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Testimony COMMENTING on S.B. 2034
RELATING TO SUICIDE PREVENTION

SENATOR JARRETT KEOHOKALOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/7/2022 Hearing Time: 1:00 p.m.

Department Position: The Department of Health ("Department") supports the intent of this measure and offers comments.

Department Testimony: The Adult Mental Health Division (AMHD) offers the following testimony on behalf of the Department.

The Department is committed to protecting and improving the health and environment for all people in Hawaii including assuring that basic mental health care is available, appropriate, high quality, and accessible. The AMHD is responsible for leading, fostering and coordinating a comprehensive mental health system that promotes mental wellbeing through the delivery of dignified, holistic, and culturally relevant mental health care and services.

The Department is committed to addressing the needs of individuals who live with behavioral health issues and need services when experiencing a behavioral health crisis, including those who lack decision making capacity. This commitment includes developing and implementing a statewide crisis care continuum that includes a Mental Health Emergency Worker (MHEW) program, short-term behavioral health Stabilization Bed Units (SBU), emergency examination, coordination of emergency department admissions, and where appropriate, pursuing involuntary treatment.

When individuals are in crisis and are suffering from an acute serious mental illness (SMI), it is necessary to strive for a balance where they can be treated during a time where they lack decision making capacity, but still assure that their right to self-determination will be honored. Requiring an assessment to determine whether a surrogate or guardian is needed to make appropriate health care decisions when the individual lacks decisional capacity supports this balance.

Offered Amendments: None.

Thank you for the opportunity to testify.

Fiscal Implications: Undetermined.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Monday, February 7, 2022 at 1:00 PM
Via Video Conference

Senate Committee on Health

To: Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: SB 2034 – Comments Relating to Health

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

I am writing to provide COMMENTS on SB 2034 which would require patients who are seen in a hospital's emergency department or who are hospitalized on an emergency basis, and who are diagnosed with a mental illness or severe substance abuse disorder, to be assess by a psychiatrist or advanced practice registered nurse having prescriptive authority. The psychiatrist or advanced practice registered nurse would then determine whether a surrogate or guardian is needed to make appropriate health care decisions for the patient.

We appreciate the intent of the bill and recognize the difficulties in assuring that patients suffering from a mental illness or suffering from a substance abuse disorder receive care which is both necessary and appropriate based on their disorder. Many such patients are seen in the emergency departments of the HPH hospitals. It is well known that a significant underlying challenge to this issue is psychiatric resource capacity resulting in many patients are held in the emergency department for long periods of time—sometimes hours or even days—awaiting psychiatric care. Unfortunately, not all emergency departments have access to a psychiatrist or an advanced practice registered nurse having prescriptive authority. Thus, within an emergency room or acute care setting, limiting the assessment of whether an individual is a harm to self or others to be performed to two professions – psychiatrists and advanced practice nurses -- reduces the options available to both the hospital staff as well as the patient.

Additionally, locating an individual willing to accept the role of surrogate or guardian is difficult. The language in the bill attempts to replace the patient's autonomy with a third party surrogate who has not been legally appointed by a court or appointed by the patient while the patient was of sound mind. Traditionally in emergency care, the provider determines whether the patient has the capacity to make decision at the time they are seen in the emergency department. Emergency room physicians are qualified and trained to evaluate for decisional capacity, and often do for a variety of medical reasons (e.g., delirium, cancer metastases to the brain, TBIs, etc.). If the patient does not have capacity, the provider treats the patient based on the usual standard of care under the theory of implied consent.

We therefore seek clarification on some practical questions & considerations not addressed in this bill:

- Is the individual required to be held until a surrogate is appointed?
- Under what time constraint is the surrogate required to be appointed and by whom?
- What if the surrogate does not agree to a Standard of Care, and declines normal treatment?
- What if the individual has no identifiable friends or family?
- What if the individual does not want a particular family member as a surrogate?

