

ACT 237

H.B. NO. 1951-86

A Bill for an Act Relating to Mental Health.

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

SECTION 1. Section 334-101, Hawaii Revised Statutes, is amended to read as follows:

“[[]§334-101[]] **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] operation 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] authorizing programs which serve as alternatives to institutionalization, follow the guidelines and principles developed herein.”

SECTION 2. Section 334-103, Hawaii Revised Statutes, is amended to read as follows:

“§334-103 **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] to operate 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] operation under 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[,] of paragraph (1), (2), or (3), but[,] who, without some support and structure, are at risk of requiring hospitalization. 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 professional or paraprofessional 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.
- (5) An unsupervised, independent living arrangement for persons who do not need professional or paraprofessional support or supervision or assistance in daily living activities, but for whom the daily presence of peers is desirable for a transition period immediately prior to full release into the community. The living arrangement shall be in a private residence shared by three or more unrelated persons served by any mental health or substance abuse treatment program, including the system elements of paragraph (1), (2), (3), or (4) within a prior twelve-month period. The persons shall be responsible for the payment of all rent, food utilities, and other necessities, commodities, or services used or consumed, whether payment is made from the persons' own resources or public assistance grants. No service or support shall be provided other than periodic monitoring to determine if the persons are progressing satisfactorily toward full release into the community; except that section 334-102(3)(C) shall apply. The department of health may oversee the operational, fiscal, and resident selection policies for each living arrangement. This element shall be designed and intended to allow persons to be fully released into the community."

SECTION 3. Section 334-106, Hawaii Revised Statutes, is amended to read as follows:

"[[]§334-106[]] **License required.** Facilities [funded] operated pursuant to this part shall be licensed under existing licensing categories, including provisional licenses[,], or accredited pursuant to section 321-193(10). The director shall review the appropriateness of these licensing and accreditation categories. If the director determines that new licensing or accreditation

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categories are necessary, [he] the director shall issue a report and recommendation to the legislature.”

SECTION 4. Statutory material to be repealed is bracketed. New statutory material is underscored.

SECTION 5. This Act shall take effect January 1, 1987.

(Approved May 28, 1986.)