



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of H.B. 2611
RELATING TO THE UNIFORM CONTROLLED SUBSTANCES ACT**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: February 9, 2018

Room Number: 329

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 pilot (LEAD).

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 (Dec. 2017) in response to the national opioid epidemic. Together, the DOH and the
3 Collaborative are finding ways to improve access to substance use treatment, develop pharmacy-
4 based interventions, improve data-informed decision-making, increase prevention and public
5 education, and strategize how to best support law enforcement and first responders.

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



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

2-7-18

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

COMMITTEE ON HEALTH & HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Friday, February 9th, 2018: 8:30 am
- Conference Room 329

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 multiple (≥ 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

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



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in a formal treatment programs, have the high-end skills to most effectively help with people who have chronic homeless 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 supports can continue with helping people who have been treated for substance use disorders to access other services including Housing First options. The Department of Health implemented case management in their new contracts starting November 2017; however, there was 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 support to address this huge problem.

Summary

Substance use disorders are treatable but we must update our services and programs to keep abreast of evolving and more effective practices. Moreover, substance misuse in Hawaii is a big problem while chronic addiction is very expensive if not treated. Given the crisis with healthcare costs, 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



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HB-2611

Submitted on: 2/8/2018 5:07:42 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities	Support	No

Comments:

**PRESENTATION OF THE
OAHU COUNTY COMMITTEE ON LEGISLATIVE PRIORITIES
DEMOCRATIC PARTY OF HAWAII**

TO THE COMMITTEE ON HEALTH & HUMAN SERVICES

THE SENATE

TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

Friday, February 9, 2018

8:30 a.m.

Hawaii State Capitol, Conference Room 329

RE: Testimony in Support of HB 2611, RELATING TO SUBSTANCE ABUSE TREATMENT

To the Honorable John M. Mizuno, Chair; the Honorable Bertrand Kobayashi, Vice-Chair, and Members of the Committee on Health & Human Services:

Good morning. 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 relating to Department of Health to fund substance abuse treatment programs for persons with multiple chronic conditions,

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

House Bill No.2611 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 provides funds for substance abuse treatment programs for persons with multiple chronic conditions, 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, Tel.: (808) 258-8889



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

COMMITTEE ON HEALTH & HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Friday, February 9th, 2018: 8:30 am
- Conference Room 329

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports HB2611:

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 Illnesses.

Substance abuse providers can treat chronic to severe homeless as well as high utilizers of emergent care and people with multiple (≥ 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 homeless 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.

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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

Submitted on: 2/7/2018 2:01:10 PM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marsha Jackson Bethards	Hina Mauka Drug/Alcohol Rehabilitation	Support	No

Comments:

I support the HB2611, the Hawaii Substance Abuse Coalition organization because I truly believe the prevention and treatment agencies are doing something positive in Hawaii's communities. As a matter of fact, when I go out to lunch sometimes and I am wearing my Hina Mauka Drug & Alcohol Rehab ID Badge there will be some individuals that will literally come up to me and tell me about their successful journey when they were in a prevention and treatment program and how it changed their life or someone will tell me they know someone who went through a prevention and treatment program and they can see a big change in that person's life. Some have even said to me they believe the prevention and treatment programs saves lives and I truly believe that and that is the reason why I support HB2611.



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

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- Friday, February 9th, 2018: 8:30 am
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HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports HB2611:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Darlesia Smith. I am the clinical supervisor for Hina Mauka's Ke'Alaula Program at Women's Community Correctional Center (WCCC). My organization's CEO, Mr. Alan Johnson is current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide hui of almost 40 alcohol and drug treatment and prevention agencies.

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

HB-2611

Submitted on: 2/7/2018 2:27:51 PM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mona Madeira	Hina Mauka	Support	No

Comments:

I have been working in the field of substance abuse treatment for the past 18 years and fully support this bill.

HB-2611

Submitted on: 2/7/2018 10:12:42 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Preston-Pita	Big Island Substance Abuse Council	Support	No

Comments:

HB-2611

Submitted on: 2/7/2018 10:21:49 AM

Testimony for HHS on 2/9/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sione Naeata	Bobby Benson Center	Support	No

Comments:

As a field worker in this area for over a decade I feel that this bill will allow the targeted population to receive the help that is much needed. Furthermore, as a parent and member of the community, I have witnessed too many friends and family end up in jails and or death because they did not get the help that they needed. Like other chronic diseases, SUD is unfortunately a lifetime disease and we need to put more focus, resources and energy to helping our very own members of our communities.

LATE

Date: February 08, 2018

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services

From: NASW Hawai'i Chapter

RE: Testimony in Support of HB 2611 Relating to Substance Abuse Treatment

Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health and Human Services:

The National Association of Social Workers- Hawaii (NASW-Hawai'i) strongly supports H. B. 2611 , which 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.

A large number of individuals that utilize emergency care and occupy hospital beds are people in our community that suffer multiple chronic conditions such as substance abuse, mental illness and homelessness. When chronic conditions are left untreated, the individual's health condition deteriorates overtime. While people in our community suffer with multiple chronic conditions, their medical expenses increases. Attention to this population is essential in providing quality health care services and improving cost effectiveness.

Substance abuse case management is successful in assisting individuals with a substance abuse disorder to understand their problem and access treatment. Case management may also include the screening, brief, intervention and referral to treatment (SBRIT) which effectively reduces health care costs, reduce the drug and alcohol use, and the chance of trauma. In addition to case management, investing on peer mentoring and coaching program is a significant factor that aid in a person's recovery.

Sonja Bigalke-Bannan, MSW, LSW
Executive Director
National Association of Social Workers, Hawai'i Chapter