We are concerned that this bill may be redundant with other laws addressing capacity and psychiatric concerns that already exist. However, HPH is continuing to look into this complex issue and may have additional input. At this time, in order to expand the types of health care professionals who are able to assess the patient suffering from a mental illness or severe substance abuse disorder who is seen in the emergency department, we suggest that the bill be amended to allow for other qualified staff members appropriate in emergency room staffing models to also participate in this evaluation. Suggested language is provided below.

SUGGESTED AMENDMENTS:

A patient who is seen in an emergency department or hospitalized on an emergency basis pursuant to this subsection, and who is determined to be imminently dangerous to self or others by an emergency room physician, or psychologist or, diagnosed with a mental illness or severe substance use disorder pursuant to subsection (b), and found to be lacking decisional capacity by a psychiatrist, an emergency room physician, psychologist or advanced practice registered nurse having prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization, shall be assessed to determine whether a surrogate under section 327E-5 or a guardian under article V of chapter 560 is needed to make appropriate health care decisions for the patient.

Thank you for the opportunity to testify.

The Institute for Human Services, Inc.
Ending the Cycle of Homelessness

TO: Honorable Senator Jarrett Keohokalole
Chair, Senate Committee on Health

Honorable Senator Rosalyn H. Baker
Vice Chair, Senate Committee on Health

FROM: Connie Mitchell MS, APRN, BC, Executive Director
IHS, The Institute for Human Services

SUBJECT: S.B. 2034 – RELATING TO HEALTH

HEARING: February 7, 2022, 1:00 pm Via Videoconference, State Capitol

POSITION: IHS supports the passing of S.B. 2034 with amendments.

IHS, The Institute for Human Services, has been a critical safety net of our community for over 42 years, providing a full spectrum of services to help those in our community experiencing homelessness and encounters many disabled by mental illness and chronic methamphetamine and alcohol abuse. **IHS stands in strong support of S.B. 2034. However, we recommend including amendments as explained below, which can further expand access to mental health treatment for patients who lack decisional capacity, when deemed appropriate.**

Over 100 of our homeless residents are dying on our streets each year, at an average age of only 54. Deaths of homeless people continue to climb on Oahu | Honolulu Star-Advertiser In other words, they lose 25-30 years of their expected lifespan due to the very real dangers of living on the street. This bill addresses those most at risk of dying on our streets, people who have severe mental illness or are so affected by chronic substance abuse that they no longer have decisional capacity for life-saving medical intervention and self-preservation. They often become at imminent risk of harm to self or others. Abandoning these individuals to their "freedom" to live on the streets while severely disabled is a death sentence for many of them. They are someone's son or daughter, parent or loved one, and they deserve the same caring and curative treatment as would be offered to persons with other life-threatening medical conditions.

We welcome S.B. 2034's inclusion of an assessment of the presenting patient's need for a surrogate decision maker or eligibility for guardianship, as a way to expedite a process for petitions for Assisted Community Treatment or guardianship. Some concerns have been expressed about a lack of hospital staffing to assist with surrogacy and/or guardianship arrangements. We believe the proposed new language in this bill for section 334-59(d) could be changed from mandatory ("shall be assessed") to be discretionary ("may be assessed"), so long as the additional amendments proposed below are inserted in the bill to assure that there are effective MH-2 procedures for these patients if a surrogate or guardian is NOT available.

While MH1 and MH-2 procedures are often used when homeless persons suffer debilitating forms of mental illness or substance abuse that result in behavior that do not meet community

standards, they often do not result in effective treatment. In MH-2 proceedings, a court may enter an ex parte order for emergency evaluation and treatment, where there is imminent risk of harm to self or others. But once the crisis is over, if the individual refuses needed ongoing treatment to stabilize further, they are released. Our laws should expressly authorize these MH-2 court orders to include a limited Assisted Community Treatment Order inclusive of, but not limited to, long- acting medication stabilize these persons and help them improve cognition and regain decisional capacity

Accordingly, we request amendment of this bill to add the following underlined and italicized terms to HRS 334-161:

> (a) A patient who has been committed to a psychiatric facility for involuntary hospitalization or who is in the custody of the director and residing in a psychiatric facility, *or who is the subject to an MH-2 order under section 334-59(a)(2),* may be ordered to receive treatment over the patient's objection, including the administration of *long-acting injectable psychotropic medication or* other medication, if the court, or administrative panel through the administrative authorization process established pursuant to section 334-162, finds that:
>
> (1) The patient suffers from a physical or mental disease, disorder, or defect;
>
> (2) The patient is imminently dangerous to self or others;
>
> (3) The proposed treatment is medically appropriate; and
>
> (4) After considering less intrusive alternatives, treatment is necessary to forestall the danger posed by the patient.

Conforming amendments should also be made to the MH-2 law, HRS 334-59(a)(2), to clarify that a court's ex parte order may include appropriate treatment if,upon clinical evaluation, is determined to be clinically appropriate and necessary by a licensed, psychiatrist or APRN -Rx. Such treatment may include use of long-acting psyhcotropics.

S.B. 2034 unfortunately deleted a provision approved by the House last year in a similar bill (H.B. 310, HD2) that authorized this type of limited treatment without informed consent for persons who have lost their decisional capacity due to serious mental illness or chronic substance use. Collectively, these high impact neurological conditions (HINC) often cognitively disable individuals significantly, rendering persons unable to make sound decisions about treatment. The intent of the amendment was to allow a short term of treatment for such persons to help stabilize them sufficiently to regain decisional capacity, while allowing the lengthy process of petitioning for guardianship or Assisted Community Treatment through the established judicial procedures which take a longer time during which the subject identified for treatment typically goes untreated within our current system of care. and curtail the burgeoning costs associated with repeated medical, law enforcement and judicial interventions with

homeless individuals who simply need treatment. We urge amendment of this bill to add the following provision with specific text to include persons subject to an MH-2 order:

> Notwithstanding any law to the contrary, a patient who is seen in an emergency department or hospitalized on an emergency basis pursuant to this subsection or who is the subject of an MH-2 or MH4 order under HRS 334-59(a)(2), diagnosed with a serious mental illness or substance induced psychosis pursuant to subsection (b), and found to be lacking decisional capacity by a psychiatrist, or by an advanced practice registered nurse having prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization, may be conditionally involuntarily treated for up to thirty days by judicial order.,

We also recommend an amendment to help end this revolving door of human tragedies and senseless costs, by adding a new section (334-163) regarding "Petition for administrative authorization process", to include the following terms:

> "A psychiatrist or advanced practice registered nurse who holds prescriptive authority and who holds an accredited national certification in an advanced practice registered nurse psychiatric specialization, who has examined and evaluated a person and concluded that the person meets the four criteria in section 334-161(a)(1)-(4) for treatment over the patient's objection, may file a petition with the director to initiate the administrative authorization process pursuant to HRS 334-162."

With such an amendment, the administrative panel could grant an order for treatment over the patient's objection, including the application of long-acting antipsychotic medication, if the administrative panel determines that the person meets the criteria in section 334-161(a)(1)-(4), even if the person is not in a psychiatric facility nor under the custody of the director (usually at Hawaii State Hospital). This amendment, or one to similar effect, would help halt the revolving door at our emergency rooms that receive seriously mentally ill persons or those afflicted with co-occurring substance use disorders like chronic methamphetamine addiction. They would also strike a balance between the need for more timely treatment needed by mentally ill persons disabled by their behavioral health conditions and their right to due process.

The current mental health system has also been recently expanded to include more stabilization beds in the community and soon will also include more beds at the Hawaii State Hospital that could provide other options to long term commitment in community psychiatric hospitals. Without the recommended authorizations for treatment of persons who lack decisional capacity, our police, social services, and emergency rooms will continue to incur high costs in shuttling homeless individuals through a system that fails to provide them effective means to regain their decisional capacity, their overall function and their ability to make productive decisions for themselves.

When patients refuse behavioral health treatment, they are often released back into the community until the next time they are found endangering themselves or others, and returned to the hospital or arrested and incarcerated. Or worse yet, people realize that nothing will happen

and the individual is left to languish on the streets until a medical emergency once again prompts an EMS call to transport to the emergency department or the person dies of medical conditions that go untreated, adding to our death toll in the streets.

In summary, this bill with the requested amendments, would strike an appropriate balance by allowing expansion of the judicial process forlimited involuntary treatment to be used to initiate treament for incapacitated persons, even though they may not be committed to a psychiatric facility nor under the custody of the director of Health. This would help many of these persons avoid the very real dangers of irreversible brain cell loss, disability and death that these severely ill persons face if they are left on their own on the streets, and reduce the risk of harm to our citizens in general.

We respectfully request that you pass S.B. 2034 with the recommended amendments so that our most vulnerable citizens will have greater access to treatment. Thank you.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn Baker, Vice Chair
Members, Senate Committee on Health

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health Systems

Date: February 7, 2022

Re: Comments on SB 2034: Relating to Health

The Queen's Health Systems (Queen's) is a nonprofit 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, and more than 1,600 affiliated physicians and providers 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 comments on SB 2034, which would require assessment of patients who are subject to emergency hospitalization, diagnosed with a mental illness or severe substance use disorder, and found to be lacking decisional capacity to determine if a surrogate or guardian needs to be appointed to make appropriate health care decisions for the patient. While we appreciate the intent of the measure to address challenges facing patients with compromised decisional ability in and emergent acute care setting, we would like to highlight the following:

- Currently, under existing statute and practice, if a person with mental illness or substance use disorder lacks decisional capacity, physicians can determine the appropriate level of care or treatment for them. This treatment can include psychiatric admission for a 48-hour period, and/or treatment with medication if the person is diagnosed as dangerous to themselves or others.
- We have concerns with the implications of the phrase "immediately upon admission" in Section 2 and how this could conflict with existing medical practice and policy in an emergent setting when treating a patient.

We support the use of advanced mental health care directives (HRS 327G) for people with mental illness or substance use disorders to designate an agent to make their healthcare decisions when they lack capacity. The advanced mental health directives represent the patient's wishes before they are in an acute care crisis.

Further, we would note that an equal, or arguably more urgent, need in our state is to increase community resources to provide services for those who are in crisis but may not rise to the level of requiring inpatient care. Queen's continues to work with the Department of Health on the statewide Mental Health Emergency Worker (MHEW) program to strengthen the continuum of care for patients by effectively screening individuals in crisis and triaging them to receiving sites and services as needed.

Again, we appreciate the intent of this bill to address the challenges facing those in our community with serious mental illness and/or substance abuse disorders. Let us make sure that in our approach to caring for them that we are taking a holistic view of the problem rather than a proximate one. We welcome the opportunity to continue to work with the Committee and stakeholders to further address the issues in this measure.

Thank you for the opportunity to testify on SB 2034.

SB-2034
Submitted on: 2/4/2022 8:21:14 PM
Testimony for HTH on 2/7/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Louis Erteschik	Individual	Comments	Yes

Comments:

This proposal surfaced last session during discussions on HB310 as the legislature was looking for ways to provide treatment to individuals seen at emergency rooms. We are not necessarily opposed to the concept as we do believe it could help some of these people. That said, there are a lot of unanswered questions such as how long it would take to find a surrogate or guardian and whether there would be an attempt to hold the individual at the facility pending any further legal proceedings. It could be a lengthy process so these are very relevant considerations. We are not sure that these provisions of the law have been used in this context previously and that adds to the uncertainty. So, if this bill advances we hope to learn more and would be happy to be a part of a constructive dialogue.

SB2034 Substance Use and Mental Illness Lacking Decisional Capacity

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Monday, Feb 7 2022: 1:00 pm : Videoconference

Hawaii Substance Abuse Coalition supports SB2034:

ALOHA CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the CEO of Hina Mauka, providing services for substance use disorder and mental health including programs for prevention, adult addiction treatment, adolescent treatment, case management, and withdrawal management. Helping people on Oahu and Kauai.

This bill would allow psychiatrists or APRN having prescriptive authority to determine if a surrogate or guardian is needed to make health care decisions for a patient. It's a step in the right direction for people to receive the treatment they desperately need.

37 states now include chronic substance abuse and/or chronic mental health disorders to be included for psychiatrists or APRN having prescriptive authority for making decisions about treatment in some form or another. This bill defers decision making to surrogates or guardians.

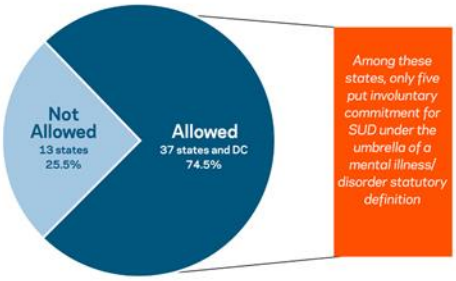

Figure 1. *Legal Provision for Involuntary Commitment for Substance Use Disorders among U.S. states and DC (N=51)*[2]

For individuals with severe substance use disorder, several states are now implementing involuntary commitment laws for the first time or proposing changes to existing laws that would remove barriers to make commitment less difficult.

The substance abuse treatment gap between the need and access stems from stigma, lack of available effective treatment and the inability of some individuals to seek treatment voluntarily.[1]

[1] Hazelden Betty Ford Foundation: Involuntary Commitment for Substance Use Disorders: https://www.hazeldenbettyford.org/education/bcr/addiction-research/involuntary-commitment-edt-717

- Relatives and loved ones of an individual with a substance use disorder often feel helpless and disempowered when that individual is unable, due to an impaired brain, to make the rational decision to undergo and complete addiction treatment.
- Situations can escalate to the point where relatives and loved ones feel unsafe or are afraid that the individual with the substance use disorder is at great risk for overdose and/or death.
- Involuntary commitment laws for substance use disorder can be be a way to initiate the treatment these individuals need to avoid death and ultimately re-establish productive and healthy lives.

What Does it Take for Civil Commitment?

1. Casey's Law in Kentucky allows family members to exercise civil commitment if the disorder and risk have clearly grown severe and grave. It's allowed if the family can demonstrate a desperate situation such as after multiple overdoses and the loss of home, job, children, car, insurance, self-esteem and hope," Family members report "The only thing left to lose is their loved one's life. That is the right the family is trying to protect—their loved one's right to live."

2. Almost all states now allow a family member to petition the court to get an individual involuntarily committed to drug and alcohol addiction treatment. Most states allow a spouse, guardian, relative, medical professional or administrator of the treatment facility to petition the court for involuntary commitment. However, some states will allow a friend or any responsible person to petition, and in at least one state, police officers are allowed to do so.

What Treatment is Best. People with severe substance use disorder are often recommended residential treatment that can ultimately transition, or step down, to outpatient treatment and other lower levels of care. Such determinations are made by professionals based on criteria established by the American Society of Addiction Medicine.[2] Addiction is like other chronic illnesses in that the sooner it is recognized and the longer it is treated, the better the chances of recovery.

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

[2] Mee-Lee, D. E. (2013). The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions. Rockville, MD: American Society of Addiction Medicine.

Testimony of Ellen Godbey Carson in Support of SB2034
State Senate Committee on Health
Hearing on Monday, 2/7/2022 at 1:00 p.m.

I support SB2034, which will assist in providing appropriate oversight and life-saving treatment for our most vulnerable homeless residents.

While I write as an individual, I have served as President and director of Institute for Human Services, President of the Hawaii State Bar Association, and as a member of the Church of the Crossroads Peace and Justice Mission Team, spending many years helping Hawaii find better systemic ways to address its dual crises of homelessness and lack of affordable housing.

Over 100 of our homeless residents are dying on our streets each year, at an average age of only 54. Deaths of homeless people continue to climb on Oahu | Honolulu Star-Advertiser In other words, they lose 25-30 years of their expected lifespan due to the very real dangers of living on the street. This bill addresses those most at risk of dying on our streets, people who have severe mental illness or substance abuse and no longer have decisional capacity for life-saving medical intervention and self-preservation. Abandoning these individuals to their "freedom" to live on the streets while severely disabled is a death sentence for many of them. They are someone's son or daughter, parent or loved one, and they deserve the same caring and curative treatment as would be offered to persons with other life-threatening medical conditions.

This bill can help curtail the high costs associated with repeated medical and judicial interventions with our most seriously ill homeless residents, who desperately need more effective treatment options for their conditions. This bill should be amended to reflect the prior HB310, HD2 terms allowing use of long-term psychotropic medication and other treatment to help these persons. In addition, this bill should amend HRS 334-59(a)(2) and HRS 334-161(a), to clarify that persons subject to an MH-2 order under section 334-59(a)(2) may be ordered to receive psychotropic and other appropriate medication for a limited time to treat their condition and help them regain their decisional capacity. I defer to IHS for the details of such amendments, as they are on the front lines of care for these persons.

Without such changes, our police, social services, and emergency rooms will continue to incur high costs in shuttling homeless individuals through a system that leaves them dying on our streets and fails to provide effective ways to regain their functionality so they can make productive decisions for themselves.

This bill with these amendments would strike an appropriate balance of legal rights, by allowing a short duration of involuntary treatment for these incapacitated persons, to help stabilize them and allow them to regain their decisional capacity. In so doing, we can help avoid the very real dangers of irreversible disability and death that these severely ill persons face if they are left on their own on the streets.

Please pass SB2034 with these amendments.

Respectfully submitted, Ellen Godbey Carson 2/5/22

SB-2034
Submitted on: 2/6/2022 12:25:28 PM
Testimony for HTH on 2/7/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Marya Grambs	Individual	Support	No

Comments:

I am writing as an individual who volunteers at an emergency shelter for women and families. All to often I see individuals who, literally, do not know they are ill, and therefore they refuse treatment. But if these individuals are returned to better mental health, they would never want to languish in the conditions they were living in during their most acutely ill state -- hallucinating, delusional, living in deplorable, inhumane conditions, victimiized by violence (if they are female they have probably been sexually assaulted - an outreach worker told me he had never met a homeless woman who had not been raped),

This bill will help hose most at risk of dying on our streets, people who have severe mental illness or substance abuse and no longer have decisional capacity for life-saving medical intervention and self-preservation, but are in imminent risk of harm to self or others. The bill will enable a patient to be assessed for the need for a surrogate decision maker or eligibility for guardianship, as a way to expedite a process for petitions for Assisted Community Treatment or guardianship.

Furthermore, in MH-2 procedures, which are often used when homeless persons without decisional authority suffer debilitating forms of mental illness or substance abuse, a court may enter an ex parte order for treatment. Our laws should authorize these MH-2 court orders to include psychotropic medication or other long-acting treatments to stabilize these persons and help them regain decisional capacity.

I urge you to pass SB2034 with the amendments proposed in the testimony of IHS (Institute for Human Services). Please help reduce the horrific death toll of our homeless mentally ill. They have a right to treatment, not a right to deteriorate and die on our streets. This bill will faciliate the treatment they need and deserve.

COMMITTEE ON HEALTH
Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair

TESTIMONY ON SB 2034 RELATING TO HEALTH

I am writing in SUPPORT of SB2034. One of the greatest contributors to systemic homelessness in our community is the fact that so many on our streets suffer from severe mental illness, coupled with or compounded by substance abuse. It hampers their ability to comprehend and access treatments and services that could help them get on a path to recovery, safer living conditions and ultimately, a better life. In many cases, this needed treatment could save their life. SB2034 would allow a process for those who are mentally unable to make rational decisions about treatment to have appropriate health care decisions made on their behalf by a surrogate or guardian.

In addition, the Institute for Human Services has proposed amendments to SB2034 which would help facilitate needed treatment in limited cases until an individual regains decisional capacity.

Enacting SB2034 and these proposed changes can help to break the cycle of sending severely mentally ill individuals back on the street untreated, likely ensuring continued homelessness, harm to themselves and potentially others, and possible prison.

Please support these proposed provisions so these tools are available to help those who currently are unable able to help themselves.

Lynne Unemori
Community citizen and Institute for Human Services board member