Connecting on The Road to Home

MONTHLY WEBINAR SERIES - SEPTEMBER 27, 2021
Housekeeping Reminders

Please Mute Your Microphone. Enter Questions in the Chat Box.

A recording of this webinar and copies of the presentation materials will be available online at:

https://homelessness.hawaii.gov/monthly-webinars/
General Updates

Oahu Rent & Utility Relief Program Re-opened on September 16th
- For more information or to apply for assistance go to https://oneoahu.org/renthelp.
- Please also visit https://homelessness.hawaii.gov/eviction-moratorium-resources for information about other rental assistance programs statewide, legal assistance, and information about mediation services.

Continuum of Care Notice of Funding Opportunity (NOFO)
- Partners in Care (PIC) RFP for CoC Competition released on September 13, 2021 with proposals due at 12:00 p.m. (HST) on October 6, 2021. For more information: https://www.partnersincareoahu.org/fy21-coc-application.

Statewide Homeless Awareness Conference (November 19, 2021)
- For more information and to register, go to: https://partnersincareoahu.org/2021-conference.
How can I get help to get an I.D. or other documents?

What if I cannot afford the fee for a State I.D. or Hawaii Birth Certificate?

What if I don’t have a Social Security card? How can I get a replacement?

What if I need a replacement I-94?
Anton Krucky  
Executive Director of Housing  
Office of the Mayor, City & County of Honolulu

Director Krucky will provide an update on the City and County's new C.O.R.E program, which will respond to homelessness-related calls that do not require law enforcement intervention.

Amy Curtis  
Behavioral Health Administration  
Hawaii State Department of Health

Dr. Curtis will discuss the expansion of 24-hour stabilization services and intensive case management to Hawaii island, especially for individuals who may be eligible for Act 26 intervention, and will highlight AMHD's broader work to better target services for those with very intensive behavioral health needs.
Office of Housing and Homelessness

C.O.R.E

Crisis Outreach Response & Engagement
Homelessness is a convergence of health care issues and lack of available affordable housing. Health care issues may include chronic medical conditions, mental health issues and/or alcoholism and drug addiction. It has been clear that Honolulu/Oahu has seen a significant presence of people experiencing various levels of homelessness.

Recognizing there are some types of potential crises that may not be best-addressed by a law enforcement response, C.O.R.E can carry out its central role of crisis, outreach, response, and engagement in situations that are not otherwise presenting with a danger to others or the community.
C.O.R.E.

RESPONDING TO THE NEEDS:

The range of responses to health related needs, shelter options, and housing access is complex and diverse. In all cases, the homeless individual plays a key role, as the decision to become sheltered, housed or in treatment lies with them. In many cases, enlisting police and emergency services for situations that are not necessarily criminal in nature, have drawn resources away from actual incidents requiring law enforcement intervention. That being said, the policy oversight is within the Department of Housing and Homelessness. The program will be managed and housed in the Honolulu Emergency Services Department (HESD).

At the center of defining the City’s approach to individuals experiencing a crisis and living on the street, is the deep consensus to embrace the person with respect, care, and dignity. This agreement is in the interest of effective planning, collaboration and coordination. With the aspiration of reducing a substantial encumbrance on law enforcement, C.O.R.E. was born.
C.O.R.E

Moving Forward:

The Honolulu Emergency Services Department will adopt the C.O.R.E. program as one of its many divisions. The C.O.R.E. program will be stationed in Iwilei at the Health Services building, next to the Punawai Rest Stop. Initially, teams will consist of trained healthcare, mental health or human services professionals and will respond in an ambulance-style vehicle to assist an individual in need, primarily an unsheltered person.
C.O.R.E

The Process:

Calls will come into the 911 Communication Center. The call will either be transferred to HPD or EMS.

C.O.R.E. will be dispatched to the location of the individual in need. During the engagement, the team will determine appropriate care and services. If warranted, a referral to a stabilization agency will be made for follow up care. There will also be a direct line to C.O.R.E. for the public.

The new program plans to save police efforts and funding, allowing the officers to respond to calls of a criminal or serious nature. C.O.R.E. also plans to see a reduction in EMS response calls that direct individuals to emergency rooms for minor medical care.
Metrics and Evaluation

- Unique Individuals Served
- Calls for Service
- Follow-ups and Referrals, Types of Referrals, Placements
- Number Treated in Place
- Number Transported to Shelter/Housing/Medical Facilities
- Direct Mental Health/Substance Use Placement
Staffing:

- Six nurse practitioners
- Each vehicle could house two EMTs with one nurse practitioner.
C.O.R.E. will respond to citizens, businesses, or agencies who call 911 (HPD or EMS) dispatch or a non-emergency line. The program is meant to respond to a person with an immediate need. If someone who is homeless is stable, regular outreach from providers such as IHS, Achieve Zero, Kealahou West Oahu, Hawaii Health and Harm Reduction Center, etc. will be called.
Act 26 and Bed Stabilization Updates

September 27, 2021

Amy Curtis, Ph.D., M.P.H., Administrator
Adult Mental Health Division
Behavioral Health Administration
Department of Health
Outline

AMHD Services
Mental Illness and Justice Involvement
Act 26 Data, Processes, and Outcomes
- 404s
- Act 26 Oahu Pilot Outcomes
- BI
Bed Stabilization (BI)
Role of Peer Specialists
AMHD Service Array

Least Intensive
- Outreach and Linkages
- Recovery Services
- Case Management (available to all AMHD consumers; required for forensic consumers)
- Homeless Outreach
- Eligibility Determination
- Clubhouse
- Peer coaching
- Peer specialist
- Shelter + care (homeless)
- Supported employment
- Supported education
- Representative payee

Outpatient and Integrated Care
- Outpt psychotherapy
- Medication management
- Day treatment
- Intensive Outpt Hosp.
- Living Well Hawai’i
- Outpatient and Integrated Care

Group Home & Residential Services
- Specialized residential services population
- Expanded adult residential home
- Therapeutic Living Program
- 24 hr group home
- 8-16 hr group home
- Semi-independent housing
- Supported housing

Intensive Community-Based Support
- Intensive CM (ICM+):
  - High utilizers
  - Homeless
- Crisis Mobile Outreach
- Crisis Support Mgmt
- Crisis Stabilization beds
- Licensed Crisis Reserv
- ICM+ based model
- Disaster services
- Mental health emergency worker (MHEW)

Comprehensive Crisis Services
- 24/7 CARES line

Inpatient Hospitalization
- Hawaii State Hospital

Community hospitals

Forensic Services:
- Jail-based clinical services
- Court-ordered forensic evaluations
- Jail diversion
- Mental Health Court
- Fitness restoration
- Conditional Release Exit Support and Transition Program
Mental Illness and Justice Involvement
The rate of serious mental illness is four to six times higher in jail than in the general population.

- Arrested more often...
- More stressed during incarcerated...
- Incarcerated longer...
- Not a pathway for access to treatment...
- More likely to “fail” community supervision...
- Cycle: back before the bench...

*14.5% of men and 31% of women in jails. Vera Institute of Justice, Council of State Governments Justice Center.*
How are we spending our resources?

Housing an inmate with mental illness in jail costs $31,000 annually, while community mental health services cost about $10,000 (NAMI 2015).

The annual cost of technical violations while on community supervision is $2.8 billion and people with mental health conditions are 38% more likely to experience a revocation while on community supervision.

Each year more than 2 million people with serious mental illness are booked into jail (NAMI 2015).

More than 91,000 competency evaluations were conducted in 2019; researchers also estimate that about half of these evaluations were for people charged with misdemeanors.
The Sequential Intercept Model

Policy Research Associates (with NIMH grant support) 2005-2018

1. Strategic planning tool
2. Blueprint for a justice informed mental health system
3. Promotes community-based strategies to reduce the involvement of people with mental illness in the criminal justice system and decriminalize mental illness
Act 26 Data, Processes, and Outcomes
Act 26

• Became law fall 2020
• Allows those with petty nonviolent misdemeanors where fitness to stand trial is a concern to have an expedited fitness review (if court-based clinician is available) within 2 days and court date within 2 days after that
  • If fitness is an outstanding issue sent to custody of the director of DOH for 7 days
  • During stay with DOH, fitness evaluation is re-evaluated
    • if now fit, return to court
    • If remain unfit, charges are dropped and:
      • can have civil commitment if danger to themselves or others
      • if civil commitment is not appropriate, is discharged with linkage to case management and treatment as willing to accept
Number of 404 exams Ordered, FY 2019 with NV PM

<table>
<thead>
<tr>
<th>Location</th>
<th>Exams Total</th>
<th>NV PM</th>
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<tbody>
<tr>
<td>Oahu</td>
<td>453</td>
<td>56</td>
</tr>
<tr>
<td>Maui</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>BI</td>
<td>422</td>
<td>73</td>
</tr>
<tr>
<td>Kauai</td>
<td>110</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1037</strong></td>
<td><strong>145</strong></td>
</tr>
</tbody>
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59 of the 145 were found unfit and sent to HSH; of those, 45% ended up being civilly committed at the end of the 60 days (when "Act 53" timed out).
Number of Act 26 Cases by Month

- November: 1
- December: 3
- January: 0
- February: 1
- March: 4
- April: 4
- May: 4
- June: 5
- July: 10
- August: 5
- September 1-16: 6
Number of Act 26 Cases by Outcome (N=41)

- Stay at HSH with median of 8 days at HSH
- Unfit and dc to community; linked to care, 19
- Unfit and civil commitment, 5
- Remain at HSH on other charges, 1
- Remain OCCC on other charges, 3
- Evaluation not yet completed, 5
- Found fit at first or re-examine, 10

9 re-arrests total of unfit:
- Only 1 that has been admitted to a stabilization bed after HSH
- Only 1 where a forensic peer was utilized

22 of 41 (54%) were known to be homeless prior to arrest
Use of Services, & Re-Arrests of Those Found to be Unfit

- Definitely Homeless Prior to Act 26: 22
- Refused Assistance: 7
- Stabilization Bed: 5
- Use of Forensic Peer: 5

- Number Re-Arrested:
  - Definitely Homeless Prior to Act 26: 8
  - Refused Assistance: 5
  - Stabilization Bed: 1
  - Use of Forensic Peer: 1

- % Re-arrested:
  - Definitely Homeless Prior to Act 26: 36%
  - Refused Assistance: 71%
  - Stabilization Bed: 17%
  - Use of Forensic Peer: 20%
Public Health Impact

• 10 (53% of total) individuals found unfit and released to community **were able to avoid incarceration**, have not been re-arrested, instead were evaluated and linked to services

• Only 1 of those linked to stabilization bed or forensic peer has been re-arrested

Resource Impact

• OCCC has saved approx. $325,215 due to less inmate stays while waiting for fitness evaluation

• For 22 individuals alone that were discharged to community (n=20) or found to be fit (n=2), HSH has saved $1,268,696 compared to usual 60-day court-ordered stay while waiting for 2nd fitness evaluation

• For 43 first fitness evaluations, thousands of dollars and over 300 hours of CEB staff time saved

• We estimate over 120 hours of ACSB time saved due to no need for record collection
Role of Peer Specialists and Bed Stabilization on BI
Forensic Peer Specialists

• We currently have 19 qualified certified peer specialist linked to AMHD that qualified to enter the Forensic Peer Specialist training

• 10 of 19 just completed forensic peer specialist training
  • 1 from BI, 1 from Maui, 8 from Oahu
  • Training is intensive over the span of 2 weeks/ 40 hours.
  • Provider is nationally recognized by SAMHSA for their EBP training

• Next Training is being planned for Spring 2022
Bed Stabilization on BI

- **Short term bed stabilization:** 3-14 days
- **Kona side** – near Kona Hospital
- Uses intensive case management
- Someone on-site 24/7
- Referred by calling CARES line
- Crisis mobile outreach teams can transport
- Opened Aug 30th

*14.5% of men and 31% of women in jails* Vera Institute of Justice, Council of State Governments Justice Center.
What Services Are Available on BI for Act 26 Defendants Released to the Community?

- Assessment and treatment
- Case management
- Homeless outreach and less than severe mental illness homeless outreach
- Intensive case management
- Palekana Elua
- Stabilization beds
- Forensic peer specialists (Training completed 9/24/21)
Summary and Discussion
AMHD Services being expanded: stabilization beds and forensic peer specialists

For those with MI and justice involvement:
- For those who are fit, jail diversion can be used
- Act 26 provides pathway for those with mental illness who are not fit and charged with nonviolent PM

Act 26 Pilot in Oahu demonstrates promising outcomes
- Less time waiting for fitness evaluation while incarcerated or in community prior to linkage to mental health services
- Linkages to needed mental health services
- Saves state money and staff time
- Uses bed stabilization and forensic peer specialists in programming
Let's Connect!

If you have any questions regarding the webinars, or have suggestions for future topics, please contact our office.

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THANK YOU FOR ATTENDING