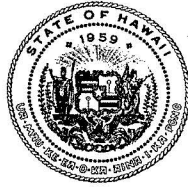


LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

House Committees on Human Services and Housing and Health

H.B. 2556, RELATING TO SUBSTANCE ABUSE

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

January 29, 2008, 8:50 a.m.

1 **Department's Position:** We appreciate the intent of this bill, which appropriates funds for
2 school-based substance abuse services and the establishment of therapeutic living programs, however,
3 we are concerned that the measure will adversely impact our priorities in the Executive Supplemental
4 Budget.

5 **Fiscal Implications:** \$2,116,062 of General Funds, to be expended by the Department of Health in
6 Fiscal Year 2008-2009 and Fiscal Year 2009-2010.

7 **Purpose and Justification:** The purpose of this measure is to appropriate funds for school-based
8 substance abuse services and the establishment of therapeutic living programs.

9 The Alcohol and Drug Abuse Division (ADAD) strongly believes that school-based substance
10 abuse treatment programs are an effective mechanism to treat, intervene, and counsel many of our
11 at-risk youth statewide. The array of services available to youth within the school-based programs
12 include: crisis intervention; screening and assessment; individual, group, and family sessions for
13 education and counseling; peer and adult role modeling; information dissemination; referral services;
14 and clean and sober recreational activities.

1 ADAD acknowledges that due to the different procurement cycles, funding allocations to various
2 agencies across the state to support school-based substance abuse treatment services vary. The amounts
3 awarded during these cycles were based on historical funding patterns as well as federal and state
4 resource limitations. School-based treatment service procured under the most recent Request for
5 Proposal (RFP) issued on September 20, 2004 allowed applicant agencies to request between
6 \$10,000 and \$90,000 per year based on school student enrollment numbers as follows: \$90,000 for
7 schools with an enrollment of 600 students or more; \$45,000 for schools with an enrollment of 300 to
8 599 students; \$22,500 for schools with an enrollment of 150 to 299 students; and \$10,000 for schools
9 with less than 150 students. ADAD also acknowledges that if this distribution was applied to all school-
10 based programs statewide, an additional \$705,000 per year would be needed. As ADAD must work
11 within its current budgeted resources, the division will continue to evaluate and assess the existing
12 school-based treatment services system in order to make needed program improvement and any changes
13 in funding allocation. The division anticipates that even without additional resources, adjustments
14 would be made that would minimize the varying award amounts among service agencies in the next up-
15 coming procurement period for programs beginning in FY 2009.

16 ADAD also supports various therapeutic living programs across the state that provide structured
17 residential living to individuals who are without appropriate living alternatives and who are currently
18 receiving, are in transition to, or who have been clinically discharged from a substance abuse day,
19 intensive outpatient, or outpatient treatment service. The focus of this program is to provide the
20 necessary support and encouragement so that clients can complete treatment outside of the structured
21 treatment program, adjust to a chemically abstinent lifestyle, and manage activities of daily living so that
22 they can move towards independent housing and life management. Activities can include, but are not
23 limited to: needs assessment, service planning, individual and group skill building, referral and linkage,
24 case management, client support and advocacy, monitoring, and follow-up.

1 ADAD currently supports 12 therapeutic living programs statewide (four on Maui, six on
2 Hawaii, and two on Oahu) the division does not fund any therapeutic living programs on Kauai.
3 ADAD's therapeutic living programs are funded at approximately \$27,000 per program bed, per year.
4 The division estimates that the additional resources requested in House Bill 2556 would fund an
5 additional 43 beds per year (16 beds on Oahu, 16 beds on Kauai, and 11 beds on Maui) and would
6 provide services for approximately 130 additional clients.

7 If further action is taken on this measure, ADAD estimates that an additional \$72,000 would be
8 needed to cover additional division staffing and operating costs to ensure accountability in the
9 expenditure of funds appropriated.

10 Thank you for the opportunity to testify on this measure.

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HB 2556 RELATING TO SUBSTANCE ABUSE

Appropriates funds for school-based substance abuse programs and for therapeutic living programs.

HOUSE COMMITTEE ON HUMAN SERVICES AND HOUSING
HOUSE COMMITTEE ON HEALTH
JAN. 29, 2008 8:50 AM ROOM 329

Rep. Maile S. L. Shimabukuro, Chair
Rep. Karl Rhoads, Vice Chair

Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

Hawaii Substance Abuse Coalition

GOOD MORNING CHAIR SHIMABUKURO, CHAIR GREEN AND DISTINGUISHED COMMITTEE MEMBERS:

My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of more than twenty non-profit treatment and prevention agencies.

HSAC supports HB 2556:

Adolescent Treatment

We are grateful for the Legislator's insightful action to curb the onslaught of addiction in Hawai'i by providing treatment funding such that there is now an alcohol and drug treatment program in every public high school and public middle school in the entire state of Hawai'i. The outcomes are phenomenal and the state-prepared outcomes are attached for your review. When you consider that treatment includes abuse and addiction, the outcomes for both abstinence as well as occasional use (alcohol) – in other words, the outcomes for students being productively engaged in school is about 90%. Clearly, school-based treatment is far more effective and less costly than treatment for adults.

However, there were several schools, primarily high schools, on Kauai, Maui, Oahu and the Big Island that were not funded at the usual \$90,000 per school per year. While it did take a few years for services to be integrated into their school systems and trustful relationships to be formed with students, those schools have fully utilized services and now have wait lists for the last 3 years. The full funding is needed to address those students who are on the wait lists to access services.

Furthermore, the student culture at those schools has changed such that 90% of the students seeking treatment are voluntary rather than mandatory. This is a significant change in adolescent culture that has occurred over the last few years and contributes to the increased wait list.

There are 5 schools on Kauai, 4 schools on Maui and 1 school on Oahu that request significant funding to reach the full and usual funding amount of \$90,000 per school in order that they can adequately address the wait lists at their schools.

In addition there are another 12 schools on Oahu that are about \$5,000 short of full funding and we request full funding for those schools as they also want to expand counselor time to meet the treatment demands of the students.

On the Big Island, there are 18 schools that were recently funded that were less than full funding. This occurred because so many of the schools were smaller in census. However, now that the treatment agency on the Big Island has experience in providing treatment, they report that regardless of school size, a certain amount of counselor hours are needed to meet service requirements. The Big Island asks for funding for 18 schools so that they can provide adequate care to students who are requesting treatment services for abuse and/or addiction.

Therapeutic Living Programs (TLP):

Currently, there are no residential services on Kauai and the Big Island. Furthermore, there are over-capacity issues on Maui and Oahu where there are residential services. TLP(s) are a hybrid of residential and day treatment (high level outpatient services) that, while not at residential level, these services can and do meet the needs of many clients, especially those residents who are reluctant to travel to another island for residential treatment.

At this time, there are no residential nor TLP on the island of Kauai. Many residents have demonstrated the need for such services, but many are unwilling to leave the island to access higher levels of care. Also, without on island services, the community is not effectively engaged in a manner that would help support access to services. This funding would start the first TLP on Kauai.

The Big Island does have several TLP(s) which have proven to be effective. However, the Big Island is at capacity and has been for the last couple of years. Another TLP is requested to meet the community's need for services.

While Oahu and Maui do have residential services, these services are at capacity with long wait lists. A TLP on Oahu would help with capacity issues and is much less expensive to start and operate than residential. The intent is that the TLP would allow those residents who have needs greater than outpatient to access that level of care (TLP) thus freeing up the wait list to access residential care. The request is for 1 TLP on each island.

Conclusion

We applaud the Legislator's decisive previous actions that have proven to be making a difference in reducing drug and alcohol abuse and addiction. On behalf of HSAC, we appreciate the opportunity to provide information and are available for questions.

Funding Estimate for Legislative Bill
All Islands TLP Funding & Gap Funding for School Based Programs
as of Dec 21, 2007

	TLP	Schools
OAHU		
Hina Mauka	\$438,000	\$45,000 Kahuku MS
YMCA		\$4,473 Roosevelt
YMCA		\$4,473 Kaimuki
YMCA		\$4,473 Farrington
YMCA		\$4,473 Moanalua
YMCA		\$4,473 Aiea
YMCA		\$4,473 Kailua
YMCA		\$4,473 Waipahu
YMCA		\$4,473 Campbell
YMCA		\$4,473 Leilehua
YMCA		\$4,473 Waialua
YMCA		\$4,473 Waianae
YMCA		\$4,473 Nanakuli
OAHU TOTAL	\$438,000	\$98,676
KAUAI		
Hina Mauka	\$438,000	\$25,000 Chiefess
Hina Mauka		\$35,000 Waimea Canyon MS
Hina Mauka		\$40,000 Kapaa HS
Hina Mauka		\$40,000 Kapaa MS
Hina Mauka		\$40,000 Waimea HS
	\$438,000	\$180,000
MAUI		
Aloha House	\$300,000	\$20,000 Maui High
		\$20,000 Baldwin High
		\$20,000 King K
		\$20,000 Lahainaluna
	\$300,000	\$80,000
BIG ISLAND		
BISAC		\$15,642 Kau High
		\$15,642 Konawaena High
		\$15,642 Pahoa High
		\$15,642 Waiakea High
		\$30,000 Keaau High
		\$30,000 Kohala High
		\$30,000 Laupahoehoe High
		\$30,000 Kealakehe High
		\$30,000 Honokaa High
		\$30,000 Hilo High
		\$45,277 Hilo Intermediate
		\$45,277 Waimea Middle
		\$45,277 Kohala Middle
		\$45,277 Komawaena Middle
		\$45,277 Honokaa Intermediate
		\$45,277 Pahoa Intermediate
		\$45,277 Keaau Intermediate
		\$20,555 Naalehu Intermediate
		\$580,062
TOTALS ALL ISLANDS	\$1,176,000	\$938,738

ADOLESCENT SUBSTANCE ABUSE TREATMENT PERFORMANCE OUTCOMES

During the State Fiscal Year 2003 (July 1, 2002 to June 30, 2003), 6-month follow-ups were completed for a sample of 712 adolescents. Listed below are the outcomes for this sample:

MEASURE	PERFORMANCE OUTCOME ACHIEVED 6-MONTH
Employment/School/Vocational Training	97.0%
No Arrests Since Discharge	90.4%
No Substance Use in 30 Days Prior to Follow-Up	52.4%
No New Substance Abuse Treatment	81.9%
No Hospitalizations	96.8%
No Emergency Room Visits	94.7%
No Psychological Distress Since Discharge	81.0%
Stable Living Arrangements	96.6%

ADULT SUBSTANCE ABUSE TREATMENT PERFORMANCE OUTCOMES

During the State Fiscal Year 2003 (July 1, 2002 to June 30, 2003), 6-month follow-ups were completed for a sample of 1383 adults. Listed below are the outcomes for this sample:

MEASURE	PERFORMANCE OUTCOME ACHIEVED 6-MONTH
Employment/School/Vocational Training	46.2%
No Arrests Since Discharge	89.1%
No Substance Use in 30 Days Prior to Follow-Up	63.5%
No New Substance Abuse Treatment	78.5%
No Hospitalizations	92.8%
No Emergency Room Visits	91.5%
Participated in Self-Help Group (NA, AA, etc.)	43.7%
No Psychological Distress Since Discharge	84.2%
Stable Living Arrangements	82.3%

HOUSE COMMITTEE ON HUMAN SERVICES
AND HOUSE COMMITTEE ON HEALTH
TUESDAY, JAN. 29, 2008 8:50 AM ROOM 329

H.B. 2556 -- Relating to Substance Abuse

Good morning Chairs Shimabukuro and Green and members of the House Health Committee. I am Elaine Wilson, a licensed social worker and retired alcohol and drug abuse administrator.

I strongly support passage of H.B. 2556.

Substance abuse remains a significant public health problem. The 2003 Hawaii Student Alcohol, Tobacco and Drug Use Survey indicated that 6.9% of Hawaii's sixth through twelfth graders (4,375 students) meet the requirements for needing treatment.

As a result of legislative funding of Act 40, there now should be treatment available in every public high school and middle schools. There are some schools that did not receive full funding based on past utilization, difficulty hiring and need to educate school personnel about the effectiveness of early treatment for students. These schools now are fully engaged in the process of referral to treatment and acknowledge the value of substance abuse treatment for their students.

I urge you to allocate additional funds for them so there is not wait list for a substance ready to get clean and sober.

Studies show that investing in treatment and early treatment of adolescents will:

- reduce future costs to society;
- reduce criminal behavior; and
- reduce health care costs.

Hawaii outcomes indicate that for FY 2007, six months after completing treatment,

- 93% of adolescents were still in school;
- 89% had no new arrests;
- 95% required no hospitalization;
- 92% required no emergency room use; and
- 95% were in stable living situations, usually with their parents.

Treatment saves lives, restores dignity and gives our adolescents and their families an opportunity for a safe and healthy life.

I also strongly support Part II on this measure which will increase the availability of Therapeutic Living Programs for adults in recovery.

Thank you for the opportunity to testify.