



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

House Committee on Health

LATE
Testimony

H.B. 2569, Relating to Mental Health

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

January 30, 2008, 8:00 a.m.

1 **Department's Position:** The department appreciates the intent of this measure, but has concerns about
2 its potential adverse impact on the priorities outlined in the Executive Supplemental Budget.

3 **Fiscal Implications:** This bill includes minimum staffing expectations with an unspecified
4 appropriation.

5 **Purpose and Justification:** The prevalence of mental illness is such that a significant proportion of
6 individuals seeking primary medical care will have a mental illness. Professionals and persons seeking
7 healthcare often lack the understanding that mental health is essential to physical health and that mental
8 health must be addressed with the same urgency of physical health. As a result, disparate service
9 systems have developed. Reimbursement mechanisms and the organization of services can be
10 confusing, with separate physical and mental health care systems, personnel, and rules.

11 A good example of this lies in the relationship between federally-funded community health
12 centers and state-funded community mental health centers; only recently have providers in each area
13 begun to integrate physical and mental health care for the severely mentally ill. However, community
14 mental health centers focus on severe and persistently mentally ill individuals while community health
15 centers typically see individuals with less serious mental health conditions. To further emphasize the

1 urgency of bridging both mental and physical health care, this bill proposes a demonstration project that
2 emphasizes collaboration amongst psychiatrists and staff of various federally qualified community
3 health centers on the island of Hawaii. The focus of this collaboration would be to help individuals with
4 mental illness who do not meet eligibility requirements for existing state-operated services

5 Last year, independent of legislation, the department utilized its resources to establish this type
6 of integrated care model into the Hamakua Health Center. Primarily driven by an APRN, this program
7 has been successful in improving access by integrating mental health services in this primary care
8 setting.

9 Along those lines, the department believes that this current measure may expand on this model
10 and is a worthy area of continued collaboration. The department is willing to work further with
11 interested parties to define and evaluate such a project provided that the costs of such a project do not
12 replace other priorities in the executive supplemental budget request.

13 As a final note, an important amendment should be made to the bill. As currently written, the
14 measure assigns this pilot project to a 'rural health division' within the department. As no such division
15 exists, this specific language should be deleted allowing a broader assignment to the Department of
16 Health for administrative purposes.

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

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COMMITTEE ON HOUSE HEALTH
Rep. Josh Green, MD, Chair
Rep. John Mizuno, Vice-Chair
Re: HB 2569, Relating to Mental Health

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HLT: 1/30/08 at 8:00 in Rm.
329*

SUPPORT

Issue: It is estimated that 36% of primary care patients have a psychiatric disorder, and research indicates that only one-half of those patients are diagnosed (Tiemans, Ormel, & Simon, 1996). **Persons with a mental illness die an average of 25 years earlier than the general population** (Parks et al., 2006). The causes of death indicate that about 15-20 years of the disparity are linked to chronic diseases, such as heart and circulatory disorders, diabetes, or other long-term diseases and 5-10 years is attributable to suicide (Manderscheid, Druss, & Freeman, 2007).

Medical and psychiatric shared care is of major public benefit. While many of these diseases can be prevented or controlled through proper nutrition, exercise, no smoking, and early detection and intervention, persons with a mental illness tend to lead inactive and unhealthy lifestyles due to lack of motivation caused by their illnesses, metabolic syndrome induced by pharmacological treatment, disincentives to buy healthy foods due to financial strains, and barriers to quality health care.

Solutions: Four critical areas must be addressed by providers to improve medical care. They are: 1) geographic (lack of **co-located medical and mental health care**), 2) financial (separate funding streams for medical and mental health services), 3) organizational (difficulty in sharing information and expertise across systems), and 4) cultural (providers' focus on disorders and symptoms rather than the person with those problems (Druss, 2007).

My testimony aims to draw urgent attention and immediate focus on the integration of mental and physical health for both primary care and mental health consumers in Hawaii's system of care. The rationale for this focus is that many preventable and treatable health conditions are associated with enormous public health burden of disease and these behaviors are amenable to a combination of clinical and public health approaches.

Hawaii's federally qualified community health centers form vital network of care, particularly in rural Hawaii. **With a psychiatrist or APRN Rx on staff or available for consultation, the chances dramatically increase for the consumer to receive the correct care they need for a healthy mind and body.** I concur with the amendments outlined by the *Psychiatric Access Collaboration* and urge your endorsement.

LATE Testimony

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(Hearing on 1/30/08 at 8:00 am in Room 329)

COMMITTEE ON HOUSE HEALTH
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

Re: HB 2569 – Psychiatric Health Services; Mental Health; UH

Testimony in Support

I respectfully ask for your support of House Bill 2569. The critical shortage of psychiatrists, especially for children and adolescents, is exacerbating an already fragile system of healthcare in Hawaii County. It is imperative to begin establishing healthcare programs that are piloted and adapted to meet regional local needs.

Thank you for your support.