment program to be effective and stabilize them. Being in the described pilot program is the best way to make this happen. Once healthy, these individuals are more likely to be able to understand that the medication and treatment plan are in their best interest and thus continue with the recommended treatments and remain housed.

<u>SB-1051-SD-1</u> Submitted on: 2/24/2019 6:21:48 PM

Testimony for JDC on 2/26/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brett Kulbis	Testifying for Honolulu County Republican Party	Support	No

Comments:



Helping Hawai'i Live Well

To: Senator Karl Rhoads, Chair, Senator Glenn Wakai, Vice Chair, Members, Senate Committee on Judiciary

To: Senator Donovan Dela Cruz, Chair, Senator Gilbert Keith-Agaran, Vice Chair, Members, Senate Committee on Ways and Means

From: Trisha Kajimura, Executive Director

Re: COMMENTS ON SB 1051 SD1 RELATING TO HOMELESS INDIVIDUALS WITH SEVERE MENTAL

ILLNESS

Hearing: THURSDAY February 26, 2019, 10:00 am, CR 211

Mental Health America of Hawaii is not opposed to **Senate Bill 1051 SD1**, which establishes a task force to determine specific implementation requirements necessary to establish a pilot program to provide shelter and mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to court-ordered guardianship *However*, *we prefer the original Senate Bill 1051* which requires the Department of Human Services, in consultation with the Department of Health, to establish a three-year pilot project to procure the services of a service provider to operate a shelter and provide mental health treatment for homeless individuals with severe mental illness or severe co-occurring mental illness and substance use disorders who are subject to court-ordered assisted community treatment or court-ordered guardianship.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawaii 77 years ago, 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. In the 1940s and 1950s our emphasis was on improving the care of patients at the State Hospital in Kaneohe. We helped pass Hawaii's progressive Civil commitment Law in 1976, the Patient Rights Law (Act 272) and Residential Treatment Program Law in 1980, and Hawaii's first Mental Health and Substance Abuse System Act in 1984. In the 1990s we helped get a Psychiatric Advance Directive law passed and helped obtain parity in health insurance coverage for mental health treatment.

As evidenced through our state's homelessness crisis as well as the inquiries for help we receive daily at our office, we have substantial gaps in behavioral health care and supportive services access. The 2018 Commonwealth Fund Scorecard reported that 64% of adults with mental illness in Hawaii did not receive treatment. ¹ Integration of housing, mental health treatment and addiction treatment is sorely needed. Rather than delaying implementation, we would like to see funding appropriated and this pilot project implemented to fill a significant gap in available services.

Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

¹ D. C. Radley, D. McCarthy and S. L. Hayes, 2018 Scorecard on State Health System Performance, The Commonwealth Fund, May 2018.

SB-1051-SD-1

Submitted on: 2/23/2019 11:24:02 PM

Testimony for JDC on 2/26/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Testifying for Hawaii Kai Homeless Task Force	Support	No

Comments:

TO: Senate Committee on the Judiciary AND Senate Committee on Ways And Means

FROM: Mike Goodman, Hawaii Kai Homeless Task Force & Member of Partners in Care (PIC)

HEARING: Tuesday, February 26, 10 AM Conference Room 211

Dear Chair Senator Rhoads, Chair Dela Cruz, Vice Chairs, and all Committee Members:

Thank you very much for the opportunity to provide testimony in support of SB1051, along with suggested amendments.

I'm Mike Goodman, Director of the Hawaii Kai Homeless Task Force, and a member of Partners in Care ("PIC"). PIC is a coalition of more than 50 non-profit homelessness providers, including Aloha United Way, Catholic Charities, the Institute for Human Services, the Appleseed Center for Law and Economic Justice, The Salvation Army, and many others. *The Homeless Task Force, and Partners In Care strongly supports this bill.*

SB1051 is a crucial part of a series of bills including SB567, SB1124, SB1464 and SB1465 which are contemplated to make critical improvements to the Assisted Community Treatment Program ("ACT"), to do a better job of serving severely mentally ill and substance addicted chronically homeless persons and get them off the streets.

The irony is, the cost of helping and treating impaired homeless persons results in a net savings to the State. According to the UH Center on the Family, estimated healthcare cost savings for impaired homeless who get mental health treatment through Housing First programs, result in a savings of \$6,197 per client per month, which is estimated to be a 76% decrease in healthcare costs. Extrapolated to a larger scale, giving the chronic homeless the treatment they need to get off the streets will save the State well over a hundred million dollars a year in medical costs alone.

SUGGESTED AMENDMENTS FROM THE HAWAII KAI HOMELESS TASK FORCE

First: we propose the language be amended to also include participation of representatives from Housing First on the task force created by this bill. We don't want to spend time reinventing the wheel. Housing First has a 92-96.7% success rate dealing with the very segment of the homeless population targeted by this bill.

Second: It's essential for the task force formulate its' recommendations to serve **ALL** of the estimated 1600 to 2000 chronic, severely impaired unsheltered homeless in Hawaii. It does no good to develop protocols that cannot be "scaled up" to a sufficient level to treat 1600-2000 people.

Third: It's common knowledge the State has a severe shortage of psychiatric and detox beds. Part of the reason is the high cost of constructing additional treatment facilities. Even if the Legislature provided funding for additional facilities this year, it would likely take years to complete. Since this is a crisis, we need ideas that can be implemented in a short time. The task force should investigate the possibility of contracting with the military to build field hospitals.

Thank you for the opportunity to testify.



The Salvation Army Hawaiian & Pacific Islands Division



Founded in 1865

William Booth

Brian Peddle

Kenneth G. Hodder
Territorial Commander

Jeffrey Martin Eloisa Martin Divisional Leaders TESTIMONY IN SUPPORT OF SB 1051 SD1: Relating to Homeless Individuals
with Severe Mental Illness

TO: Sen Karl Rhoads, Chair, and Sen Glenn Wakai, Vice Chair,

Committee on Judiciary; and Sen. Dela Cruz, Chair, and Sen. Keith-Agaran, Vice Chair, Committee on Ways and Means; and members

FR: Anna Stone, MPH

Director, The Salvation Army's Pathway of Hope

Hearing: Tuesday, February 26, 2019, 10:00 am, CR211.

Chair Rhoads, Chair Dela Cruz, and Members, Committees on Judiciary and Ways and Means:

Thank you for the opportunity to provide testimony **in support** of SB 1051 SD1. Pathway of Hope is Salvation Army's initiative to break generational poverty and cycles of crisis. POH provides housing assistance to homeless and at-risk households. It is not uncommon for my program to encounter unstable individuals who require specific attention to be sheltered.

SB1051 SD1 currently benefits only those individuals who are subject to courtordered guardianship. The pilot shelter established by the task force in SB1051
SD1 is needed to stabilize individuals who may be starting on medication but
need a few months of shelter and treatment to become stabilized however I
request that the SB1051 ask the task force to also include the individuals
under Assisted Community Treatment (ACT) orders. ACT individuals need
an extended period of treatment to be stabilized. For this population, whose
members are severely ill and have been homeless for years, hospitalized and
often jailed innumerable times, it generally takes a number of months for the
intervention to be effective. While in the pilot program, individuals can be
healthy. Once stabilized, these individuals are more likely to be coherent to
understand the medication and treatment plan, and most likely continue to
follow through on recommended treatments and remain housed.

Thank you for the opportunity to provide a testimony.



<u>SB-1051-SD-1</u> Submitted on: 2/25/2019 7:25:25 AM

Testimony for JDC on 2/26/2019 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kai Lorinc	Individual	Support	No

Comments:



<u>SB-1051-SD-1</u> Submitted on: 2/25/2019 12:07:03 PM

Testimony for JDC on 2/26/2019 10:00:00 AM

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

Comments:

Dear Honorable Committee Members:

Please support SB1051. It is estimated that up to 70% of those on the street have mental health issues, many of whom self-medicate because there are no services available to them. Many also are veterans.

Thank you for the opportunity to present my testimony.

Andrea Quinn

Kihei

<u>SB-1051-SD-1</u> Submitted on: 2/25/2019 1:52:13 PM

Testimony for JDC on 2/26/2019 10:00:00 AM



Submitted By	Organization	Testifier Position	Present at Hearing
Stefani jeremiah	Individual	Support	No

Comments: