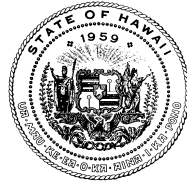


SB 1494

Measure Title:	RELATING TO HEALTH.
Report Title:	Behavioral Health Care; Continuum of Care; Substance Abuse; Mental Health; Homelessness; Working Group; Appropriation (\$)
Description:	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. Makes an appropriation.
Companion:	HB1448
Package:	None
Current Referral:	CPH/HMS, WAM
Introducer(s):	J.KEOHOKALOLE, S. CHANG, Baker, Fevella, Kidani, Nishihara, Ruderman



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

Testimony in SUPPORT of (SB 1494)
RELATING TO HEALTH

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

SENATOR RUSSELL E. RUDERMAN, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

Hearing Date: February 8, 2019 Room Number: 229

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

14 Thank you for the opportunity to provide testimony.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

February 5, 2019

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 1494 – RELATING TO HEALTH**

Hearing: Friday, February 8, 9:00 a.m.
Conference Room 229, 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. DHS suggests five amendments to the bill.

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.

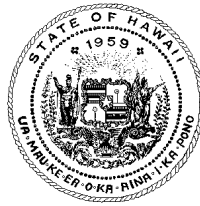
The working group will provide DHS and its inter-agency partners the opportunity to collaborate with each other and external stakeholders to create a shared set of goals and strategies around these top priorities. The working group process will help the State to make improvements to the continuum of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

DHS suggests five amendments to the bill to enhance the working group's efficiency, focus, and representation. First, DHS suggests that the law be exempt from provisions of Chapter 92, Hawaii Revised Statutes. Second, DHS suggests that authorization for the working group end once the working group submits the report of its findings and recommendations to the legislature in accordance with Section 2(e) of the bill. Third, DHS suggests that one representative of the Department of Commerce and Consumer Affairs, Insurance Division, be added to Section 2(b). Fourth, DHS agrees with the Governor's Coordinator on Homelessness request that one representative from the Hawaii Interagency Council on Homelessness be added to Section 2(b).

Lastly, DHS suggests that the language in Section 2(b)(7) be amended to allow for potential changes in the healthcare coverage market that may occur in the future. Rather than specify the entities that would have a representative on the working group, DHS suggests that the language be changed to allow the appointment of representatives from five entities operating a health plan in the State of Hawaii.

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

DAVID Y. IGE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
DIRECTOR

Maria C. Cook
Deputy Director
Administration

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. _____

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL 1494
RELATING TO HEALTH.

by
Nolan P. Espinda, Director
Department of Public Safety



Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Senate Committee on Human Services
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

Friday, February 8, 2019; 9:00 a.m.
State Capitol, Conference Room 229

Chairs Baker and Ruderman, Vice Chairs Chang and Rhoads, and Members of the Committees:

The Department of Public Safety (PSD) supports the intent of Senate Bill (SB) 1494, which proposes to establish a coordinated entry work group to assist in the execution of the Continuum of Care Interim rule that implements the McKinney-Vento Homeless Assistance Act of 2009.

PSD is supportive of efforts in coordinated entry, prioritizing housing and homeless assistance for individuals with the most severe service needs and levels of vulnerability, and will be pleased to participate in a work group as proposed in this measure.

Thank you for the opportunity to present this testimony.



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 8, 2019

TO: The Honorable Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

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

SUBJECT: SB 1494 – RELATING TO HEALTH

Hearing: Friday, February 8, 2019, 9:00 a.m.
Conference Room 229, State Capitol

POSITION: The Governor's Coordinator supports this measure with one suggested amendment. If this measure moves forward, the Coordinator respectfully requests amendments to require the working group to consult with the Hawaii Interagency Council on Homelessness (HICH) or to include a representative of the HICH 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 require the working group to consult with the Hawaii Interagency Council on Homelessness (HICH) or to include a representative of the HICH 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.



December 3, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Russell E. Ruderman, Chair
The Honorable Karl Rhoads, Vice Chair
Senate Committee on Human Services

Re: SB 1494 – Relating to Health

Dear Chair Baker, Chair Ruderman, Vice Chair Chang, Vice Chair Rhoads, and Members of the Committees:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1494, 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

Helping Hawai'i Live Well

To: Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, Members, Senate Committee on Consumer Protection and Health

To: Senator Russell Ruderman, Chair, Senator Karl Rhoads, Vice Chair, Members, Senate Committee on Human Services

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF SB 1494 RELATING TO HEALTH

Hearing: February 8, 2019, 9:00 am, CR 229

Thank you for hearing **Senate Bill 1494**, 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**. 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.

SB-1494

Submitted on: 2/7/2019 8:20:41 AM

Testimony for CPH on 2/8/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



SB1494 Working Groups to Identify Behavioral Health System Gaps

COMMITTEE ON HEALTH:

- Sen. Baker, Chair; Sen. Chang, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

- Sen. Ruderman, Chair; Sen. Rhoads, Vice Chair
- Friday, Feb. 8, 2019: 9:00 am
- Conference Room 229

Hawaii Substance Abuse Coalition Wholeheartedly Supports HB1494:

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 a serious national problem for substance abuse, mental health conditions, and homelessness. 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:

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-Senort-ranks-states-shows-massive-gap-mental-health-access-youth
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.
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. 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.
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.

TESTIMONY FOR SUPPORT OF SB1494, HEARING 2/8/19, 9AM

Dear Chairperson Senator Baker and Members of the Senate Consumer Protection and Health Committee,

I am writing in support of SB1494 setting up a workgroup to explore the gaps in service for the continuum of care for patients with mental health, substance use disorders, and homelessness. The group will also explore the types of services needed and special training of providers to provide appropriate care. As an advocate for fetal alcohol spectrum disorders (FASD) the workgroup will have to address patients with an FASD as they fall in the continuum.

Mahalo for your consideration.

Respectfully,

Ann S. Yabusaki, Ph.D., MFT

Psychologist & Family Therapist