

SB3107

Measure Title: RELATING TO CHRONIC HEALTH CONDITIONS.

Report Title: Substance Use; Chronic Conditions; Homelessness; Peer Mentors; Case Managers; Referral; Appropriations (\$)

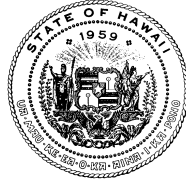
Description: Appropriates funds for programs to help persons suffering from multiple chronic conditions, including coordinated treatment, centralized referral, case managers, and peer mentors.

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): BAKER, HARIMOTO, K. RHOADS, S. Chang, English, Galuteria, Keith-Agaran, Kim, Nishihara, Riviere, Ruderman, Taniguchi, Wakai



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

**Testimony COMMENTING on H.B. 3107
RELATING TO CHRONIC HEALTH CONDITIONS**

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 8, 2018

Room Number: 229

- 1 **Fiscal Implications:** Not determined.
- 2 **Department Testimony:** The Department of Health (DOH) appreciates the intent of this bill to
3 appropriate additional funding to treat people with multiple chronic conditions, including mental
4 health disorders, substance use and homelessness. The State's efforts to address homelessness
5 are led by the Governor's Coordinator on Homelessness (Coordinator). The DOH continues to
6 follow the lead of the Coordinator to ensure that efforts are synchronized in support of the State's
7 comprehensive framework to address homelessness across the system of care. The framework
8 includes focus of efforts on three primary leverage points – affordable housing, health and
9 human services, and public safety. This measure contains appropriations aimed at resourcing
10 activities to conduct outreach to individuals and families with multiple chronic conditions which
11 align with plans developed between the DOH and the Coordinator. The DOH recognizes that
12 additional resources may be necessary to expand services especially to target groups like
13 homeless persons with addiction to drugs or alcohol and individuals with severe mental illness.
14 The DOH asks the Legislature's support of the Governor's Executive Budget request which
15 includes appropriations to the DOH for outreach services to people with substance use disorders
16 who are chronically homeless. The DOH requests that any appropriations resulting from this
17 bill do not supplant or replace priorities requested in the Executive Budget.
- 18 Thank you for the opportunity to provide testimony.

SB-3107

Submitted on: 2/2/2018 10:38:44 AM

Testimony for CPH on 2/8/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Cook	Ku Aloha Ola Mau	Support	No

Comments:



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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Thursday, February 8th, 2018: 8:30 am
- Conference Room 229

HAWAII SUBSTANCE ABUSE COALITION (HSAC) Supports SB3107:

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 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 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.

SB-3107

Submitted on: 2/6/2018 9:09:44 AM

Testimony for CPH on 2/8/2018 8:30:00 AM

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

Comments:

SB-3107

Submitted on: 2/6/2018 10:16:26 AM

Testimony for CPH on 2/8/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ollie Ocampo	Hina Mauka	Support	No

Comments:

I approve this bill.

SB-3107

Submitted on: 2/6/2018 1:19:59 PM

Testimony for CPH on 2/8/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Santiago	Ohana Makamae, Inc.	Support	No

Comments:

My name is Cynthia Santiago, I have been serving in the Behavioral Health field for 29 years, on various capacities, including the oversight of government contracts for Substance Abuse Treatment and Prevention services.

I am in complete agreement with funding the Department of Health in the areas indicated by this bill. Without appropriate funding it is impossible to make a significant difference in the state that our State (and country) finds itself in. Drug abuse is at epidemic proportions, it is up to the citizens to properly address this crisis. Properly addressing this crisis comes in the form of treatment, housing, case management, and other important services that this bill would help attend to.

Please vote yes on this bill, as it will ensure that something is getting done at the State level, with sufficient funds with which these matters need to be addressed.

Thank you sincerely,

Cynthia Santiago



Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226
Honolulu, HI 96813
(808) 521-2437 | (808) 853-3292



TESTIMONY IN SUPPORT OF SB 3107: RELATING TO CHRONIC HEALTH CONDITIONS

TO: Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair; Senate Committee on Commerce, Consumer Protection, and Health

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Thursday, February 8, 2018 8:30 AM Conference Room 229, State Capitol

Dear Chair Baker, Vice Chair Tokuda, and members of the Committee on Commerce, Consumer Protection, and Health:

I thank you for this opportunity to testify in **strong support** of SB 3107 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, SB 3107 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:

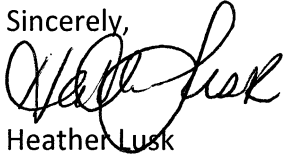
- **Part I** emphasizes the soaring price of healthcare, largely due to the a lack of coordinated services to address the needs of individuals with multiple chronic conditions.
- **Part II** highlights the necessity for comprehensive treatment which engages specialized professionals such as M.D.'s and 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 IIII** 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 SB 3107 which offers a comprehensive, innovative approach to address the needs of individuals with multiple treatable chronic health conditions, which will have a lasting impact in our state.

Sincerely,



Heather Lusk

Executive Director

CHOW Project + Life Foundation

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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.

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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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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.



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

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

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Thursday, February 8th, 2018: 8:30 am
- Conference Room 229

The Salvation Army Addiction Treatment Services and Family Treatment Services Supports SB3107:

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

Visit us at: www.SalvationArmyHawaii.org



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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



Addiction Treatment Services

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

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Visit us at: www.SalvationArmyHawaii.org

SB-3107

Submitted on: 2/8/2018 6:44:05 AM

Testimony for CPH on 2/8/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	Hawaii Advisory Com. Drugs & Controlled Substances	Support	Yes

Comments:

Dear Chair Baker, Vice Chair Tokuda, and members of the Committee on Commerce, Consumer Protection, and Health:

Thank you for this opportunity to testify in strong support of SB 3107 relating to chronic health conditions on behalf of the Hawaii Advisory Commission on Drugs and Controlled Substances. (HACDACs)

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, SB 3107 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 the a lack of coordinated services to address the needs of individuals with multiple chronic conditions.
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- **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.

All of these are aligned with HACDACs recommendations and thank you for the opportunity to testify.

THE SENATE
THE TWENTY-NINTH LEGISLATURE 2018

To: COMMERCE, CONSUMER PROTECTION, AND HEALTH
Sen. Rosalyn H. Baker, Chair
Sen. Jill N. Tokuda, Vice Chair
Committee members

HEARING: Thrusday, February 8, 2018 at 8:30am, Conference Room 229

RE: Testimony in **SUPPORT** of SB3107: RELATING TO CHRONIC HEALTH CONDITIONS.

My name is Rozcel Cezna Santos, I am a graduate student at The Univeristy of Hawaii at Manoa, a Masters student under the Myron B. Thompson School of Social Work. I come before you to show my support for SB3107. As the bill mentions, mental illness and substance abuse are rarely addressed in connection with other chronic conditions. However it is necessary to confront co-occurrence of all conditions to ensure that all aspects of these individuals' lives are met. This population would benefit from target intervention models led by a professionally trained multidisciplinary team to help coordinate care and access to services. Newly immersed in the social work field I have seen how multiple chronic conditions have affected, not only individuals, but entire families as well. With appropriate funds this bill can specifically serve those stuck in the cycle of substance use. Having highly trained case mangers explicitly for substance use and mental illness can better help homeless individuals and their families to gain access to housing which they would otherwise have difficulty accessing. I support this bill as it is the next step in improving health care and social services for this population and the generations to come.

Respectively,

Rozcel Cezna Santos

THE SENATE
THE TWENTY-NINTH LEGISLATURE 2018

To: COMMERCE, CONSUMER PROTECTION, AND HEALTH
Sen. Rosalyn H. Baker, Chair
Sen. Jill N. Tokuda, Vice Chair
Committee members

HEARING: Thursday, February 8, 2018 at 8:30am, Conference Room 229

RE: Testimony in **SUPPORT** of SB3107: RELATING TO CHRONIC HEALTH
CONDITIONS.

Good morning Senator Rosalyn H. Baker, Senator Jill N. Tokuda and committee. My name is Sharon Serrano, a Master of Social Work student at the University of Hawaii at Manoa. The issues mentioned in this bill are costly to our state and preventative and supportive measures would be beneficial for both the community and state. I am writing this letter in support of Bill #3107.

I have worked as a receptionist for a psychiatric office for 10 years and have witnessed the benefits of case management for a person living with mental illness, substance abuse and homelessness. This population would benefit from a treatment model that includes a multidisciplinary team that can support a person by coordinating care and assistance with accessing services. With this additional support, I believe there would be a decrease in in-patient hospitalizations, crises could be diverted, people would be adherent to medications and medical appointments. Allocating funds to a supportive team that is knowledgeable and skilled with tailored interventions is crucial to successful outcomes with the population listed.

Respectively,

Sharon Serrano

Raquel L. Curtis
Master of Social Work Student
Hawai'i Pacific University
Rcurtis2@my.hpu.edu

**TESTIMONY IN SUPPORT OF SB 3107: RELATING TO CHRONIC HEALTH
CONDITIONS**

TO: Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair; Senate
Committee on Commerce, Consumer Protection, and Health

FROM: Raquel L. Curtis, Policy Intern, The CHOW Project

Hearing: Thursday, February 8, 2018 8:30 AM Conference Room 229, State Capitol

Dear Chair Baker, Vice Chair Tokuda, and members of the Committee on Commerce,
Consumer Protection, and Health:

I thank you for this opportunity to testify in **strong support** of SB 3107 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, SB 3107 appropriates funds for the treatment of people with multiple
chronic conditions including but not limited to mental health disorders, substance use
disorders, and homelessness. As an intern at The CHOW Project I regularly engage
with participants experiencing difficulties associated with multiple chronic health
conditions and see a real need for a solution to this complex issue.

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

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In summary, I appreciate the opportunity to provide testimony for SB 3107 which offers a comprehensive, innovative approach to address the needs of individuals with multiple treatable chronic health conditions, and will have a lasting impact in our state.

Raquel L. Curtis
Rcurtis2@my.hpu.edu
Hawai'i Pacific University