



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of (HB 1448)
RELATING TO HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 1, 2019 Room Number: 329

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department of Health (DOH) strongly supports this opportunity
3 to continue to work with stakeholders such as primary care health plans and the Department of
4 Public Safety, the Judiciary and the Department of Humans Services to impliment a seamless,
5 statewide continuum of care to address the negative impacts of substance abuse, mental health
6 conditions, and homelessness. We welcome this measure’s intent to build upon and expand the
7 efforts of the Hawaii Opioid Initiative and other initiatives in the state such as Ohana Nui,
8 Queens Medical Center’s care navigator program and H4 Hawaii, that are aimed at evaluating
9 system gaps and taking steps to “link and sync” efforts to improve the quality of care.

10 This measure aligns especially with the following treatment access objective of the
11 Hawaii Opioid Action Plan (January 2019) that was developed by the Hawaii Opioid Initiative:

- 12 • New Objective 1-1: “Expand coordinated entry system pilot to a statewide system for
13 all DOH Alcohol & Drug Abuse Division-contracted providers by December 2019.”

14 The implementation of a statewide coordinated entry system will:

- 15 • Expand available crisis services by increasing the ability to maintain a
16 universal and real time inventory of available services that will more
17 effectively increase immediate access to care. This includes implementation of
18 transitional bed stays throughout an episode of care where they are needed and

1 that can be used as pre-treatment stabilization beds, or post-treatment for
2 transitioning into Clean and Sober housing.

- 3 • Expand the coordination of care that better links all communities to a
4 continuum of care through a coordinated entry and referral network that
5 reduces access barriers for neighbor island communities. This would allow,
6 for example, a client from Molokai to more readily enter residential treatment.
- 7 • Better integrate system components to facilitate clients entering SUD
8 treatment and recovery support services when they need it, and how they need
9 it.

10 Thank you for the opportunity to provide testimony.



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

January 31, 2019

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health

The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1448 – RELATING TO HEALTH**

Hearing: Friday, February 1, 9:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the creation of a working group to study and make recommendations to the legislature on strategies to improve the continuum of care for individuals experiencing substance use disorder (SUD), mental health treatment needs, homelessness, and other chronic conditions; and to promote behavioral health integration more broadly in the state's healthcare system.

PURPOSE: The purpose of this bill is to establish a working group to evaluate current system gaps and determine steps that may be taken by the State to promote effective integration of behavioral health care and related systems to address the negative impacts of SUD, mental health conditions, and homelessness.

The Med-QUEST Division (MQD) has identified behavioral health integration, greater access to behavioral health services, and the provision of housing support services to individuals experiencing homelessness as top priorities. The priorities are reflected in the Hawai'i 'Ohana Nui Project Expansion (HOPE) initiative and the overall strategic vision of MQD.

The working group will provide DHS and its inter-agency partners the opportunity to collaborate with each other and external stakeholders to create a shared set of goals and strategies around these top priorities. The working group process will help the State to make improvements to the continuum of care for individuals with behavioral health needs and to help advance behavioral health integration overall.

Thank you for the opportunity to provide testimony in support of this measure.



HB1448 Working Groups to Identify Behavioral Health System Gaps

COMMITTEE ON HEALTH:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

- Rep. San Buenaventura, Chair; Rep. Nakamura, Vice Chair
- Friday, Feb. 1, 2019: 9:00 am
- Conference Room 329

Hawaii Substance Abuse Coalition Wholeheartedly Supports HB1448:

GOOD MORNING CHAIRS, VICE CHAIRS 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.

There are innovations that could be done to reduce the treatment services gap. Cost effective/outcome producing innovations could transform our systems to be more efficient as well as effective.

Federal reports indicate serious national problems. This bill is an inspiration to all of us because now is the time for Hawaii to identify those problems specific to our islands, determine what are our priorities, and implement those innovative and collaborative ideas:

1. Cost and insurance problems are the most often reported roadblock to receiving behavioral health care. National Alliance on Mental Illness. NAMI.
2. Stigma discourages people from seeking proper treatment. NAMI.
3. Service centers are severely understaffed and underpaid. American Academy of Psychiatry.
4. It is critical for states to provide sufficient resources to develop services that can address complex patient models, especially residential/inpatient programs and rural based treatment services. SAMHSA, the federal agency responsible for providing matching funds for mental illness and substance use disorders in all states.
5. The national shortage for mental health services for youth remains. Children living in Hawaii (19.4 percent) are also 10 times less likely to have adequate mental health coverage compared to children in Connecticut (2 percent). Mental Health America. www.mentalhealthamerica.net/new-mha-report-ranks-states-shows-massive-gap-mental-health-access-youth
6. In many states, racial minorities continue to be underserved. Senior citizens often go without needed care. Undocumented immigrants are ignored because we have politicized humane treatment of this group of people. NAMI.
7. The uninsured and underinsured are significantly underserved. Affordable Care Act.
8. Access to care is more than the challenge that there isn't enough capacity, it is that all levels of care (residential to outpatient) are not significant enough in capacity to take care of demand. American Academy of Psychiatry.

9. Workforce issues are serious. There is a severe shortage of individual and organizational licensed providers. American Academy of Psychiatry.
10. The emerging models for complex patient best practices need to encompass both inpatient and outpatient services for physical and behavioral health to reach more people to manage patient populations better. Hospitals and Health Networks.
11. To address fiscal performance, each state needs to have the "mission/margin discussion"—how do we best optimize payment reform? American Academy of Psychiatry.
12. Early interventions are important and families are key. AJMC.
13. Narrowing the gap between science and service means that we must adopt a dynamic view of sustainability that allows for the evolution of each intervention within a changing delivery system. The changes to interventions, practice settings, and care systems, must include the use of quality improvement methods to optimize and improve the public health benefit of the sustained use of appropriate interventions. National Institute of Mental Health NIMH Source: David Chambers, D. Phil., Services Research and Clinical Epidemiology Branch, Division of Services and Intervention Research, NIMH.

“Too many Americans are suffering, and far too many are not receiving the services they need to live healthy and productive lives. When almost two-thirds of young people who have depression are not getting treatment they need.....This is a wake-up call; we can't ignore.....Paul Gionfriddo, President and CEO of Mental Health America (MHA) when MHA released its annual *State of Mental Health in America* report, with startling numbers of how many Americans are not receiving the necessary treatments for mental health and substance use issues.

We applaud the legislature for this bill and are most honored to be named as a volunteer to serve our community in the work group. We appreciate the opportunity to provide testimony and are available for questions.



January 30, 2019

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health

The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
House Committee on Human Services & Homelessness

Re: HB 1448 – Relating to Health

Dear Chair Mizuno, Chair San Buenaventura, Vice Chair Kobayashi, Vice Chair Nakamura, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1448, which establishes a working group to evaluate current behavioral health care and related system gaps related to the continuum of care for persons experiencing substance abuse, mental health conditions, and homelessness.

HMSA supports this measure to evaluate and improve behavioral health care in the state for some of the most vulnerable in our population. The plight of families and individuals experiencing homelessness is visible to everyone in the community. We too are concerned about those who lack appropriate shelter, many of whom have health concerns, including behavioral health issues and/or who suffer from substance abuse. We look forward to the discussion generated by the working group.

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

Sincerely,

Pono Chong
Vice President, Government Relations

HB-1448

Submitted on: 1/30/2019 8:11:58 AM

Testimony for HLT on 2/1/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Individual	Support	No

Comments:

Consider adding a representative from the police department. Statewide, police officers are the first to be contacted by politicians and citizens to make contact with the "homeless population." Because of that, they can offer their first hand perspective on the actual disconnect(s) from their interaction with our court system, hospitals, social services...etc.

HB-1448

Submitted on: 1/30/2019 2:50:43 PM

Testimony for HLT on 2/1/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Yabusaki	Individual	Support	No

Comments:

I am writing in support of HB1448 authorizing a workgroup to explore the continuum of care for mental health and substance abuse care. I work with substance abusing clients with mental health issues and often find gaps in service because of a lack of providers, insurance coverage, housing, employment, and a myriad of reasons contributing to relapse or medication gaps in service. Because individuals with these disorders require a wraparound-type service or a village, it is prudent to authorize a workgroup that could exam the issues and return with solutions. I fully support this bill.

Sincerely,

Ann S. Yabusaki, Ph.D., MFT



LATE

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 1, 2019

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health

The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: HB 1448 – RELATING TO HEALTH

Hearing: Friday, February 1, 2019, 9:00 a.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator supports the intent of this measure, and offers comments. If this measure moves forward, the Coordinator respectfully requests amendments to include a representative of the Hawaii Interagency Council on Homelessness as a member of the proposed working group to align and coordinate efforts of the two entities.

PURPOSE: The purpose of the bill is to establish a working group to evaluate current behavioral health care and related systems gaps related to the continuum of care for persons experiencing substance abuse, mental health conditions, and homelessness.

Homelessness remains one of the most pressing challenges facing Hawaii, and the State has adopted a comprehensive framework to address homelessness that focuses on three primary leverage points – affordable housing, health and human services, and public safety. The Coordinator works closely with multiple state agencies and homeless service providers to implement this framework through the delivery of housing-focused services like Housing First and Rapid Re-Housing, as well as outreach and treatment services for unsheltered homeless individuals experiencing severe mental illness and/or addiction. The coordinated efforts to implement the State's framework to address homelessness have made progress in reducing the

number of homeless individuals statewide. Between 2017 and 2018, the number of homeless individuals in Hawaii decreased by 690 individuals (9.6%). The decrease was one of the largest numeric decreases in homelessness in the country, only exceeded by decreases in California, Florida and Michigan.

According to the 2018 statewide homeless point in time count, there are an estimated 1,612 homeless individuals with severe mental illness, representing 25% of the total homeless population. In addition, the 2018 statewide homeless point in time count identified 1,264 homeless individuals who reported chronic substance abuse, representing 19% of the total homeless population.

In 2012, the Hawaii Interagency Council on Homelessness (HICH) adopted a ten-year strategic plan to address homelessness. The strategic plan includes a number of goals and objectives, including Goal 4, Objective 9, which is to improve health and stability by integrating primary and behavioral health care services with homeless assistance programs and housing. Over the past four years, the HICH has worked to implement the ten-year strategic plan by scaling effective programs such as Housing First and establishing new programs to address mental health and addiction, such as an intensive case management pilot program, the Law Enforcement Assisted Diversion (LEAD) program, and the recently approved 1115 Medicaid waiver amendment for tenancy supports. The Coordinator notes that the purpose of the proposed working group is similar to the goals and objectives of the HICH ten-year strategic plan.

If this measure moves forward, the Coordinator respectfully requests amendments to include a representative of the Hawaii Interagency Council on Homelessness as a member of the proposed working group to align and coordinate efforts of the two entities.

Thank you for the opportunity to testify on this bill.

LATE

Written Testimony Presented Before the
House Committee on Health
and
House Committee on Human Services and Homelessness
Hearing: February 1, 2019, 9:00 AM

By Dr. Linda Beechinor, APRN, FNP-BC
Stacy Kracher, PMHNP-BC, APRN-Rx, CSAC

HB 1448 RELATING TO HEALTH

Chair John M. Mizuno, Vice Chair Bertrand Kobayashi, and members of the House Committee on Health, and Chair Joy San Buenaventura, Vice Chair Nadine Nakamura, and members of the House Committee on Human Services and Homelessness, thank you for this opportunity to provide testimony in strong support for HB1448, Relating to Health, with one suggestion.

We are Advanced Practice Registered Nurses working with the mentally ill, homeless population who are arrested for offenses such as violation of park rules, intoxication in public, disorderly behavior, and a myriad of substance use offences. We are on the front lines working with these individuals and witness daily the results of the gaps in our behavioral healthcare and related systems resulting in negative outcomes for this population and our community. Currently, we collaborate with the Crisis Line of Hawaii to identify individuals who meet these criteria and provide resource and re-linkage to mental health and addiction services, as well as liaison information to any community mental health case manager assigned to the individual for this purpose. Emergency rooms at area hospitals are used to address their acute healthcare needs prior to entering holding cells to await processing to court. We see the same individuals repeatedly due to the lack of follow up and integration of services. Indeed, we need better integration of services to fill in the gaps to better address the needs of these individuals and our community.

We respectfully suggest that a nurse/advanced practice nurse who addresses the needs of this population daily would be an essential member of this proposed working group tasked with mapping a way forward toward more positive outcomes.

Please call on us for further discussion if we can add anything further to deliberations about the formation and purpose of this group. We would be very interested in participating.

We respectfully request that HB1448 pass out of this committee, with this one suggestion included. Thank you for your continued support for measures that address the needs of the mentally ill, homeless population in our community.

Contact information:

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