NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LORETTA J. FUDDY, ACSW, M.P.H
ACTING DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Health

SB731, Relating to Mental Health

Testimony of Loretta J. Fuddy, ACSW, MPH
Acting Director of Health

Friday, January 28, 2011, 2:45 p.m.

Department's Position: The Department of Health opposes this bill.

Fiscal Implications: The financial implications of this bill are significant and as of now unquantifiable. The bill uses language indicating that case management services will not be limited, and if implemented the cost may reach several hundred thousand dollars per consumer per year. As there are approximately 6000 consumers currently receiving the service to be unlimited, the incremental cost of funding that one service alone could reach tens of millions of dollars. The incremental cost of Assertive Community Treatment programs and adding additional licensed staff for crisis intervention services could also range into the millions.

Purpose and Justification: The Department of Health acknowledges that recent changes made to the service array offered by the Adult Mental Health Division, including limitations on case management hours, eligibility criteria, and Hawaii Administrative Rules on eligibility have raised concerns among consumers and providers of services. This Administration shares these concerns, and is beginning a review of the situation, and a consideration of alternative solutions given the current fiscal situation. The Department welcomes public input in this process.

This proposed bill denies the Department of Health the ability to limit the number of hours of service to individual consumers, directs assignment of consumers to case management based on a person

having any diagnosis known to psychiatry, requires the Department to hire unspecified numbers of licensed professionals for crisis services, requires the addition of Assertive Community Treatment programs, broadens the diagnoses covered in Section 431M-4 of the Hawaii Revised Statutes, and extends the duration of mandated services for crisis substance abuse treatment to 30-60 days. In so doing, the bill restricts the ability of the Department to plan, develop, and implement services for individuals with severe and persistent mental illness.

The funding requirements alone of implementation of this bill as proposed are incalculable at present, as the legislation as written prohibits the placement of limits on services paid for by the Department. Additionally, Chapter 334-3 (a) provides for the Department to provide mental health services within the limits of available funds, which appears to present a conflict with the language in the bill.

The provision calling for case management assignment based upon the Diagnostic and Statistical Manual of Mental Health Disorders would result in those services being assigned for virtually any individual with a mental health diagnosis, regardless of severity or impairment criteria, which would result in the inability of the Department to serve as the safety net provider for those individuals to whom no other services or means of financing services is available.

The provision in the bill calling for enhanced staff requirements including licensed social workers with specialty training is unclear, not specifying what proportion of the crisis workers are to be so licensed. And, the bill does not indicate if the licensed staff called for would supervise the crisis services provided, or provide those services themselves.

The scope of the Assertive Community Services as called for in the bill is not specific, as to whether a certain number of individuals would be served by those services, or whether a certain type of individual would be served.

The Department does agree that, if funded, additional service lines could be developed or existing services in our array could be enhanced. However, the bill as written is unable to be supported

given the current financial situation, and restricts the Department's ability to assess service needs, plan for new services based on assessed needs, and implement additional service lines to meet the needs of the individuals served.

Thank you for the opportunity to testify on this bill.

NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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KEALI'I S. LOPEZ
INTERIM DIRECTOR

EVERETT KANESHIGE
DEPUTY DIRECTOR

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Friday, January 28, 2011
2:45 p.m.

TESTIMONY ON SENATE BILL NO. 731 – RELATING TO MENTAL HEALTH.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this bill. Mandated benefits help some people, but impose costs on other people. We believe this trade off is best left to the wisdom of the Legislature.

We thank this Committee for the opportunity to present testimony on this matter.

THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • Fax: (808) 547-4646

Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair
COMMITTEE ON HEALTH

January 28, 2011 – 2:45 p.m.
State Capitol, Conference Room 229

In Strong Support of SB 731, Relating to Mental Health

Chair Green, Vice Chair Nishihara and Members of the Committee,

My name is Karen Schultz, Vice President for Patient Care and Behavioral Health for The Queen's Medical Center, testifying in strong support of SB 731, which amends chapter 334 and section 431, Hawaii Revised Statutes in order to improve the quality and access to state adult mental health services.

During fiscal year 2010, The Queen's Medical Center treated over 1,300 inpatients and over 21,000 outpatients with mental health conditions. We view these services as filling a critical need in the state and part of our mission to take care of the people of Hawaii. By amending the Hawaii Revised Statutes as outlined in SB 731, mental health services for some of Hawaii's most vulnerable individuals will be improved.

Thank you for the opportunity to testify.

HMSA

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of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

January 28, 2011

The Honorable Josh Green M.D., Chair
The Honorable Clarence K. Nishihara., Vice Chair
Senate Committee on Health

Re: SB 731 – Relating to Mental Health

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 731 which would change the scope of services the Department of Health (DOH) is required to provide, amend and change the definition of "serious mental illness" and require health plans provide coverage of crisis substance abuse and alcohol treatment services. We have concerns with the sections of this measure which apply to health plans and the "serious mental illness" definition but take no position on the sections related to the DOH.

In February of 2010, the federal government issued interim final rules directing health plans on how to implement the requirements of the Mental Health Parity and Addiction Equity Act of 2008. This Act requires health plans to offer the same level of coverage for mental health and substance use disorder benefits as that offered for medical and surgical benefits. Prior to the passage of this federal legislation, the state of Hawaii classified specific mental health diagnoses as "serious mental illness" and health plans were required to provide services on-par for these diagnoses. The language within this measure to expand the SMI definition is unnecessary at this time due to the implementation of the federal legislation. All mental illnesses regardless of whether they are classified as SMI or not are now required to be covered on-par with medical benefits by all health plans in the state.

With regards to the language in the measure which adds coverage of "crisis substance abuse and alcohol treatment" as a covered benefit, we have questions regarding the intent and types of benefits which this seeks to address. Currently, any member seeking treatment for substance abuse from a recognized participating provider is able to access appropriate covered benefits and treatment for substance abuse and alcohol addiction. We do not believe that the additional language to add "crisis" treatment will expand or improve the treatment currently provided to our members.

Due to the reasons expressed, we believe that Sections 2, 3 and 4 relating to the provision of services by health plans and making additions to the SMI definition are unnecessary and respectfully request they be removed. Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman
Vice President
Government Relations

Hawaii Medical Service Association 818 Keeaumoku St. • P.O. Box 860 Honolulu, HI 96808-0860 (808) 948-5110 Branch offices located on Hawaii, Kauai and Maui Internet address www.HMSA.com

HMSA

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January 28, 2011

The Honorable Josh Green M.D., Chair
The Honorable Clarence K. Nishihara., Vice Chair
Senate Committee on Health

Re: SB 36 – Relating to Health

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 36 which would require the Department of Health to convene a mental health and substance abuse parity working group.

Las t year, HMSA, as well as all plans in the state, were required to implement the federal government's interim final rules pertaining to the Mental Health Parity and Addiction Equity Act of 2008. This Act requires health plans to offer the same level of coverage for mental health and substance use disorder benefits as that offered for medical and surgical benefits. Due to the extensive involvement of HMSA with mental health parity implementation and the scope of the discussion that the working group is directed to discuss, we would respectfully request that SB 36 include representation from HMSA as part of the workgroup's membership.

This could be accomplished by adding another sentence on page 3, after line 8:

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One representative from the prevalent PPO health plan in the state;
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We would greatly appreciate being considered to participate in this community-wide dialogue. Thank you in advance for your consideration of our inclusion in this measure and for the opportunity to testify today.

Sincerely,

Jennifer Diesman
Vice President
Government Relations

HALE NA`AU PONO
Wai`anae Coast Community Mental Health Center, Inc.
86-226 Farrington Highway
Wai`anae, Hawaii 96792
Telephone: (808) 696-4211 FAX: (808) 696-5516

THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011

Committee on Health
Testimony in Support of SB 731
Relating to Mental Health

Friday, January 28, 2011, 2:45 P.M.
Conference Room 229

Submitted by: Poka Laenui, Executive Director, Hale Na`au Pono

Chair Green & Members:

I wish to submit testimony on SB 731 in general and then turn my comments to the specific provisions of the Bill regarding time constraints to services, staffing requirements for crisis intervention services, and the need for ACT services in our community.

In general, we have watched the undeniable evidence that a community mental health system makes a world of difference in its effectiveness, efficiency, and outcomes based on whether or not it is community run and staffed, or merely located in a community. The evidence comes from West O`ahu, and began 25 years ago when the Wai`anae Coast Community Mental Health Center, also known as Hale Na`au Pono, spun off from the State operated system of community mental health centers, became a private, not for profit center, created its own Board of Directors made up of community members, and has been operating under leadership which comes from the community. After 10 years of operations, that center achieved national accreditation and recognition for its quality of services, participated in national developments of curriculum, certified as a best practice; Hale Na`au Pono has also been noted for its leadership in its cultural delivery of services. It has even been turned to by the Hawaii Department of Health's Adult Mental Health Division to "indigenize" a national Evidence Based Best Practice, Illness Management and Self-Directed Recovery (IMSR) to fit its community. Hale Na`au Pono has developed from that request, "Voyage to Recovery" which was regarded by the Division as a leading formulation for proper practice, and good enough to be exported to other parts of the Pacific for other islanders to adapt.

Hale Na`au Pono has provided the widest array of services than any community mental health center under the State system. The State generally provides Outpatient Services and nothing more.

Hale Na`au Pono provided Outpatient Services, Intensive Case Management, Targeted Case Management, Community Based Case Management, Assertive Community Treatment (ACT), a Clubhouse, and Group Home Services, both 8 to 16 hours and 24 hours. It also provided Alcohol and Drug Treatment, Smoking cessation, health and wellness classes,

Representative Payee services, Access to Recovery programs, and so many others. All of these services are just what it provides in its Adult Service program.

It also has a separate Children service program covering another array of services needed in the community including therapeutic foster homes, developmentally delayed/mentally retarded program, psychiatric and psychological services, case management, and others.

The third program of Hale Na`au Pono is its Wai`anae Neighborhood Place program, which addresses the needs of families in their multitude of stresses experienced in daily life. But far more than that, this program has been responsible for tying together the community services into a sensible cohesive array to meet the people's needs.

In comparison with the State operated "community" mental health centers, none of those centers are nationally accredited, its services had been limited to adult "outpatient" services, until the Division, using a contractual provision allowing it to terminate a contract at its full discretion and without any wrongdoing on the part of the contractor, took all adult clinical services and its Clubhouse program from Hale Na`au Pono, and established another State operated center and Clubhouse down the street in Makaha. Service quality has undergone a dramatic decline in this West Oahu community.

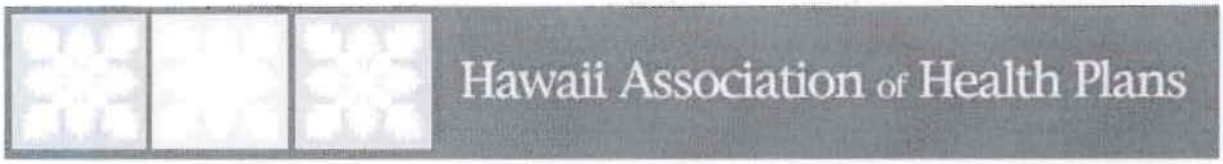
I call upon this committee to amend this bill to include the call for community controlled mental health centers and for the Adult Mental Health Division to keep its hands off such centers unless there are identifiable violations to service contracts and not based on the State's absolute discretion which allows for the type of abuse we have seen committed by the recent administration.

As regards the specific content of the bill under consideration, the language of the bill calling for unlimited hours for patients services and assignment of case management based upon the DSM-IV needs to be changed. I propose the following:

"Individual patient service shall be based upon the level of function and need of the patient and not upon initial pre-determined limitation of service hours."

As regards crisis intervention services, I believe the language is too limiting in that it does not include appropriate roles for para-professionals including peer support specialists. I submit the addition of the use of terms "para-professionals" following the term "professionals". I have found that in our community practices, the para-professionals have played an invaluable role in crisis intervention, as well as in the many other services to meet the behavioral health needs of the public.

As regards the ACT services called for, again, I urge the committee to amend the language to provide for "para-professionals" to be included as ACT team members. We have had many experiences in which case managers with high school degrees and peer support specialists have provided invaluable and core services to the team. These individuals have certainly carried their own "weight" in their insight into the needs of the clients, and their work out in the field as they worked hand in hand with the clients. They are often the "cultural" and "social" experts on the ACT team, more familiar with the activities going on in the community,



January 28, 2011

The Honorable Josh Green M.D.,Chair
The Honorable Clarence Nishihara., Vice Chair
Senate Committee on Health

Re: SB 731 – Relating to Mental Health

Dear Chair Green, Vice Chair Nishihara and Members of the Committee:

My name is Howard Lee and I am President of the Hawaii Association of Health Plans ("HAHP"). HAHP is a non-profit organization consisting of eight (8) member organizations:

AlohaCare
Hawaii Medical Assurance Association
HMSA
Hawaii-Western Management Group, Inc.
Kaiser Permanente
MDX Hawai'i
University Health Alliance
UnitedHealthcare

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide our objections to the portion of SB 731 which deals with the insurance statutes. A national mental health parity law (The National Mental Health Parity Act) was enacted in 2008 and has been implemented by every health plan in Hawaii. This makes the proposed change in the definition and scope of "severe mental illness" in Section 2 of SB 731 unnecessary given the new Federal law (all mental health diagnoses are covered on-par regardless of the SMI categorization).

The section of the measure (page 6, line 22 through page 7, lines 1-4) which would require plans to provide coverage for "crisis substance abuse and alcohol treatment" has raised many questions with the member plans of our organization. At this time members of HAHP plans are able to receive appropriate treatment for substance abuse problems when provided by a licensed, recognized provider. It is unclear what types of services would be provided as "crisis" treatments which are not covered today. We believe that appropriate substance abuse services are currently provided and this addition to statute only serves to confuse.

With regard to the sections which specifically affect health plans, we believe that this language is unnecessary at this time and would respectfully request its removal

Thank you for the opportunity to testify today.

Sincerely,

Howard Lee
President

green1 - Karen

From: Marya Grambs [Marya@mentalhealth-hi.org]
Sent: Wednesday, January 26, 2011 5:55 PM
To: HTHTestimony
Subject: SB731, Senate Health Committee hearing, 1/28 @ 2:45

To: Senator Josh Green, M.D., Chair, Sen. Clarence Nishihara, Vice Chair, and members of the Senate Health Committee
FR: Marya Grambs, Executive Director, Mental Health America of Hawai`i
RE: SB731, Relating to Mental Health

This letter is written by Mental Health America of Hawai`i in strong support of SB731. This bill is attempting to restore some of the draconian cuts to the community-based adult mental health system, which has resulted in harm to many members with severe mental illness. Mental health consumers have been unable to access care because of the restrictions in eligibility, the care provided has been inadequate because of the reduction in case management hours, elimination of programs such as A.C.T. teams (which often served people who would otherwise be hospitalized), and cutbacks in crisis management hours.

Because of this dismantling of the community-based mental health system, more severely mentally ill adults are recycled between homelessness, Emergency Rooms, inpatient hospital units, and discharge – only to become ill again and re-enter these expensive systems. The ultimate costs of this lack of an adequate adult mental health system are far greater than providing the services to begin with. These cuts are not in our interest as a society, both because of the harm they cause vulnerable individuals and the cost to taxpayers.

I urge you to pass SB731. Thank you for the opportunity to submit this testimony.

With Aloha,

Marya Grambs, Executive Director
Mental Health America of Hawai`i
...Helping Hawai`i Live Life Well
1124 Fort Street Mall, Suite 205
Honolulu, HI 96813
Phone: 808-521-1846
Fax: 808-533-6995
email: marya@mentalhealth-hi.org
website: www.mentalhealth-hi.org
Note: Please let me know by emailing me if it's not okay with you to be added to our email list to receive occasional emails from us (invitations to our mental health seminars and our May luncheon, job announcements, etc.).

S. B. No. 731

Aloha Senator Green and the Committee,

My name is Robert Scott Wall and I am a member or the Governors Commission on Rehabilitation, the Mental Health of America's Board of Directors, and am on the sitting committee of the Consumer, Family, & Youth Alliance being created by the Mental Health Transformation State Incentive Grant.

I would like you to know that personally I think that this is the most important piece of legislation for consumers that is likely to be written by this Legislature this year. As you know the Mental Health community has been devastated over the last three years. The dissolution of the ACT Teams, the cuts in Case Management, the general funding cuts to AMHD have all assaulted individual consumers.

When I heard that DoH hadn't even asked for an increase in funding it was like a nail being driven into a coffin. I can only thank you once again for this Bill and for letting me know that there were still some people who care.

Mahalo,

Robert Scott Wall

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#215

Honolulu, Hawai'i

96813

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Helping Hands Hawai'i

Friday, January 28, 2011
2:45pm
Conference Room 229

To: Sen. Green, M.D., Chair
Sen. Nishihara, Vice-Chair
Senate Committee on Health

From: Helping Hands Hawaii – **Written Testimony Only**

Re: **SB731, RELATING TO MENTAL HEALTH**

We write in ***support*** of SB731, RELATING TO MENTAL HEALTH. In particular, we support the section of this bill that would establish a new section within HRS 334 relating to the number of hours spent with individual consumers.

Helping Hands Hawaii is a 501(c)(3) non-profit social service agency, which was incorporated in 1974. HHH administers a variety of Behavioral Health and Human Services programs, which assist over 37,000 individuals and households each year.

Behavioral Health services have been a core function of HHH for over 20 years. HHH currently administers Community-Based Case Management (CBCM), Community-Based Care Coordination (CBCC), Day Treatment and Aftercare, Psychosocial Rehabilitation, Intensive Outpatient Program, and Representative Payee services to assist adults with serious and persistent mental illness. CBCM and CBCC services in particular include in-depth psychological assessments as a key component of service delivery.

HHH has a long history of providing these types of services in Hawaii, and previously administered the Suicide & Crisis Center, a Jail Diversion Program, and in 1997 initiated the first Assertive Community Treatment (ACT) team to service SPMI individuals in the State of Hawaii.

HAWAII DISABILITY RIGHTS CENTER

900 Fort Street Mall, Suite 1040, Honolulu, Hawaii 96813
Phone/TTY: **(808) 949-2922** *Toll Free*: **1-800-882-1057** *Fax*: **(808) 949-2928**
E-mail: **info@hawaiidisabilityrights.org** *Website*: **www.hawaiidisabilityrights.org**

THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011

Committee on Health
Testimony in Support of S.B. 731
Relating to Mental Health

Friday, January 28, 2011, 2:45 P.M.
Conference Room 229

Chair Green and Members of the Committee:

I am Louis Erteschik, Staff Attorney at the Hawaii Disability Rights Center, and am testifying in support of this bill.

We are very concerned about events and actions at the AMHD in the past few years. It seems as though there has been reduction after reduction in services provided to individuals with mental illnesses, including returning war veterans with post traumatic stress disorder and depression. We feel that ever since the Department was deemed to be relieved from the provisions of the Consent Decree in the case brought by the Department of Justice, (USA v. State of Hawaii, Civil No. 91-00137) there has been a constant "backsliding" in the effort by the state and it has abandoned many of the improvements in our mental health system previously made to comply with the terms of the Decree.

Last year the Senate Committees on Health and Human Services specifically held an Informational Briefing at which there was extensive discussion regarding the problems resulting from the elimination of the ACT teams and the drastic reduction in the number of case management hours. Today we are pleased to support HB 615 which restores both the ACT program as well as appropriate case management hours.

The ACT teams were designed to provide intensive supervision for more seriously ill individuals. When that program was eliminated, the Department at that time maintained that there would still be adequate case management. Following that, the Department

reduced the number of hours an individual could receive to three and a half hours per month. That has provided insufficient monitoring of, and assistance, to many mental health consumers. For those reasons, we appreciate the legislature's efforts to restore these necessary services. The return of the ACT teams and an increase in case management hours would go a long way towards restoring the state's mental health services to a more reasonable level.

In order to effectuate a more complete restoration of our mental health safety net, we would like to suggest that the Committee consider amending the bill to include language as found in SB 967. That measure restores a wide range of mental health diagnoses as qualifying for eligibility for AMHD services. As of July, 2009, the Department of Health unilaterally eliminated several diagnoses as qualifying for eligibility. These diagnoses had been previously developed as part of the consent decree in the lawsuit brought against the State of Hawaii by the US Department of Justice and were an Attachment to the Plan for Community Mental Health. As a result of the Department's internal action, diagnoses of PTSD, depression, anxiety disorders and personality disorders have been eliminated as diagnoses which qualify an individual to receive AMHD services. This has resulted in some seriously mentally ill individuals not being able to obtain any assistance for their mental health needs.

For these reasons, we thank the Legislature for introducing this measure and holding this hearing .It is our hope that this session, the Legislature will take action as may be appropriate to ensure that the mental health consumers of our state receive the appropriate care and treatment to which they are legally entitled.

Thank you for the opportunity to testify in support of this measure.

Testimony SB731
From Eileen Uchima
January 28, 2011

I am writing as a member of the National Alliance on Mental Illness Hawaii and sibling of an individual with schizophrenia in strong support of HB615. The intent of this bill is to restore important services which have been reduced due to drastic cuts to our community-based adult mental health system. Many mental health consumers have been harmed by these cuts because of restrictions in eligibility, case management hours, and elimination of programs such as assertive community treatment (ACT). ACT is endorsed by the National Institute of Mental Health as an effective, evidence-based, outreach oriented treatment, rehabilitation and support model. Over thirty years of research on ACT has documented positive community outcomes for the ten to twenty percent of people most severely disabled by mental illnesses. Outcomes like these demonstrate the importance of effective community-based services on the quality of life for people with serious mental illnesses.

While we know that you have tough decisions to make about the budget, cuts to mental health services inevitably lead to higher costs in the future due to the increasing number of people with mental illness who become homeless, incarcerated, or require hospitalization. Funding mental health services on a timely basis helps improve personal well being and public safety for all people in our community.

I urge you to pass SB731. Thank you for the opportunity to submit this testimony.

Eileen Uchima

In 2009, HHH was re-accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for a three-year period, which demonstrates that the agency has met nationally recognized standards for the quality of service in the behavioral health field.

To start, our testimony is not about laying blame, as we recognize that the State's AMHD was facing significant budget limitations and, at the time, felt that it would be more cost effective to make such reductions, while at the same time changing eligibility requirements. We were also advised that they believed such cuts would not have a significant impact on consumers.

That said, we write in support of this bill for the following reasons:

Case Management - The cuts that occurred within the mental health system of care over the last 2 years, in particular to case management services for adults with mental illness, have created a tremendous hardship on both those adults as well as the community of providers who are contracted by the Department of Health's Adult Mental Health Division (AMHD) to care for these consumers.

- Limiting case management services to 3.5 hours (14 units) per month for each consumer provides inadequate care and support for that consumer. Within those 3.5 hours is not just case management services, but also time with a psychiatrist, medication management time, and other critical aspects of care.
- Providers are then put in the tough position of needing to provide more than 3.5 hours of support for an individual consumer, although they know they will not get reimbursed/paid by AMHD for that time, unless additional crisis units are authorized.
- Based on different levels of acuity within the AMHD consumer population, some consumers need only a small number of units because they are getting ready to transition to independence, whereas other may need more than 20. Assuming that the existing Quality of Life Indicators (QOLI) are reassessed for any additional indicators that providers can utilize to demonstrate how a consumer is progressing and moving towards recovery and that the LOCUS acuity scales that the AMHD currently uses are reassessed for efficacy and reliability for perhaps a change to an alternative acuity scale such as the Denver Acuity Scale, we support this bill's desire to establish no maximum number of units/hours for case management services. However, we recognize that alternatives/compromises may need to be looked at, and may need to be addressed other

than in the HRS (i.e. in internal DOH policy or administrative rules). Along those lines we offer the following thoughts:

(1) A tiered unit approach (different maximum units based on the different levels of acuity);
(2) A pooled unit approach (based on the number of consumers a provider has, giving that provider a pool of units that, that the provider can use at their discretion – thereby giving them flexibility to know that one consumer might need only 7 units in a given month but another consumer needs 20 and that as long as they are within their pool of units they are ok); OR
(3) A flat rate approach (Providers would bid based on cost per consumer, per month and would get reimbursed accordingly - $flat rate x # of consumers/month. How AMHD tracks consumer progress and acuity becomes particularly important in this instance, as that becomes the primary way to ensure that consumers are getting the care they need and that providers are not abusing the system).

- We believe the reduction in case management hours has resulted in an increase in hospital admissions, homelessness, crisis situations, and crime and substance abuse recidivism. It would be our recommendation that any reevaluation of the 14 units/month/consumer cap, be accompanied by an in-depth survey of community case management providers and first responders (police, fire, and emergency medical services) to truly take a statistical look at the impact of the cuts on those who are some of Hawaii's most vulnerable residents.

Thank you for the opportunity to submit this written testimony.

To: Committee on Health Chair Green and Vice Chair Nishihara
Re: Hearing Relating to Mental Health, 1/28/11, 2:45 p.m.

Testimony from:
Pamela Menter
Project Director
Safe Haven/Mental Health Kokua
41 S. Beretania St.
Honolulu, HI 96813
Office 808.524.7233
Fax 808.524.0353
pmenter@mhkhawaii.org

This letter is written in strong support of SB731.

It is imperative to restore the draconian cuts that were made to the community-based adult mental health system, which has resulted in harm to many citizens with severe mental illness. Mental health consumers have been unable to access care because of the restrictions in eligibility; the care provided has been inadequate because of the reduction in case management hours, elimination of programs such as A.C.T. teams (which often served people who would otherwise be hospitalized), and cutbacks in crisis management hours. Because of this dismantling of the community based mental health system, more severely mentally ill adults are recycled between the homelessness, Emergency Rooms, inpatient hospital units, and discharge – only to become ill again and re-enter these expensive systems.

In addition to the ethical considerations, fiscal concerns alone should focus on the fact that the ultimate costs of the current lack of an adequate adult mental health system are far greater than providing the services to begin with.

Please do what is pono. I very much appreciate your attention to the above considerations.

Pamela Menter