



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB 2611 HD 1  
RELATING TO SUBSTANCE ABUSE TREATMENT**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 27, 2018

Room Number: 308

1 **Fiscal Implications:** Not determined.

2 **Department Testimony:** The Department of Health (DOH) supports this bill provided that the  
3 measure's passage does not replace or adversely impact the priorities outlined in the Governor's  
4 budget request. The DOH respectfully asks the Legislature's support of the Governor's  
5 Executive Budget request which includes appropriations to the DOH for outreach services to  
6 chronically homeless individuals with substance use disorders and for the Law Enforcement  
7 Assisted Diversion (LEAD) pilot program.

8 The chronic illness of alcohol and substance abuse is one of the most pervasive public  
9 health concerns of our time. Its impact is no longer isolated to particular segments of the  
10 community as illustrated by the national opioid crisis. The need for a comprehensive "multi-  
11 systemic" approach is paramount. The DOH, Alcohol and Drug Abuse Division (ADAD)  
12 continue to work toward implementing a broad system of care that includes substance abuse  
13 prevention, treatment and recovery support for individuals and families impacted by substance  
14 abuse disorders. We recognize that alcohol and substance abuse impacts people across all  
15 segments of our community and therefore must be addressed in partnership with a broad  
16 spectrum of state, county and community entities.

17 One of these partnerships is the Hawaii Opioid and Substance Misuse Initiative  
18 (Collaborative) which is a gathering of multiple lawmakers, state and county agencies, law  
19 enforcement, health care organizations, pharmacy organizations, substance use treatment

1 providers, the University of Hawaii, and non-profits who together formed the Hawaii Opioid  
2 Action Plan (December, 2017) in response to the national opioid epidemic. Together, the DOH  
3 and the Collaborative are finding ways to improve access to substance use treatment, develop  
4 pharmacy-based interventions, improve data-informed decision-making, increase prevention and  
5 public education, and strategize how to best support law enforcement and first responders.

6 Another successful partnership effort is the development of LEAD pilot program that  
7 diverts low-level, non-violent offenders with substance use disorders either directly to treatment  
8 programs in lieu of an arrest. Under the leadership of the Governor's Coordinator on  
9 Homelessness, ADAD continues to implement the pilot program with the LEAD Hui, which is a  
10 coalition of about twenty-six stakeholders who represent state and county agencies, local law  
11 enforcement, homeless providers, substance use and mental health providers, and interested non-  
12 profit entities. Nationally, LEAD was evaluated to have significant positive impact in other  
13 jurisdictions where the program was deployed, including significant decreases in rates of re-  
14 arrest and increase in engagement of participants with needed treatments and other social  
15 services. It has also been successful at decreasing burdens on judicial and law enforcement  
16 systems by directing individuals, particularly the chronically homeless, to behavioral health care  
17 services in the community. The ADAD also commends the Legislature who in the 2017 Session  
18 approved \$200,000 to implement a LEAD pilot program, and for understanding that there is a  
19 need for LEAD in Hawaii and sees that there is community willingness to assist with its  
20 implementation.

21 We remain committed to improving and expanding the substance abuse prevention and  
22 treatment continuum of care through a coordinated public health/public safety approach that  
23 reduces the impact and burden of this chronic illness on the medical care system, the criminal  
24 justice system and the community.

25 Thank you for the opportunity to provide testimony.



## **HB2611 HD1 Multiple Conditions, Case Management, Centralized Referral, Peer Mentoring**

### **COMMITTEE ON FINANCE:**

- Representative Sylvia Luke, Chair; Representative Ty Cullen, Vice Chair
- Tuesday, February 27th, 2018: 12:00 am
- Conference Room 308

## **Hawaii Substance Abuse Coalition (HSAC) Supports HB2611 HD1:**

*GOOD MORNING CHAIR, VICE CHAIR 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 almost 40 alcohol and drug treatment and prevention agencies.*

### ***PART II Multiple Chronic Conditions (MCC).***

Substance abuse providers can treat chronic to severe homeless as well as high utilizers of emergent care and people with multiple ( $\geq 2$ ) chronic conditions (MCC). These chronic illnesses—defined as “conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living” including a broad array of behavior conditions, such as substance use and addiction disorders, coupled with mental illnesses and/or comorbidity physical illnesses, such as arthritis, asthma, chronic respiratory conditions, diabetes and its complications, heart disease, human immunodeficiency virus infection, and hypertension.

Substance use disorder treatment centers need staffing changes to engage M.D./psychiatric oversight with a medical team of nurses and physician assistants, and others working with licensed and non-licensed counselors. This model needs payment reform and systemic changes and if done, has proven to be effective for outcomes and can contribute to bending the cost curve.

### ***PART III Centralized Referral Services***

The State has implemented a centralized - one number to call - referral system for its SBIRT grant (primary care screens patients for substance misuse, intervenes and if needed, refers to treatment). A major plan in the state’s Hawaii Opioid Initiative: A Statewide Response Plan is to continue the state-wide referral system, which will address all drug abuse as well as opioid use disorders. The Department of Health: Alcohol and Drug Abuse Division (ADAD) is contracting for this service and needs resources to develop services that is only temporarily funded by federal resources. This plan would extend a single source referral system to neighbor islands as well, not just Oahu.

### ***PART IV Case Management***

Chronic homeless with chronic substance abuse are small in number but they are huge utilizers of medical resources and the most difficult to remove from the streets. They are also one of the most visible to community. Case managers, who have been trained in a formal treatment

programs, have the high end skills to most effectively help with people who have chronic homelessness coupled with substance use disorders. Such case managers can be transitional to engage people, help outreach workers to get patients to access treatment as well as help when people transition to lower levels of care. After that, homeless supporters can continue with helping people who have been treated for substance use disorders to access other services including housing first. The Department of Health has implemented case management in their new contracts starting November 2017; however there was no funding so agencies have to sacrifice residential and outpatient treatment to do so, which the effect is that case management services are not fully utilized because they need more resources specifically for case management.

### ***PART V Peer Mentoring***

Peer mentoring is a national best practice that brings community together with government resources to greatly improve outcomes. In Hawaii, Peer Mentoring hasn't been funded yet; however, a 4 year pilot project funded by Aloha United Way for Hina Mauka, has produced great results. Peer Mentoring involves volunteers who have recovery experiences and/or people with education in a related field (including college students) who volunteer for 6 months to help people in treatment or just out of treatment to navigate systems, especially doctor care, family issues, job searches, and connect with self-recovery support groups. A paid staff supervises and trains the volunteers as well as manages any challenges. Volunteers can receive stipends or in some cases are paid staff. Funding covers the supervisor, training and stipends. We need community support if we are ever going to address this huge problem.

### ***Summary***

Substance use disorders is treatable but we must evolve our services and programs to keep abreast of evolving practices. Moreover, substance misuse is huge in America while chronic addiction is very expensive if not treated. Given the crisis with healthcare costs going out of sight, we must start now to invest in better practices. We must change the way we think about, talk about and do about substance abuse problems.

We appreciate the opportunity to provide testimony and are available for questions.

**HB-2611-HD-1**

Submitted on: 2/25/2018 11:12:29 PM

Testimony for FIN on 2/27/2018 12:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

**PRESENTATION OF THE  
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES**

**DEMOCRATIC PARTY OF HAWAII'**

TO THE COMMITTEE ON FINANCE

THE HOUSE OF REPRESENTATIVES

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Tuesday, February 27, 2018

12:00 P.M.

Hawaii State Capitol, Conference Room 308

RE: Testimony in Support of **HB2611 HD1**, RELATING TO SUBSTANCE ABUSE TREATMENT

To the Honorable Sylvia Luke, Chair; the Honorable Ty J.K. Cullen, Vice-Chair, and Members of the Committee on Finance:

Good afternoon. My name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii ("DPH"). Thank you for the opportunity to provide written testimony on House Bill No. **2611 HD1** relating to the DOH; Substance Abuse Treatment; and appropriations.

The OCC Legislative Priorities Committee is in support of House Bill No. **2611 HD1** and is in favor of its passage.

House Bill No. **2611 HD1** is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it appropriates moneys for Department of Health to fund substance abuse treatment programs relating to persons with multiple chronic conditions, a centralized referral system, case management programs, and a peer mentoring or coaching program.

Specifically, the DPH Platform provides that "[w]e support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to obtain whatever support assistance is needed to allow them to remain free of drug dependence." (Platform of the DPH, P. 7, Lines 382-384 (2016)).

As House Bill No. **2611 HD1** appropriates moneys for Department of Health to fund substance abuse treatment programs relating to persons with multiple chronic conditions, a centralized referral system, case management programs, and a peer mentoring or coaching program, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889

**HB-2611-HD-1**

Submitted on: 2/23/2018 7:02:10 PM

Testimony for FIN on 2/27/2018 12:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mark Turansky - New Horizons	New Horizons Counseling	Support	No

Comments:

Please support this bill. The people of Hawaii who struggle with substance abuse need your help. I especially see the need for more peer mentoring. Substance abuse is a very unique challenge and those who have walked the journey make for the best counselors. The job is huge and we need more laypersons available to mentor those who are struggling to stay clean. This bill will allow counselors, who already are overloaded with their caseloads, to have a tag team that should lead to greater success in seeing people stay sober.



DOING THE MOST GOOD

Founded in 1865

William Booth  
Founder

Andre Cox  
General

Kenneth Hodder  
Territorial Commander

John Chamness  
Lani Chamness  
Divisional Leaders

Melanie Boehm  
Executive Director

# The Salvation Army

Addiction Treatment Services and Family Treatment Services

2-27-18

## HB2611 HD1 Multiple Conditions, Case Management, Centralized Referral, Peer Mentoring

### COMMITTEE ON FINANCE:

- Representative Sylvia Luke, Chair; Representative Ty Cullen, Vice Chair
- Tuesday, February 27th, 2018: 12:00 pm
- Conference Room 308

## The Salvation Army Addiction Treatment Services and Family Treatment Services SUPPORTS HB2611:

- **PART II: Multiple Chronic Illnesses.**

Substance abuse providers can treat chronic to severe homeless as well as high utilizers of emergent care and people with more than 2 (multiple) chronic conditions (MCC). These chronic illnesses—defined as “conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living” includes a broad array of behavior conditions, such as substance use and addiction disorders, coupled with mental illnesses and/or comorbidity physical illnesses, such as arthritis, asthma, chronic respiratory conditions, diabetes and its complications, heart disease, human immunodeficiency virus infection, and hypertension.

Substance use disorder treatment centers need staffing changes (M.D./psychiatric oversight with a medical team of nurses and physician assistants and others working with licensed and non-licensed counselors). This model needs payment reform and systemic changes and if done, has proven to be effective for outcomes and can contribute to bending the cost curve.

- **PART III Centralized Referral Services**

The State has implemented a centralized - one number to call - referral system for its SBIRT grant (primary care screens patients for substance misuse, intervenes and if needed, refers to treatment). A major plan in the state’s Hawaii Opioid Initiative: A Statewide Response Plan is to continue the state-wide referral system, which will address all drug abuse as well as opioid use disorders. The Department of Health: Alcohol and Drug Abuse Division (ADAD) is contracting for this service and needs resources to develop services that is only temporarily funded by federal resources. This plan would extend a single source referral system to include all islands.

- **PART IV Case Management**

Chronic homeless with chronic substance abuse are small in number but they are huge utilizers of medical resources and the most difficult to remove from

Participating Agency



Aloha United Way

Addiction Treatment Services

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

Family Treatment Services

845 22<sup>nd</sup> Avenue ♦ Honolulu, Hawai‘i 96816 ♦Tel: (808) 732-2802 ♦Fax: (808) 734-7470

Visit us at: [www.SalvationArmyHawaii.org](http://www.SalvationArmyHawaii.org)





DOING THE MOST GOOD

Founded in 1865

William Booth  
Founder

Andre Cox  
General

Kenneth Hodder  
Territorial Commander

John Chamness  
Lani Chamness  
Divisional Leaders

Melanie Boehm  
Executive Director

# The Salvation Army

Addiction Treatment Services and Family Treatment Services

the streets. They are also one of the most visible to community. Case managers, who have been trained in a formal treatment program, have the high-end skills to most effectively help with people who have chronic homelessness coupled with substance use disorders. Case managers can be transitional to engage people, help outreach workers to get patients to access treatment as well as help when people transition to lower levels of care. During this process, homeless supports can continue with helping people who are being treated for substance use disorders to access other services including Housing First options. The Department of Health implemented case management in contracts for FY2018; however, there is no additional funding for this service so agencies sacrifice residential and outpatient treatment to fund case management. The effect is that case management services are not fully utilized because more resources are needed specifically for case management.

- **PART V Peer Mentoring**

Peer mentoring is a national best practice that brings community together with government resources to greatly improve outcomes. In Hawaii, Peer Mentoring hasn't been funded yet; however, a 4-year pilot project funded by Aloha United Way for Hina Mauka, has produced great results. Peer Mentoring involves volunteers who have recovery experiences and/or people with education in a related field (including college students) who volunteer for 6 months to help people in treatment or just out of treatment to navigate systems, especially doctor care, family issues, job searches, and connect with self-recovery support groups. A paid staff supervises and trains the volunteers as well as manages any challenges. Funding covers the supervisor, training and stipends to peer mentors. This approach provides much needed community based support to effectively address substance use disorders.

In summary, substance use disorders are treatable but we must update our services and programs to keep on top of evolving and more effective clinical practices and treatment strategies. Substance misuse in Hawaii is a big problem while chronic addiction is very expensive if not treated. We must start now to invest in better practices. We must update the way we treat those with substance use disorders.

Thank you for the opportunity to provide testimony on this bill.

Sincerely,

Melanie T. Boehm MA, LMHC, CSAC  
Executive Director ATS-FTS

Participating Agency



Addiction Treatment Services

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

Family Treatment Services

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

Visit us at: [www.SalvationArmyHawaii.org](http://www.SalvationArmyHawaii.org)

**HB-2611-HD-1**

Submitted on: 2/26/2018 2:06:52 PM

Testimony for FIN on 2/27/2018 12:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Greg Tjapkes	Coalition for a Drug-Free Hawaii	Support	No

Comments:

**LATE**

**HB-2611-HD-1**

Submitted on: 2/26/2018 4:50:25 PM

Testimony for FIN on 2/27/2018 12:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julianna Moefu-Kaleopa	Action with Aloha	Support	No

Comments: