

February 13, 2018

TO: Senator Espero, Chair  
Senator Harimoto, Vice Chair  
Members of the Senate Committee on Housing  
  
Senator Green, Chair  
Senator Chang, Vice Chair  
Members of the Senate Committee on Human Services

FROM: Natalie Okeson

SUBJECT: Testimony in Support of SB2989: RELATING TO HOMELESSNESS

Hearing: February 14, 2018, 3:30  
Conference Room 016

Chairs Espero and Green, Vice Chairs Harimoto and Chang, Members of the Committees,

Thank you for the opportunity to testify in strong support of SB2989. I am Natalie Okeson, a concerned citizen that has been working closely with homelessness and affordable housing in Hawaii, particularly with homelessness as it relates to families. Since this bill includes items that have appeared in other measures, I would like to take this opportunity to thank you for taking the time to schedule a hearing on this bill. As you know, with omnibus bills, especially those related to such an expansive topic as homelessness, it can be difficult to determine which items are meant to accomplish specific outcomes. I hope my testimony today can aid in understanding why these items are particularly helpful to homeless families.

The Hawaii Community Foundation has worked tirelessly with stakeholders, community members, nonprofit agencies with family shelters and transitional housing, and other funders to end Family Homelessness through their HousingASAP initiative. Due to the dedication of all those involved, our community should reach **Functional Zero for chronically homeless families by the end of 2018**. However, this goal cannot be reached with additional resources put into

proven programs and interventions such as Housing First, Rapid Rehousing, outreach, shelters, etc. Bills you have supported and heard in other hearings will do just that. We can reach Functional Zero for these families.

With the Hawaii Community Foundation's support, Coordinated Entry System for Families has been launched for all homeless families in order to meet the HUD-mandated deadline. CES has allowed us to **identify gaps in resources for the non-chronic families that make up close to 1/3 of the overall Families System.** This low-vulnerability, non-chronic group is not served by traditional case management and Housing First or Medium-term Rapid Rehousing. Nor will they be served by the very effective other programs already run by Homeless Programs Office such as HPP or SHEG, or even the very successful prevention and diversion program proposed by AUW, all of which I strongly support funding. Certain families will need medium-term interventions, but with financial case management than traditional case management. These are the families who are homeless because of they simply cannot afford to remain housed. The State Rent Supplement program is an intervention that could work well, but it is not meant to be targeted to only the homeless, nor only families experiencing homelessness. **In order to get homeless minor children into housing with their families, we need a pilot program designed specifically for this population. In order to make it truly effective for these families, we need financial case management tied with meaningful financial products.** Because this is a pilot program, we believe that exempting procurement in this one instance will help ensure that funds can be expended and homelessness children and their families will be served quickly. **We also believe that this intervention will be helpful in impacting our victims of domestic violence who find themselves homeless, as well.** National Technical Assistance providers indicate that communities much end all family homelessness to truly end DV homelessness, as the two issues are simply too intertwined.

Second, while the Family Assessment Center is included in the Governor's Budget and the omnibus bills, it is crucial that we point out the additional capacity that this shelter brought to the system. In addition, the model of serving the whole family through DHS' Ohana Nui Framework is incredibly important as we work to serve families in our homeless system. Many of our shelters are meeting goals related to timelines such as entry and exit dates, as well as working in collaboration with other partners. **However, the Family Assessment Center should not only be funded and replicated, but discussion about the FAC allows us to highlight how crucial additional shelter capacity is for our community.**

**Lastly, the Low-Income Household Renters Tax Credit must be updated to reduce the housing cost-burden so many of our families are facing.** The members of these Committees are well aware of the ties between the lack of truly affordable housing, wage gaps between what our most vulnerable families are earning and what they need to pay in rent, and the need for any number of interventions to serve those experiencing homelessness. If we look at the spectrum of what we need to fund:

- Development of Affordable Housing (RHRF) to increase supply of affordable rentals
- **Low-Income Household Renters Tax Credit to increase stability**

- AUW's ALICE Research -- Prevention and Diversion Program to prevent eviction and homelessness
- HPP/ SHEG / Short-term Rapid Rehousing with Case Management to get quickly rehoused and stabilized
- Medium- term Rapid Rehousing with Case Management for those with more severe issues
- **Medium-term shallow-rent subsidy through proposed pilot program and State Rent Supplement program**
- Permanent Supportive Housing (Housing First) with Case Management for those with disability
- Transitional Shelters for those awaiting housing resources
- Emergency Shelters for those who need to be moved off of the streets, like the FAC
- Outreach to bring those experiencing homelessness to available services.

This bill calls out just a few of the many interventions listed above. However, I hope this testimony helps the Committee understand why these particular interventions are so important to families. Please let me know if you have any questions.

Thank you again for the opportunity to submit testimony in strong support of SB2989. I urge you to pass this measure.

# PSYCHOSOCIAL HISTORY AND FAMILY ASSESSMENT

## PART ONE

### I. CLIENT IDENTIFICATION INFORMATION:

NAME: *Richard Anon*

DATE OF BIRTH: 07/20/2002

CLIENT NUMBER: 232-5534    SSN:133-03-1738    DATE OF ASSESSMENT: 02/02/2018

### II. PRESENTING ISSUE:

*Lacking paternal influence, knowledge of biological father. Mother is often absent and has to work long hours, forcing Richard to have to watch over his two younger brothers. Richard identifies himself as gay but his mother is not accepting of his sexuality, blaming it on the absence of his father who committed suicide when he was 6. Richard admits to also having trouble in school, only having a few female friends, and not really applying himself and often doesn't go to school in order to stay home and watch his brothers. When he wants to hang out with friends, he is never able to as he is required to be home with his siblings. Richard's mother says that he has recently began cutting himself too. Looming over his head is a spectrum of responsibilities including the pressure to be "the man of the house" at just 15 years old. He has trouble relating to his small town community, especially the boys his age. He feels like he does not fit in anywhere and every aspect of his life is determined by the needs, wants, and beliefs of his mother.*

### III. IMMEDIATE EMERGENCY NEEDS (Food, Housing, Clothing):

*Suicide Prevention assistance, self-harm reduction assistance.*

### IV. MENTAL STATUS:

*Richard's mental health is taking a hit due to many stress related factors and the actions of his mother and the community around him. He fears not being accepted or liked in his small community and struggles at school making friends. Depression is highly likely as well along, with severe frustration due to the prevention of desired life choices and actions that have been rejected mainly by his mother. Another possibility to look into is a possible anger issue due to the limitations set by his mother with no outlet to relieve frustrations or feelings of unfairness.*

Presently suicidal? (Please document situation and action taken by staff)

*Yes. Client discussed previously thinking about suicide but has no specific plan in mind. Richard reports that stress and a lack of freedom has led to a slight desire to ponder the option of suicide but it has never progressed into anything tangible or “serious”. Richard’s thoughts of suicide have been reported to my direct supervisor and he has been referred to the National Suicide Prevention Lifeline.*

Prior suicide attempts? When and how?

*No prior attempts. Client is currently cutting but not with the intention of suicide.*

Presently on medication? What and how much?

*No current medications.*

Any significant medical history? Need for special services?

*No significant medical history. Special services regarding mental health with medical professional will be discussed within the next 2 weeks.*

V. EDUCATIONAL/VOCATION LEVEL (employment and educational status; sufficiency):

*Richard is a 15 year old high school student. He has no employment history. He is dependent financially on his mother.*

VI. HISTORY OF SUBSTANCE USE/ABUSE

*NO PRIOR DRUG USE*

Drug Type	Age of First Use	Use Within six months	Current Use	Current Amount	Current Frequency
N/A	N/A	N/A	N/A	N/A	N/A

Dealer? N/A Family Use? Potentially his father.

Recovery Hx: PROGRAM: (If yes please document details below)

N/A

VII. HISTORY OF SEXUAL/PHYSICAL/EMOTIONAL ABUSE (as victim/as perpetrator; also include involvement in the sex industry)

*Client reports mostly verbal but occasional physical abuse at school because he identifies as homosexual. Some emotional/verbal abuse occurs at home from his mother, who doesn't accept him as gay either. Client fears that soon other members of his community will catch on and abuse him for his sexuality too.*

**PART TWO-FAMILY**

VIII. RELEVANT FAMILY BACKGROUND

Parent/Sibling	Age	Occupation	Level of Education	Positive Involvement
Father	Deceased	N/A	Bachelor's in Biology	N/A
Mother	52	Nurse, Waitress	GED	Financial provider, occasional shows loving affection.
Brother (1)	9	Elementary Student	3 <sup>rd</sup> Grade	Fun-loving, Happy go lucky, always positive, caring.
Brother (2)	5	N/A	Kindergarten	Loving, clings onto Richard for affection, very attached.

IX. ASSESSMENT OF FAMILY DYNAMICS

Family dynamics (Communication pattern, power/control, decision-making process, adult/child “dance”, strengths, weaknesses)

*Richard's mother is a very Authoritarian parent and is really the only consistent adult in his life. All of the family power is controlled by her while often times, Richard feels that he assumes too much of the families responsibilities involuntarily- Being the “man of the house” is one example.*

*With no father present, Richard has to parent and look out for, cook for, and teach his younger brothers every night while mom is gone away at work. Finances are handled by mom, parenting the two young boys is mainly handled by Richard. With this amount of responsibility, Richard wishes that he had more say in the family's decision making, but does not. The family seems strong in that they are all willing to work hard, and the boys are all very close. Some of the surface weaknesses would be the frequent absence of a father, and a loving nurturing mother with an authoritative parenting style rather than authoritarian.*

### **PART THREE-COMMUNITY**

#### **X. PAST HISTORY WITH OTHER SERVICE PROVIDERS:**

*Richard has seen a school counselor several times because of his spotty attendance record and low performance in the classroom. After a few months of periodic visits to the counselor, his mother and the school decided to refer him to our offices.*

#### **XI. RESOURCES (Social/Emotional/Financial)**

*Living on a tight income, in a small town, with very little friends, Richard feels that his resources are extremely limited. There is a noticeable absence of LGBTQ resources in his city, there aren't any other Latin Americans in his town, and he is too introverted to approach a club at school or a teacher to try and make friends socially. His family is one of his only resources and even with that, his mother has proven to be more traditional and judgmental about his decisions.*

Support network (Family, friends, support groups, psychiatrist, therapy)

*A few friends can be supportive but Richard doesn't have frequent access to them outside of school. He doesn't have a cell phone to communicate with them and almost never gets to see them outside of school hours. Living in a small town and often being bullied by kids his age, he doesn't think he has available support groups. The school counselor and our office are a good support group who will ensure to take the right steps to help him get the support from others that he needs.*

Support services (State, private, SSI, Foodstamps, Meals, etc.)

*His mother has not sought any financial assistance.*

#### **XII. LEGAL STATUS**

Law Violation:

*Truancy.*

Outstanding Charges: N/A

## PART FOUR-SUMMARY

### XIII. ASSESSMENT/CONCLUSION/RECOMMENDATIONS:

This is perhaps the most important part of this document as it gives direction to the client's service. State here your professional assessment of the client, a brief summary of the areas which require special focus in order to ensure this client's care, including those particular stressors of which you or the professional staff should be aware, qualities unique to this client, family issues requiring intervention, clarification of misconceptions, special clinical needs/red flags, and/or discharge planning issues. Indicate potential for family reconciliation and reunification if this is an issue.

*The client is a hardworking individual with great potential for a bright future. He is just facing a lot of depression and frustrations stemming most likely from a lack of healthy parental involvement and support. He could greatly benefit from resources putting him in contact with members from the LGBTQ community, a club at school, and youth sports teams with adult coaches who are eager to teach and support him, a sitter for his younger brothers that will allow him to go out with friends outside of school.*

*His relationship with his mother and the unknowns of his father, the bullying at school, and a few other factors are leading causes of stressors in his life that are leading to depression, cutting, and thoughts of suicide. Before anything else, the self-harm and suicidal tendencies must be addressed, then a focus on strengthening his relationship with mom and classmates will come after. This client struggles to relate to anyone in his community, we need to help him access the right people who he can feel welcomed around and grow with. He is a unique client in the sense that he is a young, minority, financially struggling, and head of household, homosexual, 15 year old. This case must be handled with care and urgency as a potential for suicidal action is not entirely out of the picture. He is very mature and understanding for 15, he just lacks hope and patience. We need to be the ones who inspire and help him grow.*

### INITIAL SERVICE PLAN:

We will continue to meet once every two weeks on top of additional assistance from the Suicide Life Line.

Signature:     Mitchell Mullen     Date:   2/12/18



