



HAWAII SUBSTANCE ABUSE COALITION

SB1036 RELATING TO HEALTH

SENATE COMMITTEE ON HEALTH: Senator Josh Green M.D., Chair; Senator Glenn Wakai, Vice Chair

- Wednesday, February 4, 2015 at 1:15 p.m.
- Conference Room 414

HSAC Supports SB1036:

Good Morning Chair Green; Vice Chair Wakai; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition fully supports funding to treat chronic, substance-dependent adults who are high-end users of expensive emergency and hospital services and cost a disproportionate amount of total medical costs due to elevated medical expenses, substance abuse, mental illness, homelessness and arrest levels.

HSAC supports the two approaches

1. Fund and improve those services that target very expensive super users.
2. Start a Task Force to determine best measures to simultaneously improve outcomes and reduces costs.

The costs of drug abuse and addiction to our nation are staggering.¹

- Substance abuse is associated with almost 20% of all Medicaid hospital costs and nearly 25% of Medicare dollar spent on inpatient care. Over 14% of patients admitted to

Drug abuse and addiction are major burdens to society; economic costs alone are estimated to exceed half a trillion dollars annually in the United States, including health, crime-related costs, and losses in productivity. However, staggering as these numbers are, they provide a limited perspective of the devastating consequences of this disease,” Dr. Nora Volkow, Director of the National Institute on Drug Abuse, Congressional Testimony, 3/1/07

hospitals have alcohol/drug abuse and addiction disorders.

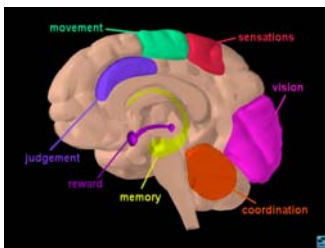
¹ Estimating the costs of substance abuse to the Medicaid hospital care program.

Fox K1, Merrill JC, Chang HH, Califano JA Jr. <http://www.ncbi.nlm.nih.gov/pubmed/7832261> Am J Public Health. 1995 Jan;85(1):48-54.

- 70 percent of individuals in state prisons and jails have used illegal drugs regularly. Drug offenders account for more than one-third of the growth in state prison population and more than 80 percent of the increase in the number of prison inmates since 1985.
- The economic burden in the United States for addiction is twice that of any other disease affecting the brain, including Parkinson's and Alzheimer' Disease, as well as all the others.
- Alcohol and Drug-related hospital emergency (ED) visits increased 81 percent from 2004 to 2009 while ED visits involving the non-medical use of pharmaceuticals increased 98.4 percent.²

Science-Based Prevention and Treatment Works.³

- Substance abuse and/or addiction as well as their exorbitant costs are avoidable. Like any other disease, it is preventable, it is treatable it changes biology.
- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.
- Research has shown that every \$1 invested in addiction treatment programs, there is
 - \$4 to \$7 reduction in the cost of drug-related crime,
 - \$3 - \$5 reduction in emergent medical care use (ER and Crisis Center) and
 - Among women – a \$4 reduction in welfare and child welfare costs
 - Among employed men, a \$7 increase in productivity (fewer absences and health claims)
 - Among returning Iraq veterans – a 35% reduction in family medical claims
 - And reductions in family violence problems



Not only is substance abuse a leading cause of preventable hospitalization, it is one of the primary cause of homelessness.

This bill will establish new processes and procedures to identify and coordinate care for high end users of care that have multiple chronic conditions of health issues. An evaluation will be performed to determine how we can effectively coordinate care, treat multiple conditions, and improve the effectiveness of treatment outcomes. The proposed funding can validate the cost effectiveness of providing treatment for the super-user population and provide justification for continued funding.

We appreciate the opportunity to testify and are available for questions.

²Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies). *The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. Rockville, MD, December 28, 2010. Available at: <http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>

³William Dewey, Baord of Scientific Advisors, Friends of NIDA November 2008. http://www.cpdd.vcu.edu/Pages/Index/Index_PDFs/TransitionPaperOctober20081.pdf



Hawaii's voice for sensible, compassionate, and just drug policy

Senate Committee on Health

Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

Wednesday, February 04, 2015

1:15 p.m.

Conference Room 414

State Capitol

415 South Beretania Street

Support - HB 1036 - Relating to Substance Abuse Treatment

Aloha Chair Green, Vice Chair Wakai, and members of the Health Committee,

Thank you for your time and consideration concerning this bill. The Drug Policy Forum supports reasonable, evidence based drug policies, and expanding the resources available for voluntary substance abuse treatment is key in reducing the harm that drugs and drug policy do to society. There is strong evidence that investment into substance abuse treatment and prevention is a very good investment. According to the NIH, when the costs of crime, of the criminal justice system, and health care costs are considered, an investment into substance abuse treatment is returned at a ratio of up to 12 to 1.¹

Including drug treatment in a continuum of care is both a fiscally responsible decision, and a compassionate imperative. A focus on preventative care, and upon evidence based practices are likewise responsible both fiscally and socially.

There are of course some areas of potential concern. The idea of creating a "feedback loop" between primary care providers and substance use

¹ Kathleen Brady, M.D., Ph.D., Greg Brigham, Ph.D., Maryhaven, Inc., Kathleen M. Carroll, Ph.D., Richard R. Clayton, Ph.D., Linda B. Cottler, Ph.D., David P. Friedman, Ph.D., et al. *Principles of Drug Addiction Treatment*. National Institute on Drug Abuse, 2012. http://www.drugabuse.gov/sites/default/files/podat_1.pdf.

treatment providers seems to be a good one, but may bring with it certain fraught questions about patient confidentiality, and could potentially lead to dangerous and outmoded policies where access to medical care is contingent upon successful substance abuse recovery. It is important that the budgetary impact of addiction be a reason to invest in voluntary substance abuse treatment rather than a reason to exclude “super-users” from medical treatment in those cases where it is most needed.

We therefore urge that the task force include a patient advocate role from the non-profit community, such as a representative from the drug policy forum or from CHOW project.

Mahalo for your time and for your consideration of this important bill,

Rafael Kennedy



DOING THE
MOST GOOD

Founded in 1865

William Booth
Founder

Andre Cox
General

James Knaggs
Territorial Commander

John Chamness
Divisional Commander

Melanie Boehm
Executive Director

The Salvation Army

Addiction Treatment Services and Family Treatment Services

2-2-15

SB1036 RELATING TO SUBSTANCE ABUSE TREATMENT

- Tuesday, February 4, 2015 at 1:15 p.m.
- Conference Room 414

HSAC SUPPORTS SB1036:

The Salvation Army Addiction Treatment Services and Family Treatment Services supports the department of health's establishment of a comprehensive and coordinated continuum of treatment services for substance abuse and co-occurring mental health disorders and the establishment of a task force within the department of health to address health care payment reform and therefore a reduction in health care costs by implementing an effective substance abuse treatment system.

This integrated system of care and related health care payment reform is needed. Basic health care reform components that make sense for Hawaii include; increasing access to care, integrating behavioral health care with primary care, providing preventative care, providing evidence based care, and providing transitional case management. These are all part of a proactive solution to address the overall fiscal costs and burden that substance use disorders (and co-occurring mental health disorders) place on Hawaii's system of healthcare. Deliberate steps should be taken to address this in a comprehensive and systematic way.

Therefore, the formulation of a task force to examine this with a multi-disciplinary team will provide an approach to make an informed and integrated lasting impact. Also, improved outcomes and reduction of overall health care spending is the aim when there is a full investment in all modalities of substance abuse treatment for Hawaii's people, including super users. The positive result will be reducing duplication of efforts, avoiding overutilization, reducing long term costs, and providing quality/comprehensive/integrated care, at the needed and appropriate level of care for each individual.

Participating Agency



Addiction Treatment Services

3624 Waokanaka Street ♦ Honolulu, Hawai'i 96817 ♦Tel: (808) 595-6371 ♦Fax: (808) 595-8250

Family Treatment Services

845 22nd Avenue ♦ Honolulu, Hawai'i 96816 ♦Tel: (808) 732-2802 ♦Fax: (808) 734-7470

Visit us at: www.SalvationArmyHawaii.org

KŪ ALOHA OLA MAU



SB 1036 RELATING TO HEALTH

SENATE COMMITTEE ON HEALTH. Senator Josh Green, M.D., Chair; Senator Glenn Wakai, Vice Chair

HEARING: February 14, 2015

Conference Room 414

Good Afternoon Honorable Chair Green, Honorable Vice Chair Wakai and Distinguished Committee Members. I am Lisa Cook, Executive Director for Kū Aloha Ola Mau, a nonprofit agency dedicated to the recovery and healing of up to 400 individuals on any given day through substance abuse treatment and medication therapies in Hawaii.

KŪ ALOHA OLA MAU SUPPORTS SB 1036

Now is a critical time to address substance abuse. As people move from prescription drug abuse to heroin, and local needle exchange workers note that older heroin users are now injecting "ice" (crystal methamphetamine), the island are in no way out of the storm. The opportunity to make significant system changes can come at no better time than in the rolling out of Health Care Reform.

We urge your support on this groundbreaking bill to create the first coordinated, statewide effort to address this issue. It is important for not only the field of substance abuse, but healthcare and behavioral health in general to strategically plan how to address all of the needs in a coordinated and strategic manner to be much more effective for the State as a whole.

Thank you very much for this opportunity to provide testimony.



Community Health Outreach Work

677 Ala Moana Blvd., Suite 226
Honolulu, HI 96813
Phone (808) 853-3292 • Fax (808) 853-3274

TESTIMONY IN SUPPORT OF SB 1036: RELATING TO HEALTH

TO: Senator Josh Green, MD Chair; Senator Glenn Wakai, Vice Chair and members of the Senate Committee on Health

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Wednesday, February 4 at 1:15 in Room 414

Dear Chair Green, Vice Chair Wakai and members of the committee,

Thank you for the opportunity to provide testimony **in strong support** of SB 1036, appropriating funding to treat chronic, substance-dependent adults who are high-end users of emergency and other hospital services.

For over 20 years the CHOW Project has been working improve the lives of men women and families experiencing homelessness who also may be touched by addiction. The CHOW Project is dedicated to serving individuals, families, and communities adversely affected by drug use, through a participant-centered harm reduction approach. CHOW works to reduce drug related harms such as but not limited to HIV, hepatitis B/C and overdose. Many of our participants are these high-end users and they desperately access to comprehensive treatment services. The average amount of time our participants have been using drugs is over 30 years, with some utilizing the ER as many as 50 times in a year as they struggle with their addiction.

As a member of Hawaii Substance Abuse Coalition, we support their recommendations:

1. Fund and improve those services that target very expensive super users.
2. Start a Task Force to determine best measures to simultaneously improve outcomes and reduces costs.

We appreciate the opportunity to testify.

Sincerely,

Heather Lusk

Executive Director

CHOW Project



New Horizons
Substance Abuse, Addiction & Anger Management Counseling

January 30, 2015

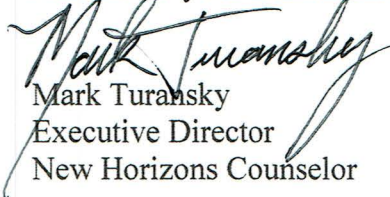
RE: In favor of Bill SB1036

To whom it may concern,

Who we are: New Horizons (est. 1980 in the State of Hawaii) is a unique program that utilizes a cognitive approach for teaching individuals to make constructive, rather than destructive choices for drinking, drugs, anger or substance abuse. New Horizons is listed on the official SAMHSA (US Dept. Of Health and Human Services Substance abuse and mental health Services administration.) Website and is a nonprofit private organization dedicated to treating addiction in our community.

I am in favor of Bill SB1036 and also would like to add more visibility for the nonprofit, private sector to be recognized as part of the solution to our recovery program needs. I see the task force does not include a nonprofit/private sector member – perhaps this could be an addition.

Mahalo for your consideration,



Mark Turansky
Executive Director
New Horizons Counselor

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: imaxera@chowproject.org
Subject: Submitted testimony for SB1036 on Feb 4, 2015 13:15PM
Date: Tuesday, February 03, 2015 10:21:39 AM

SB1036

Submitted on: 2/3/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

Submitted By	Organization	Testifier Position	Present at Hearing
Leilani Maxera	Individual	Support	No

Comments: I support SB1036. More funding is urgently needed to improve the treatment of substance abuse and co-occurring mental health disorders. Without a coordinated continuum of services, many of Hawaii's most vulnerable citizens are getting lost in the system. They are getting pushed onto the street where they are subjected to the daily violence of a life where there is no safety. Many of them end up in jail where they can't get adequate treatment and their mental and physical health worsens. We can do better than this. People with substance abuse and mental health issues are people that we love - mothers, brothers, friends. This issue touches most families on the islands. I urge you to support SB1036 and take care of our community members who need our help. How we treat the most disenfranchised members of our society says the most about us as a people.

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Cc: sadodge@westhawaiiichc.org
Subject: *Submitted testimony for SB1036 on Feb 4, 2015 13:15PM*
Date: Tuesday, February 03, 2015 9:55:26 AM

SB1036

Submitted on: 2/3/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Dodge	Individual	Support	No

Comments:

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Date: Monday, February 02, 2015 3:12:01 PM

SB1036

Submitted on: 2/2/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Szubiak	Individual	Support	No

Comments:

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To: Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
Senate Committee on Health

Re: Testimony in Support of SB 1036

HEARING DATE / TIME / PLACE:

Wednesday, February 04, 2015

1:15 p.m.

Conference Room 414 State Capitol 415 South Beretania Street

Good afternoon Senator Green, Senator Wakai and members of the Committee. My name Wendy Yoshioka, MSW Candidate at the Myron B. Thompson School of Social Work and a practicum student at Action With Aloha. I'm writing in support of SB 1036 regarding funding to improve the treatment of substance use and co-occurring mental health disorders by establishing a comprehensive and coordinated continuum of treatment services.

With appropriated funds to support a comprehensive and coordinated continuum of care for those in our communities who are dealing with implications of substance use and co-occurring mental health disorders, government can save monies spent on costly health care cost by providing preventative and lower cost health care options. Substance abuse is a treatable disease that if addressed can reduce both financial and societal burdens. The state of Hawai'i has many resources to treat substance abuse and mental health disorders and would be strengthened by creating a task force that would allow linkages and continuum of care.

Benefits of appropriated funds, would not only benefit our health care system and individuals who are battling substance abuse and co-occurring mental health disorders, but would also have major benefits for countless families and the larger communities whose lives are affected on a daily basis by individuals who are suffering from treatable substance abuse and co-occurring mental health disorders. I have had the opportunity to work with individuals in this population and see those who are struggling to regain a sense of place in our communities and who with treatment and access to services have been able to move towards healthier choices.

Thank you for the opportunity to testify in favor of SB 1036.

Wendy Yoshioka, BSW
MSW Candidate, Spring 2015
University of Hawai'i at Mānoa
Intern, Action With Aloha
Email: wkawano@hawaii.edu
wendyyosh@gmail.com

From: mailinglist@capitol.hawaii.gov
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Subject: Submitted testimony for SB1036 on Feb 4, 2015 13:15PM
Date: Tuesday, February 03, 2015 3:48:10 PM

SB1036

Submitted on: 2/3/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

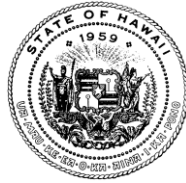
Submitted By	Organization	Testifier Position	Present at Hearing
reginald gorham	Individual	Support	No

Comments: I'm in full support of this bill, our state, community and island needs more funding to address issues related to substance abuse and mental health. As a working case manager and substance abuse counselor I'm on the front line of treatment services for these consumer. We are working with limited resources on problems with a much larger scale. I also a case manage for homeless shelter, and we all know these issues go hand and hand. I not only support this bill because of more funding but we all need to show more empathy towards people who have made unfortunate life choices but who are also willing to made better decisions about the future. Thank you very much for your time and consideration. We all know this problem will not solve it self, or just go away. Te he hands and work of many will help ease these issues.

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I am in support of this measure as a member of the community on Molokai. Here on our island addiction and substance abuse are a very serious problem. In addition to this issue, we also lack many health care options for our community member. When an individual with a substance use disorder also has an additional health concern, the tendency is to use our emergency room as a walk-in clinic to get immediate assistance. Sometimes this is just in effort to get a note from a doctor to miss appointments or to seek out more pain medication. Because of these "super-user" with chronic "issues" medical help is often unavailable on our small island. This is one of the pro-active reasons I support this measure. Mahalo.



**STATE OF HAWAII
DEPARTMENT OF HEALTH**

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S.B. 1036
RELATING TO SUBSTANCE ABUSE TREATMENT**

SENATOR JOSH GREEN, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: February 4, 2015

Room Number: 414

1 **Fiscal Implications:** Appropriates \$10 million in each of the years of Fiscal Biennium 2015-2017, for
2 substance abuse and addiction treatment; no funds are appropriated for convening of the proposed task
3 force.

4 **Department Testimony:** Section 3 of this measure assigns the Department of Health “to convene a task
5 force to address health care and payment reform steps to implement an effective addiction treatment
6 system as a component of health care to improve outcomes and reduce overall health care costs.”

7 This bill or portions of the bill as currently drafted may be unnecessary since Section 431M-6,
8 Hawaii Revised Statutes, codifies responsibility of the Insurance Commissioner to organize and
9 implement mental health and substance abuse benefit statutes, in conjunction with state agencies,
10 insurers, providers and consumers. The Commissioner is authorized to implement rules governing
11 medical or psychological necessity criteria, quantity of benefits and levels of care.

12 Coordination with health transformation and systems planning will produce more desirable and
13 informed results, as opposed to a task force. We must organize our planning in a way that is consistent
14 with our desired outcome: an integrated and coordinated healthcare system. Significant resources –an
15 estimated \$470,000 for the actuarial expertise and operational costs to convene the proposed task
16 force– will be needed to synthesize the quantity and quality of data to transform and integrate

1 behavioral health. While stakeholders (e.g., payers and providers) share utilization data, current
2 treatment needs assessment surveys for adults (last conducted in 2004) need to be updated. Such
3 studies, however, would require outlays of an estimated \$500,000 to \$800,000 per survey.

4 The proposed \$10 million appropriation in section 4 would support an estimated 2,500
5 admissions (1,468 adults at 58.7% and 1,032 adolescents at 41.3%). To achieve favorable outcomes
6 from such an investment in substance abuse treatment, the continuum of services would include
7 recovery support services (i.e., transition care management) relapse prevention, referral to primary
8 medical care, and other support services.

9 Adult and adolescent substance abuse treatment services are funded by the federal Substance
10 Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block
11 Grant, and State General Funds. Substance abuse treatment services for adults and adolescents that are
12 funded by the Alcohol and Drug Abuse Division are as follows:

13 Adults. The five-year (Fiscal 2010-2014) average annual ADAD-funded admissions for adults is
14 3,341 which is 3.9% of the estimated state need (85,468) for adult alcohol and drug abuse
15 treatment. Of the adults admitted for treatment during the same period, 43.7% cited
16 methamphetamine as the primary drug at admission which is followed by alcohol at 29.9%.

17 Adolescents. The five-year (Fiscal year 2010-Fiscal Year 2014) average annual ADAD-funded
18 admissions for adolescents is 2,326, which is 29.7% of the estimated need (7,826) for adolescent
19 alcohol and drug abuse treatment. Of the adolescents admitted for treatment, 61.4% cited
20 marijuana as the primary drug at admission which is followed by alcohol at 29.8%.

21 Substance abuse treatment services for adults consist of a continuum of residential, intensive
22 outpatient and outpatient services; non-medical residential detoxification; and therapeutic living

1 program services. Specialized services are provided for those with co-occurring mental illness and
2 substance abuse disorders, injection drug users, offenders and pregnant and parenting women.

3 Substance abuse treatment for adolescents is a multi-disciplinary effort. The focus is on
4 developing attitudes, motivation, knowledge and skills to bring about harm reduction, abstinence and
5 change - including physical, psychological, social, familial and spiritual aspects. Services also address
6 relapse issues and help to develop coping skills to prevent or interrupt dependence and relapse. Part of
7 the core continuum of care needed for adolescents is early identification followed by early treatment.
8 Substance abuse treatment services for adolescents consist of outpatient community-based and
9 school-based substance abuse treatment.

10 If the Committee takes further action on this measure, we respectfully recommend the inclusion
11 of the Director of Commerce and Consumer Affairs or the director's designee as a member of the task
12 force; ensure representation from each of the three neighbor island counties; and that added members
13 as assigned by the task force not exceed a total of fifteen members.

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

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SB1036

Submitted on: 2/3/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

Submitted By	Organization	Testifier Position	Present at Hearing
Edward Mersereau	Action with Aloha	Support	No

Comments: Aloha, Thank you for your consideration of my testimony in emphatic support of SB1036. As a substance abuse treatment provider and educator I ask that this bill be passed for three main reasons: 1)Substance abuse treatment is a major public health issue that causes or exacerbates other social issues such as homelessness, crime and public health care costs to taxpayers. 2)Substance abuse treatment must remain at the forefront of public health policy, planning and service implementation in Hawaii. 3)A task force would ensure that the issue of substance abuse treatment remains a factor in policy development. Mahalo, Eddie Mersereau LCSW, CSAC

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SB1036

Submitted on: 2/3/2015

Testimony for HTH on Feb 4, 2015 13:15PM in Conference Room CR414

Submitted By	Organization	Testifier Position	Present at Hearing
Simone Lemieux	Individual	Support	No

Comments:

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