



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of (SB 1494 SD 2)
RELATING TO HEALTH

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date: March 14, 2019

Room Number: 329

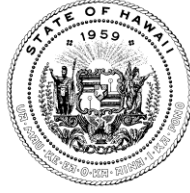
1 **Fiscal Implications:** None

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 Human Services (DHS) to implement a
5 seamless, statewide continuum of care to address the negative impacts of substance abuse,
6 mental health conditions, and homelessness. The DOH recognizes it is statutorily responsible for
7 developing and maintaining a statewide system of care that leverages public and private
8 partnerships and resources, and is committed to doing this in collaboration with the community.
9 We welcome this measure's intent to continue build upon and expand the successful efforts of
10 the Hawaii Opioid Initiative and other initiatives in the state such as Ohana Nui, Queens Medical
11 Center's care navigator program and H4 Hawaii, that are aimed at evaluating system gaps and
12 taking steps to "link and sync" efforts to improve the quality of care.

13 Although this measure intends to address substance abuse as a chronic condition, which
14 is greater in scope than the present efforts by the Hawaii Opioid Initiative to prevent and treat
15 opioid use disorders, this measure aligns especially with a treatment access objective of the
16 Hawaii Opioid Action Plan to expand coordinated entry system pilot statewide.

1 With respect to county representation on the working group, the DOH will extend an
2 invitation to as many behavioral health and housing shelter providers who can commit to
3 participate in monthly meetings of the working group.

4 Thank you for the opportunity to provide testimony.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health
and
House Committee on Human Services and Homelessness
Thursday, March 14, 2019
8:45 a.m.
State Capitol, Conference Room 329**

**On the following measure:
S.B. 1494, S.D. 2, RELATING TO HEALTH**

Chair Mizuno, Chair San Buenaventura, and Members of the Committees:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department supports this bill.

The purpose of this bill is to establish a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness. The Department supports this measure, as it will promote stabilization of the health insurance marketplace and help decrease the systematic overuse of healthcare services that can harm patients and generate excess costs.

Thank you for the opportunity to testify on this bill.



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

March 12, 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: **SB 1494 SD 2 – RELATING TO HEALTH**

Hearing: Thursday, March 14, 2019, 8:45 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the bill creating 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.

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.

OFFICE OF INFORMATION PRACTICES

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To: House Committees on Health and on Human Services & Homelessness

From: Cheryl Kakazu Park, Director

Date: March 14, 2019, 8:45 a.m.
State Capitol, Conference Room 329

Re: Testimony on S.B. No. 1494, S.D. 2
Relating to Health

Thank you for the opportunity to submit testimony on this bill, which would establish a working group to evaluate behavioral health care and related systems. The Office of Information Practices (OIP) takes no position on the substance of this bill, but has a concern and **seeks clarification regarding the proposed working group's exemption in the S.D. 2 version of the bill from the Sunshine Law's notice requirement, section 92-7, HRS, at bill page 4 lines 17-18.**

The proposed working group would meet the definition of a "board" subject to the Sunshine Law, so under the bill in its current form the working group would be required to hold open meetings, accept public testimony, and keep and post minutes of its meetings – but would be under no obligation to actually tell the public when and where its meetings will be held and what it will be considering there, due to this bill's exemption from the Sunshine Law's notice requirement. **It seems contradictory for the working group to be required to do everything the Sunshine Law prescribes for holding open meetings other than notifying the public when a meeting will be held.**

If the Legislature's intent in creating this exemption was to exempt the working group from a particular part of the Sunshine Law's notice requirements, such as the requirement to have an agenda listing everything a board will consider at a meeting, then **OIP would recommend that the exemption at page 4, lines 17-18 be amended to specify a particular requirement the working group is not required to meet, such as "The working group shall be exempt from the requirement to include an agenda with its notice under section 92-7."**

If the Legislature's intent was actually for the proposed working group to be an internal governmental working group seeking to better integrate various government agencies' ongoing efforts in an area of common concern rather than a board that itself sets policy, and for this reason the Legislature did not intend for the group to hold public meetings at all, the Legislature should be aware that under the current draft of this bill the working group will still be subject to all the Sunshine Law's requirements except for the requirement to notify the public in advance of its meetings. **If this Committee's intent is to exempt the group from the Sunshine Law altogether, it should amend the exemption at page 4, lines 17-18, to be from "part I of chapter 92" rather than only from "section 92-7."** If this Committee does exempt the group from the Sunshine Law, **OIP would further recommend that it explain in its Committee Report why it believes an exemption from the Sunshine Law is appropriate.**

Thank you for the opportunity to testify.



LATE

The Judiciary, State of Hawai'i

Testimony to the House Committee on Health

Representative John. M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

and

House Committee on Human Services and Homelessness

Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair

Thursday, March 14, 2019, 8:45 AM
State Capitol, Conference Room 329

by

Rodney A. Maile
Administrative Director of the Courts

WRITTEN TESTIMONY ONLY

Bill No. and Title: Senate Bill No. 1494, S. D. 2, Relating to Health.

Purpose: Establishes a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness. Makes an appropriation. Effective 7/1/2050. (SD2)

Judiciary's Position:

The Judiciary supports Senate Bill No. 1494, S. D. 2, and is willing to participate as a member of the working group.

The Judiciary is invested in addressing the issues of substance abuse, mental health, and homelessness. The impact of these issues affect the clients that are served by the Judiciary. Evaluating and addressing system gaps and determining steps for effective behavioral health care would be beneficial in working with clients to effectuate change and lead prosocial lives.



Senate Bill No. 1494, S. D. 2, Relating to Health
House Committee on Human Services and Homelessness
March 14, 2019
Page 2

The Judiciary has been involved in collaborative working relationships with some of our partner agencies to address these issues, however, the scope and scale of this working group would allow a wider perspective of making the system more cohesive and effective for the sake of those that are impacted by substance abuse, mental health and homelessness issues in our community.

Thank you for the opportunity to testify on this measure.



LATE

EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

March 14, 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: **SB 1494 SD2 – RELATING TO HEALTH**

Hearing: Tuesday, February 19, 2019, 9:30 a.m.
Conference Room 211, State Capitol

POSITION: The Governor's Coordinator supports this measure, and appreciates the amendment of the Committees on Commerce, Consumer Protection, and Health and Human Services to include a representative of the Hawaii Interagency Council on Homelessness as a working group member.

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.

Thank you for the opportunity to testify on this bill.



SB1494 SD2 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
- Thursday, Mar. 14, 2019: 8:45 am
- Conference Room 329

Hawaii Substance Abuse Coalition Wholeheartedly Supports SB1494 SD2:

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.

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 our priorities are, and implement those innovative and collaborative ideas.

**WE COULD BE
MORE COST
EFFECTIVE**

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, which results in chronic conditions getting worse. 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.
6. The **uninsured and underinsured are significantly underserved.** Affordable Care Act.
7. 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.

Outcome producing innovations could be done to reduce the treatment services gap as well as transform our systems to be more effective.

8. **Workforce issues are serious.** There is a severe shortage of individual and organizational licensed providers. American Academy of Psychiatry.
9. 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.
10. To address fiscal performance, each state needs to have the "mission/margin discussion"—**how do we best optimize payment reform?** American Academy of Psychiatry.
11. 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.
12. **Senior citizens often go without needed care.** Many states report that racial minorities continue to be underserved. Undocumented immigrants are ignored because we have politicized humane treatment of this group of people. NAMI.
13. **Early interventions are important and families are key.** AJMC.

“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 MHS 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.



March 12, 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: SB 1494 SD2 – 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 SB 1494, SD2, which establishes a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness. It also makes an appropriation and is effective 7/1/2050.

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



949 Kamokila Boulevard, 3rd Floor, Suite 350, Kapolei, HI 96707
808.675.7300 | www.ohanahealthplan.com

March 14, 2019
Conference Room 329
8:45 a.m.

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

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

From: 'Ohana Health Plan
Rachel Wilkinson, Government Affairs Sr. Manager

Re: SB 1494 SD2, Relating to Health; **In Support**

'Ohana Health Plan ('Ohana) is a member of the WellCare Health Plans, Inc.'s ("WellCare") family of companies and provides healthcare for Hawaii residents statewide. Since 2009, 'Ohana has utilized WellCare's national experience to develop a Hawaii-specific care model that addresses local members' healthcare and health coordination needs. By focusing on the state's Medicaid and Medicare population, 'Ohana serves Hawaii's most vulnerable residents: low-income, elderly, disabled, and individuals with complex medical issues. Our mission is to help our members lead better, healthier lives.

'Ohana offers our **support** of SB 1494 SD2, which establishes a working group to evaluate current behavioral health care and related systems to promote effective integration of services and improve response and coordination of care for persons experiencing substance abuse, mental health conditions, and homelessness; and makes an appropriation.

Since 2013, 'Ohana has served as the sole provider of the state's Community Care Services (CCS) program, a highly specialized care model to help Medicaid-eligible adults who have a qualifying serious mental illness (SMI)/severe and persistent mental illness (SPMI) and significant functional impairment. These individuals are Hawaii's most vulnerable—people who have been diagnosed with schizophrenia, delusions, psychosis, bi-polar disorder, and major depression. For some, the impairment is such that they are unable to work or complete daily tasks independently.

We strongly urge the passage of SB 1494 SD2 to further the discussion with key stakeholders and to advance behavioral health integration. Thank you for the opportunity to provide testimony on this measure.

Helping Hawai'i Live Well

To: Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, Members, House Committee on Health

Representative Joy San Buenaventura, Chair, Representative Nadine Nakamura, Vice Chair, Members, House Committee on Human Services and Homelessness

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF SB 1494 SD 2 RELATING TO HEALTH

Hearing: March 14, 2019, 8:45 am, CR 329

Thank you for hearing **Senate Bill 1494 SD 2**, which establishes 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 substance abuse, mental health conditions, and homelessness.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i 77 years ago, that serves the community by promoting mental health through advocacy, education and service. We have been a leader in improving the care and treatment of people with mental illness in Hawaii through policy change. In the 1940s and 1950s our emphasis was on improving the care of patients at the State Hospital in Kaneohe. We helped pass Hawaii's progressive Civil commitment Law in 1976, the Patient Rights Law (Act 272) and Residential Treatment Program Law in 1980, and Hawaii's first Mental Health and Substance Abuse System Act in 1984. In the 1990s we helped get a Psychiatric Advance Directive law passed and helped obtain parity in health insurance coverage for mental health treatment.

As evidenced through our state's homelessness crisis as well as the inquiries for help we receive daily at our office, we have substantial gaps in behavioral health care and supportive services access. The 2018 Commonwealth Fund Scorecard reported that 64% of adults with mental illness in Hawaii did not receive treatment.¹ We appreciate the willingness of the major stakeholders named in this bill to work together on the issue and are available to assist as well.

Thank you for considering my **testimony in support of SB 1494 SD2**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

¹ D. C. Radley, D. McCarthy and S. L. Hayes, 2018 Scorecard on State Health System Performance, The Commonwealth Fund, May 2018.

LATE

Date: February 6, 2019

To: Rep. John M. Mizuno, Chair House Committee on Health
Rep. Bertrand Kobayashi, Vice Chair Committee on Health
Members of the House Committee on Health

Rep. Joy A. San Buenaventura, Chair House Committee on Human Services &
Homelessness

Rep. Nadine K. Nakamura, Vice Chair House Committee on Human Services &
Homelessness

Members of the House Committee on Human Services & Homelessness

From: Zachary Wolf

Re: Support for SB1494, Relating to Health

Hrg: Thursday, March 14, 2019 at 8:45am at Conference Room 329

My name is Zachary Wolf and I am a current MSW student at the Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa. This written testimony is to show my support for Senate Bill 1494.

I am in support of this bill as I believe that by establishing a working group to evaluate current behavior health care is the next step to finding a different way to approach working with individuals with substance abuse, mental health and/or homeless concerns. As I have had prior experience working as a Community Based Case Manager for dual-diagnosed clients, I know the positive impact a group to evaluate what is and is not working can do for these individuals. Clients can benefit greatly by having various policies and procedures looked and changed or created in order to gain better behavioral health services. Our behavioral health providers would benefit by being able to provide effective, client focused services in order to actually see a change in those they are working with. Our community will see a change as these individuals can gain access to behavioral health care that actually works.

More needs to be done to create effective behavioral health practices, and by establishing a group of this sort, there will be accountability for the State to ensure that what they are saying is being done, is

actually being done, and effectively. The hope from a group like this would be to create solutions that work, not just solutions that place a Band-Aid on the situation. I support this bill and look forward to this groups implementation if passed.

Sincerely,
Zachary Wolf

LATE

SB-1494-SD-2

Submitted on: 3/14/2019 7:57:58 AM

Testimony for HLT on 3/14/2019 8:45:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimo K. Carvalho	IHS The Institute for Human Services	Support	No

Comments: