



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 13, 2019

TO: The Honorable Representative Roy M. Takumi, Chair
House Committee on Consumer Protection & Commerce

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

SUBJECT: HB 1448 HD1 – RELATING TO HEALTH

Hearing: Wednesday, February 13, 2019, 2:00 p.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator supports this measure.

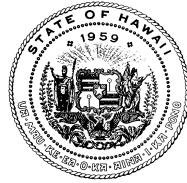
PURPOSE: The purpose of the bill is to establish a working group to evaluate current behavioral health care and related systems gaps related to the continuum of care for persons experiencing substance abuse, mental health conditions, and homelessness.

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.



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of (HB 1448 HD 1)
RELATING TO HEALTH

REPRESENTATIVE ROY M. TAKUMI, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: February 13, 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. We welcome this measure's intent to build upon
7 and expand the efforts of the Hawaii Opioid Initiative and other initiatives in the state such as
8 Ohana Nui, Queens Medical Center's care navigator program and H4 Hawaii, that are aimed at
9 evaluating 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 The DOH submits the following amendments in testimony on SB 1494, the companion to
15 HB 1448 HD 1. First, the working group should end once the working group submits the report
16 of its findings and recommendations to the legislature in accordance with Section 2(e) of the bill.
17 Second, a representative of the Department of Commerce and Consumer Affairs, Insurance
18 Division should be added to Section 2(b). Third, DOH concurs with the Governor's Coordinator
19 on Homelessness' request that one representative from the Hawaii Interagency Council on
20 Homelessness be added to Section 2(b). And lastly, regarding Section 2(b)(8) the language

1 should be revised to say “representatives from any entities operating a health plan in the State of
2 Hawaii”, to assure flexibility and inclusivity of entities that provide for health plan coverage in
3 the State.

4 With respect to county representation on the working group, the DOH will extend an
5 invitation to any behavioral health and housing shelter providers who wish to participate in
6 meetings of the working group.

7 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
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February 11, 2019

TO: The Honorable Representative Roy M. Takumi, Chair
House Committee on Consumer Protection & Commerce

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1448 HD 1 – RELATING TO HEALTH**

Hearing: Wednesday, February 13, 2019 2:00 p.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. We appreciate the amendment of the Committee on Human Services and Homelessness to add a representative from the Hawaii Interagency Council on Homelessness to the working group. DHS suggests three 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 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 three amendments to the bill to enhance the working group's efficiency, focus, and representation. First, 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. Second, DHS suggests that one representative of the Department of Commerce and Consumer Affairs, Insurance Division, be added to Section 2(b).

Third, DHS suggests that the language in Section 2(b) (7) be amended to not name the specific health plans that would have a representative on the working group. DHS suggests that the language be changed to allow the appointment of a set number of representatives from health plan entities operating in the State of Hawaii.

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

Helping Hawai'i Live Well

To: Representative Roy Takumi, Chair, Representative Linda Ichiyama, Vice Chair, Members, House Committee on Consumer Protection

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF HB 1448 RELATING TO HEALTH

Hearing: February 13, 2019, 2:00 pm, CR 329

Thank you for hearing **House Bill 1448**, 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 HB 1448**. 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.



February 11, 2019

The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair
House Committee on Consumer Protection & Commerce

Re: HB 1448 HD1 – Relating to Health

Dear Chair Takumi, Vice Chair Ichiyama, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1448, HD1, 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,

Jennifer Diesman
Senior Vice President, Government Relations

Written Testimony Presented Before the
House Committee on Health
and
House Committee on Consumer Protection and Commerce
Hearing: February 13, 2019, 2:00pm

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

HB1448, HD1 RELATING TO HEALTH

Chair Roy Takumi, Vice Chair Linda Ichiyama, and members of the House Committee on Consumer Protection and Commerce, thank you for this opportunity to provide testimony in strong support for HB1448, HD1, 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, HD1 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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HB-1448-HD-1

Submitted on: 2/12/2019 12:50:23 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

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

Comments:



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February 13, 2019
Conference Room 329
2:00 p.m.

To: The Honorable Chair Roy M. Takumi
The Honorable Vice Chair Linda Ichiyama
House Committee on Consumer Protection and Commerce

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

Re: HB 1448 HD1, 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 Health Plan offers our **support** of HB 1448 HD1, 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.

Since 2013, 'Ohana Health Plan 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 HB 1448 HD1 to further the discussion with key stakeholders and to advance behavioral health integration. Thank you for the opportunity to provide testimony on this measure.