

Helping A Homeless Person Lacking Decisional Capacity to Access Treatment

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Oahu Joint Outreach Provider meeting





4 Primary Interventions

- Assertive Behavioral Health Outreach - Motivational Interviewing
- Emergency Mental health Evaluation (MH1, MH2)
- Guardianship
- Assisted Community Treatment



Assisted Community Treatment

Criteria for a Candidate in Outreach Navigation Program

1. Dx with Mental illness or Substance Use Disorder
2. Homeless or vulnerable for homelessness
3. Unlikely to live safely in the community without supports and wrap around service
4. Will continue to deteriorate without treatment
5. Has demonstrated danger to self or others at some time
6. Has refused treatment ongoingly
7. Lacks decisional capacity



How You Can Prepare and Support a Petition

- Help us find family members. Let us know how you have attempted to find them.
- Establish who has been working with them and if a mental health provider has evaluated the individual and rendered a diagnosis.
- Provide observations, case notes about the person that supports the indicators we have mentioned in previous slide. Other witness statements or photos, videos
- Letter of declaration from a provider that asserts the individual to be without decisional capacity.



Making the Case

- Hospitalization records or arrest records
- Arrest records
- Statements by the individual denying mental illness
- History of past treatment that has been successful
- Treatment Plan with recommendations for treatment
- Naming a treatment team
- Housing Plan
- Rehabilitation Plan



ONP Referral Form



Outreach Navigation Referral Form

Email: connieM@hshawaii.org

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Date of referral: _____ Time of Referral: _____

Organization: _____

Person making referral: : _____

Phone: _____ Fax: _____

Email: _____ Name of Individual being Referred: _____

Description of the Subject: _____

Is the subject currently linked to any case manager, social worker or other support? Who?

Length of Time Homeless: _____

System high user? ER EMS Arrest Enforcements

Location _____

When is subject likely to be found there? _____

DOB of Individual if known _____

Male Female Transgender

Any known relatives: _____ Contact info for relatives _____

Veteran Status: _____ Legal Status: _____

Has this individual ever been diagnosed with a mental illness/substance use disorder in the past? When?

Was he/she ever treated for this mental illness or substance use disorder? When and where?

Has this person ever been the subject of an emergency Mental Health evaluation (MH1) and taken to the emergency room for such? Y. N.

Date(s)

What evidence is there that this individual has lost the ability to be self-preserving or able to improve their health?

The individual is able to

access food independently

toilet themselves appropriately

avoid being victimized.

avoid behavior that endangers himself/herself

manage finances competently to meet needs

For Office Use Only: Referral Accepted for: Referral redirected to: _____

Assertive outreach

Guardianship