



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Committee on Ways and Means

From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The
Queen's Health Systems

Date: February 21, 2018

Hrg: Senate Committee on Ways and Means Hearing; Friday, February 23, 2018 at 11:00
A.M. in Room 211

Re: Support for S.B. 3107, Relating to Chronic Health Conditions

My name is Paula Yoshioka and I am the Vice President for Government Relations and External Affairs for The Queen's Health Systems (Queen's). I appreciate the opportunity to provide **support** for the intent of S.B. 3107, Relating to Chronic Health Conditions. Queen's believes any additional resources to increase capacity, improve coordination of services, and leverage current programs in the community for individuals experiencing homelessness would be a cost effective benefit to the state.

The mission of Queen's is to provide quality health care services to improve the well-being of Native Hawaiians and all the people of Hawai'i, which includes our most vulnerable and underserved patient populations like the homeless. Hawaii has the highest per capita rate of homelessness in the nation, with roughly 5,000 homeless individuals heavily distributed on Oahu and concentrated in Honolulu and on the Waianae Coast. Queen's provides the majority of medical care to our homeless population in Hawai'i. In 2015, Queen's had 10,126 homeless encounters, up from 6,958 in 2013. This represents 64% of the state's homeless hospital encounters.

Care Navigation is considered the gold standard model to address the complex needs of the homeless population and the high medical utilization that providers are dealing with across the nation. The Queen's Care Coalition (QCC) is applying this model within our community to address the disparities in care for homeless patients and over the utilization of emergent services for non-emergent needs. The QCC is a group of navigators tasked with providing coordinated care for our homeless patients and connecting them to community resources such as supportive housing services, social services, behavioral health, etc. to address underlying issues that may stem from their unique circumstances. Preliminary impacts show that the QCC is on track with other model across the nation, like in Los Angeles, San Francisco, and Massachusetts, to decrease utilization between 15-45%.

As the major trauma center for the state of Hawaii and the Pacific Basin, Queen's provides comprehensive trauma services, is the only Comprehensive Stroke Center, and was recently designated by the American College of Surgeons as a Level One Trauma Center. To ensure that

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our community has access to the lifesaving trauma services provided at our facility, Queen's must be ready to accept severe trauma patients through our ED. Over the years, ED visits have steadily been on the rise and our average daily census has increased to 180 patient visits. While future plans are in place to expand our ED capacity to meet the needs of the community, the over utilization of the ED for non-emergent services for homeless patients continues to place a strain on our health care system and too often leads to ED crowding and excessive ED ambulance diversion.

The costs to the entire continuum of care—from hospitals to long-term care facilities to home-based services—of treating the homeless population are large and growing. There are still unmet needs for our homeless patients and while Queen's has been a leader in care coordination, we know that much more needs to be done within the community to close the gaps in services and supports for our homeless population. Thank you for the opportunity to testify on this measure.

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SB3107 (WAM) Multiple Chronic Conditions, Case Management for Addiction, Centralized Referral System, Peer Mentoring Supervisors

COMMITTEE ON WAYS AND MEANS:

- Senator Donovan Dela Cruz, Chair; Senator Gilbert Keith-Agaran, Vice Chair
- Thursday, February 23rd, 2018: 11:00 am
- Conference Room 211

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 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, trauma 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.



Life Foundation & The CHOW Project

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

TO: Senator Donovan Dela Cruz, Chair; Senator Gilbert Keith-Agaran, Vice Chair; Senate Committee on Ways and Means

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Friday, February 23, 2018 11:00 AM Conference Room 211, State Capitol

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and members of the Committee on Ways and Means:

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:

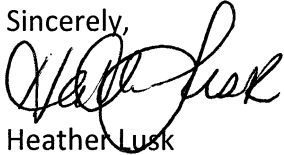
- **Part I** emphasizes the soaring price of healthcare, largely due to the a lack of coordinated services to address the needs of individuals with multiple chronic conditions.
- **Part II** highlights the necessity for comprehensive treatment which engages specialized professionals such as M.D.'s and 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 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 SB 3107 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

SB-3107

Submitted on: 2/22/2018 10:30:44 AM

Testimony for WAM on 2/23/2018 11:00:00 AM

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

Comments:

SB-3107

Submitted on: 2/21/2018 4:11:58 PM

Testimony for WAM on 2/23/2018 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments: