

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on HB 3107 SD 1
RELATING TO CHRONIC HEALTH CONDITIONS**

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

Hearing Date: March 20, 2018

Room Number: 329

1 **Fiscal Implications:** Not determined.

2 **Department Testimony:** The Department of Health (DOH) supports this bill. The Governor's
3 Budget Request to the Legislature includes appropriations to the DOH for outreach services to
4 chronically homeless individuals with substance use disorders and for the Law Enforcement
5 Assisted Diversion (LEAD) pilot program. These activities are currently funded by
6 appropriations by the 2017 Legislature, but the DOH will not be able to continue these activities
7 without funding for the next year.

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

16 Enhancements to the system to increase universal screening and referral for those at risk
17 for substance abuse and a coordinated entry system that allows those who need treatment to
18 access services through one entry point and increased care coordination systems are being
19 implemented by the DOH through policy and protocol changes made over the last two years.

1 A significant portion of these efforts are being supported through the use of federal grant
2 funding and the DOH will continue to maximize its use of these resources. However, these
3 funding streams are short term and subject to shifting congressional budget priorities. Likewise
4 general funding for these services, if not added to the DOH's base, adds an element of instability
5 to the services they support. Therefore we ask that consideration be given to adding any funds to
6 the DOH for these services to the base budget.

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

11 Thank you for the opportunity to provide testimony.



SB3107 Multiple Conditions, Case Management, Centralized Referral, Peer Mentoring

COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair
- Tuesday, March 20, 2018: 8:30 am
- Conference Room 329

Hawaii Substance Abuse Coalition (HSAC) Supports SB3107 SD1:

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 organization of almost 40 non-profit 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.

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.

SB-3107-SD-1

Submitted on: 3/18/2018 11:53:26 PM

Testimony for HHS on 3/20/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	No

Comments:



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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

SB3107 SD1 Relating to Chronic Health Conditions

COMMITTEE ON HEALTH AND HUMAN SERVICES:

Representative John Mizuno, Chair; Representative Bertrand Kobayashi, Vice Chair

Tuesday, March 20, 2018: 8:30 am

Conference Room 329

The Salvation Army Addiction Treatment Services and Family Treatment Services SUPPORTS SB3107 SD1:

- **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**

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Addiction Treatment Services

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Family Treatment Services

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Participating Agency



Aloha United Way



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Melanie Boehm
Executive Director

The Salvation Army

Addiction Treatment Services and Family Treatment Services

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



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SB-3107-SD-1

Submitted on: 3/19/2018 12:18:11 AM

Testimony for HHS on 3/20/2018 8:30:00 AM

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

Comments:

Ka Hale Pomaika'i



Moloka'i

"The Blessed House"...Where Recovery Lives on Moloka'i!

PO Box 1895 Kaunakakai, Hawai'i 96748

www.kahalepomaikai.org

March 19, 2018

COMMITTEE ON HEALTH AND HUMAN SERVICES

Subject: Letter of Support

Aloha, Representative John Mizuno, Chair and
Representative Bertrand Kobayashi, Vice Chair

I am writing this letter of support for the current **SB3107** (Substance Use Disorder Treatment for Multiple Conditions, Case Management, Centralized Referral, and Peer Mentoring).

As the sole treatment providing agency on Moloka'i, Ka Hale Pomaika'i plays an integral role in establishing protocols and service delivery systems for some of Hawai'i's most vulnerable and underserved individuals who face substance use disorder challenges. We were part of the team of dedicated providers assisting in developing the widely acclaimed Hawaii Opioid Initiative: A Statewide Response Plan which will aim to continue a state-wide referral system, addressing all substance misuse in addition to the ever advancing opioid use disorder epidemic. This Bill will ensure that those who need help, will have an equal opportunity to receive it in a timely and supportive fashion on my island. Currently a pilot project is proving to be an effective tool in this direction but it is not inclusive of our Moloka'i community members who struggle with addiction.

We support this Bill because it will address several critical gap areas that we are daily faced with. With very limited resources on Moloka'i, as is the case in most of our rural communities, case management is desperately needed to facilitate better wellness choice making for our very visible and very vulnerable chronic substance abusing

members who are often homeless, impoverished and suffer with mental health challenges.

In addition to this gap area, we have no permanent psychiatrist on island and in order to provide skilled treatment for those who may need other medication and/or those with related health conditions, we need to engage and retain medical doctors to provide psychiatric oversight with both our licensed and non-licensed substance abuse counselors. Finally, the area of unemployment is extremely devastating with several of our major employers pulling out of the island. This will result in an increase of poverty, helplessness and despair for many. Self-medication and a turn towards drug use could and most likely will occur.

By passing this Bill, funds could be made available for peer mentoring in addition to case management so that those from within the local community can reach out to those they know best...their neighbors.

It is with strong encouragement that we ask for your continued consideration in this Bill as we know for a certainty that addiction is ever present and treatment works!

Thank you for your continuing efforts to assist rural communities like ours,

Shari Lynn

Shari R. Lynn, MEd, CSAC, CCS, CPS, CCJP,
SAP, NCAC-II, ICADC
Executive Director



Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226
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TESTIMONY IN SUPPORT OF SB3107 SD1: RELATING TO CHRONIC HEALTH CONDITIONS

TO: Representative John Mizuno, Chair; Representative Bert Kobayashi, Vice Chair; House Committee on Health and Human Services

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Tuesday, March 20, 2018 8:30 AM Conference Room 329, State Capitol

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

I thank you for this opportunity to testify in **strong support** of SB3107 SD1 relating to chronic health conditions.

Due to the findings which indicate that a small percentage of patients consume a disproportionate amount of healthcare resources, a series of changes are critical to the more effective provision of resources related to multiple chronic health conditions. More specifically, SB3107 appropriates funds for the treatment of people with multiple chronic conditions including but not limited to mental health disorders, substance use disorders, and homelessness.

SB 3107 offers a robust five-part approach to meet the needs of individuals with multiple chronic conditions:

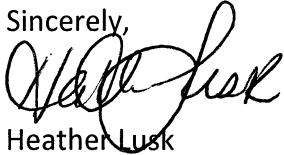
- **Part I** emphasizes the soaring price of healthcare, largely due to a lack of coordinated services to address the needs of individuals with multiple chronic conditions.
- **Part II** highlights the necessity for comprehensive treatment which engages specialized professionals such as M.D.'s and psychiatry for oversight in establishing an integrated continuum of services to meet diverse chronic health conditions.
- **Part III** brings attention to the Hawaii Opioid Initiative: A Statewide Response Plan's commitment to retaining and implementing the SBIRT state wide referral system.
- **Part IV** illuminates data that reveals the chronically homeless as 16 percent of the total homeless population but consumers of half of the resources. Data further reveals that two thirds of the homeless population have a substance use disorder or other chronic condition. Fortunately, there are case management programs which have been

developed to address these needs, but without vital funding these essential programs risk becoming ineffective.

- **Part V** brings attention to peer mentoring as a national best practice that brings community together with government resources to greatly improve outcomes for individuals struggling with chronic health conditions.

In summary, I appreciate the opportunity to provide testimony for SB3107 which offers a comprehensive, innovative approach to address the needs of individuals with multiple treatable chronic health conditions, and which will have a lasting impact in our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lusk". The signature is fluid and cursive, with the first name "Heather" written in a larger, more prominent script than the last name "Lusk".

Heather Lusk

Executive Director

CHOW Project + Life Foundation