STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO*

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KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

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March 13, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair;
Senator Angus L.K. McKelvey, Vice Chair; and
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to Governor Josh Green, MD on Healthcare Innovation

RE: **HB1131 HD1 -- RELATING TO Intensive Mobile Homeless Outreach**

HEARING: Monday March 16, 2026 @ 1:10 pm Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports HB1131 HD1 which creates a DOH pilot program with intensive mobile treatment-type services to chronically houseless individuals suffering from serious brain disorders like schizophrenia and schizoaffective disorder. We all know how much Hawai`i needs this kind of innovation to keep our streets and communities safe and to better care for the affected individuals.

We defer to the DOH on the costs and implementation details but we strongly support proactively addressing this critical public health, public safety, and humanitarian crisis.

Mahalo for the opportunity to testify. – Jack Lewin, Administrator

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Mar 16, 2026

The Honorable Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HD1131 HD1 — Relating to an Intensive Mobile Team Pilot Program for Houseless Individuals Suffering from Serious Brain Disorders

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a consumer-controlled, cross-disability Center for Independent Living (CIL) serving people with disabilities across Hawaii. Guided by Independent Living (IL) philosophy—which holds that people with disabilities are the best experts on their own needs and have the right to direct their own lives—we write **in support of the goal of HB1131 HD1**, while urging significant amendments that are essential to making this program effective, rights-affirming, and consistent with federal disability law**.**

People with disabilities are disproportionately represented among Hawaii's houseless population—a direct consequence of inadequate housing, underfunded community supports, and systemic barriers to independent living. Fifty-five percent of Oahu's unhoused population report one or more disabling conditions. Hawaii's per capita homelessness rate has nearly doubled since 2019. People with serious psychiatric disabilities face some of the greatest barriers to stable community living. A mobile, community-based approach to reaching this population—rather than waiting for them to navigate institutional entry points—is directionally correct. AILH supports that intent. However, having reviewed the bill text carefully, we have identified several provisions that require amendment before AILH can offer unqualified support.

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MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

AILH urges the Committee to address the following:

1. **Remove or substantially limit Section 1(c)(7): Assisted Community Treatment Orders:** Section 1(c)(7) directs the intensive mobile team to 'actively pursue assisted community treatment orders when appropriate.' Assisted Community Treatment (ACT) orders are court-ordered outpatient psychiatric treatment—they are coercive by definition. AILH opposes embedding the active pursuit of coercive legal mechanisms as a core function of what is framed as a community-based services program. From an Independent Living perspective, self-determination is not negotiable. The use of a court order to compel psychiatric treatment does not become consistent with community care because it happens outside of a hospital. AILH urges the Committee to remove this provision or, at minimum, require that all less-restrictive, voluntary options be exhausted and documented before any ACT order may be pursued, and that the decision involve the individual wherever possible.

2. **Require explicit voluntary participation language:** The bill establishes criteria for participation in Section 1(c)(1) —being houseless and having a serious brain disorder—but contains no language affirming that participation is voluntary. The bill's enrollment criteria, combined with the active pursuit of ACT orders in Section 1(c)(7), creates a framework where the line between offered services and compelled services is unclear. AILH urges the Committee to amend the bill to explicitly state that participation in the pilot program is voluntary and that no benefit, shelter placement, or service may be conditioned on enrollment or compliance. This is required by both IL philosophy and the Americans with Disabilities Act's integration mandate established in Olmstead v. L.C. (1999).

3. **Add peer support specialists to the staffing model in Section 1(c)(11):** The staffing model prescribed in Section 1(c)(11) includes a clinical supervisor, psychiatrist, social workers, a nurse, an epidemiologist, and a program specialist—a total of 8.1 FTE positions. There is no

peer support specialist anywhere in the staffing model. This is a significant gap. Research consistently demonstrates that peer specialists with lived experience of psychiatric disability and houselessness are among the most effective outreach workers for this population—building trust, modeling recovery, and bridging the gap between clinical teams and people who have reason to distrust systems. AILH urges the Committee to add at least one full-time certified peer specialist position to the staffing model. This is consistent with evidence-based practice and is foundational to the Independent Living model.

4. **Require a Housing First framework and permanent housing as a primary outcome:** Section 1(c)(5) directs the team to 'prioritize housing placements for participants,' which AILH supports. However, the report metrics in Section 1(e) measure success primarily through a clinical and carceral lens: arrests, hospitalizations, medications started, Hawaii State Hospital admissions, and ACT orders granted. Permanent housing placement is just one of seven metrics. AILH urges the Committee to amend the reporting requirements to elevate permanent housing placement as the primary outcome measure, and to require that the pilot program explicitly adopt a Housing First approach—meaning housing is offered without preconditions related to sobriety, treatment compliance, or participation in services. A mobile treatment program without a clear pathway to stable housing is not community living—it is a more mobile version of the same institutional cycle.

5. **Require cross-disability competency in team training:** People experiencing houselessness with serious psychiatric disabilities frequently have co-occurring conditions: traumatic brain injuries, physical disabilities, sensory disabilities (including Deaf, Hard of Hearing, and DeafBlind individuals), or intellectual and developmental disabilities. The bill does not address how mobile team members will be trained to recognize and appropriately serve people whose primary presenting condition overlaps with or masks another

disability. AILH urges the Committee to require cross-disability competency training for all mobile team members as a condition of operation.

AILH recognizes and affirms the urgency of reaching people with serious psychiatric disabilities who are experiencing chronic houselessness. Community-based, mobile outreach is far preferable to the alternatives: emergency rooms, jails, and institutional settings. The Olmstead decision established in 1999 that unjustified segregation of people with disabilities in institutions is discrimination. The question is not whether to provide services—it is whether those services will be offered on terms that respect human dignity and self-determination, or whether they will import coercive mechanisms into a community setting. With the amendments described above, this bill could be a meaningful step toward genuine community integration. Without them, it risks becoming something else.

Thank you for the opportunity to testify.

Aloha,

Roxanne U Bolden

Roxanne Bolden

Executive Director

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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: March 16, 2026
From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE HB 1131 HD1 RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS. DOH; Intensive Mobile Team Pilot Program; Houseless Individuals; Appropriation ($)
Position: Support

This measure would establish and appropriates funds for a pilot program in the Department of Health to provide intensive mobile treatment-type services to chronically houseless individuals suffering from serious brain disorders like schizophrenia and schizoaffective disorder. Effective 7/1/3000. (HD1)

The homeless people of Hawaii have significant rates of serious mental health and substance use disorders. Some of these homeless patients may be located temporarily in emergency shelters or transitional housing. However, the majority of these individuals are unsheltered and have minimal to zero access to much-needed care. In Hawaii, unhoused individuals are disproportionately Native Hawaiian or Pacific Islander.

Treatment needs are high. Homeless people endure dangerous mental and physical health disparities, and a pilot program as proposed in this measure is a step in the right direction of improving access to mental health services, especially in the patients with schizophrenia and schizoaffective disorder. Through street medicine, the healthcare team can provide high level care including medication-assisted therapies that make adherence simpler for people living on the street. Additionally, opportunities to study the barriers and challenges of behavioral healthcare in this setting will further inform best practices for at-risk patients who are homeless.

HMA supports this measure and applauds our lawmakers for focused efforts to address the behavioral and healthcare needs of this vulnerable population.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

REFERENCES AND QUICK LINKS

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Testimony COMMENTING on HB1131 HD1
RELATING TO AN INTENSIVE MOBILE TEAM PILOT PROGRAM FOR HOUSELESS INDIVIDUALS SUFFERING FROM SERIOUS BRAIN DISORDERS

SENATOR JOY SAN BUENAVENTURA, CHAIR
SENATOR ANGUS MCKELVEY, VICE CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: March 16, 2026, 1:10 p.m. Location: Room 225 and Video

Department Position: The Department of Health (Department) offers comments.

The Department appreciates the intent of this measure to provide intensive mobile services to chronically homeless individuals with severe mental illness such as schizophrenia and schizoaffective disorder. Although this was an administration package bill last year, given the financial state of the State, we are unable to support this measure should it have a negative impact on the Governor's budget. Caring for chronically homeless individuals with a serious mental illness is a priority for the Department, and we will prioritize use of available funding for this purpose.