

ACT 221

S.B. NO. 2665-80

A Bill for an Act Relating to Mental Health.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. Purpose. The legislature finds and declares that the current mental health system provides insufficient alternatives to institutionalization and hospitalization for those citizens entering that system, and further finds and declares that the need exists for a full system of alternatives to institutional settings which have as a focus the rehabilitation of clients of the mental health system, and further finds and declares that a full system of alternatives to institutionalization, with coordination provided by the department of health, is necessary to provide a real alternative to institutionalization.

SECTION 2. Chapter 334, Hawaii Revised Statutes, is amended by adding a new part VII to read as follows:

**“PART VII. COMMUNITY RESIDENTIAL
TREATMENT SYSTEM**

Sec. 334- Establishment. It is the intent of the legislature to establish a statewide system of residential treatment programs which provide a range of available services which will be alternatives to institutional care and are based on principles of residential, community-based treatment.

It is further the intent of the legislature that community residential mental health programs in the State of Hawaii be developed in accordance with the guidelines and principles set forth in this part. To this end, the department may implement the community residential treatment system described in this part either with available allocations or applying for funds from the legislature. Any private, nonprofit or public organization, or both, within the State is eligible to submit an application for funding under this part.

It is further the intent of the legislature to provide guidelines for such a system to the applicants, while allowing each applicant the flexibility to design a system specific to the nature of the community and the needs of the clients.

It is further the intent of the legislature that the director, in allocating funds available for programs which serve as alternatives to institutionalization, follow the guidelines and principles developed herein.

Sec. 334- Criteria. The director shall use the following as criteria in determining the eligibility of each applicant:

(1) Facilities:

(A) Settings, whether residential or day, shall be as close to a normal home environment as possible without sacrificing client safety or care;

- (B) Residential treatment centers shall be relatively small, preferably fifteen beds or less, but in any case with the appearance of noninstitutional setting; and
 - (C) The individual elements of the system, where possible, shall be in separate facilities and not part of one large facility attempting to serve an entire range of clients;
- (2) Staffing patterns:
- (A) Staffing patterns shall reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual, and other social characteristics of the community the facility serves;
 - (B) The programs shall be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic and treatment needs of the client; and
 - (C) Programs shall be encouraged to use para-professionals where appropriate;
- (3) Programs:
- (A) The programs shall have a rehabilitation focus which encourages the client to develop the skills to become self-sufficient and capable of increasing levels of independent functioning where appropriate. They shall include prevocational and vocational programs.
 - (B) The programs shall encourage the participation of the clients in the daily operation of the setting in development of treatment and rehabilitation planning and evaluation.
 - (C) Participation in any element of the system shall not preclude the involvement of clients in individual therapy. Individual therapists of clients, where possible, shall be directly involved in the development and implementation of a treatment plan.
- (4) Coordination: The programs shall demonstrate specific linkages with one another, and with the general treatment and social service system, as a whole. These connections should not be limited to the mental health system, but shall include, whenever possible, community resources utilized by the general population. To ensure coordination occurs, each program shall include a case management system in which the case manager serves as a coordinator to assure the cooperative operation of the various elements of the system and to act as an active advocate for the clients in the system. The case manager shall assure that each client receives the appropriate type of service. The case manager shall meet regularly with clients, work closely with program staff, and serve as an advocate. The case manager shall work directly with the client and the system to assure continuity of care between the service elements of the system.

Sec. 334- Program elements. The following shall be the program elements of the system. These shall be designed to provide, at every level, alternatives to institutional settings. Applicants in applying for funds for the program elements shall show how each of these elements works with the current programs in the community the facility will serve. Applicants may apply for funds for the following program elements:

- (1) A short-term crisis residential alternative to hospitalization for individuals

experiencing an acute episode or situational crisis. The program shall be available for admissions twenty-four hours a day, seven days a week. The primary focus of this element shall be on reduction of the crisis, stabilization, diagnostic evaluation, and assessment of the person's existing support system, including recommendations for referrals upon discharge. This service in the program shall be designed for persons who would otherwise be referred to an acute inpatient psychiatric unit.

- (2) A long-term residential treatment program for clients who would otherwise be living marginally in the community with little or no service support, and who would return many times to the hospital for treatment. It also will serve those who are referred to, and maintained in, state hospitals or nursing homes because they require long-term, intensive support. This service shall be designed to provide a rehabilitation program for the so-called "chronic" patient who needs long-term support in order to develop independent living skills. This program goes beyond maintenance to provide an active rehabilitation focus for these individuals.
- (3) A transitional residential program designed for persons who are able to take part in programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. These programs may employ a variety of staffing patterns and are for persons who are expected to move toward a more independent living setting. The clients shall be expected to play a major role in the functioning of the household, and shall be encouraged to accept increasing levels of responsibility, both in the residential community, and in the community as a whole. Residents are required to be involved in daytime activities outside of the facility which are relevant to their personal goals and conducive to their achieving more self-sufficiency.
- (4) A semisupervised, independent, but structured living arrangement for persons who do not need the intensive support of the other system elements, but, who, without some support and structure, are at risk to return to a condition requiring hospitalization. The individual apartments or houses are shared by three to five persons. The small cooperative housing units shall function as independent households with direct linkages to staff support in case of emergencies, as well as for regular assessment and evaluation meetings. Individuals may use satellite housing as a transition to independent living, or may remain in this setting indefinitely in order to avoid the need for more intensive settings. This element is for persons who only need minimum support in order to live in the community. These units should be as normative as the general living arrangements in the communities in which they are developed.

Sec. 334- Least restrictive level of service. The system shall be developed in such a way that clients may move within the system to the most appropriate, least restrictive level of service. The system shall also allow for direct referral of clients, without requiring that a person pass through the entire system to reach the most appropriate level.

Sec. 334- Evaluation. An adequate proportion of funds shall be applied to the development and implementation of an appropriate evaluation mechanism. The

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department, in conjunction with the programs, shall specify the criteria to be used in the evaluation of each program and in the evaluation of the entire system.

By June 30, 1982, the department shall conduct or contract for the evaluation. Evaluation reports shall be transmitted to the legislature.

Sec. 334- License required. Facilities funded pursuant to this part shall be licensed under existing licensing categories, including provisional licenses. The director shall review the appropriateness of these licensing categories. If the director determines that new licensing categories are necessary, he shall issue a report and recommendation to the legislature.”

SECTION 3. This Act shall take effect upon its approval.

(Approved June 7, 1980.)