

HB-2022

Submitted on: 1/27/2020 6:09:24 PM

Testimony for HSH on 1/31/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Hawaii Disability Rights Center	Support	No

Comments:

We have long advocated for the need for crisis stabilization beds and other forms of treatment in the community. If this special fund can be tapped for that we think that is an excellent idea.



HB2022 Use Mental Health/Substance Abuse Funds for Capital Projects

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. Joy San Buenaventura, Chair; Rep. Nadine Nakamura, Vice Chair
- Friday, January 31, 2020: 8:30 am
- Conference Room 329

Hawaii Substance Abuse Coalition Supports HB2022:

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 organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

Creating Subacute Residential Stabilization Services and Transition Placement services can help our current systems that are overwhelmed with high utilizers of expensive emergent care for people with chronic conditions of mental health and substance use disorders.

- High utilizers typically are vulnerable populations with complex problems involving high behavioral health needs and multiple chronic conditions. Due to these complicated medical needs, such patients tend to heavily rely on ER facilities and are difficult to engage in ongoing care, especially with primary care providers.¹
- The emergency department is the last-resort healthcare where 5% of patients account for 25% of the visits. These are medically and socially complex patients. The Agency for Healthcare Research and Quality (AHRQ) indicated that in 2010, the top 1% of high cost patients accounted for 21.4% of total healthcare spending at an average annual cost of \$87,570.²

Government resource expenditures for high utilizers are huge.

- Across three systems: healthcare (emergency care), criminal justice (including law enforcement, courts and corrections) and homelessness, high utilizers tax state [and city] mental health services yet still don't get adequate care for the severe often untreated mental illness and substance use disorders.³
- Police are overwhelmed with responding to crisis situations with homeless people who have a drug induced psychosis from being high on methamphetamine. Frequently, such homeless are recycling through emergency care.

Complex Patients need multiple levels of care to meet their individual need.

- Stabilization beds are a level of care that is needed for high end utilizers because we have high levels of care for acute emergent needs and then the only option for them is to step down to a lower more stabilized level of care when they are not yet stabilized.
- Given that the only option for people with high acuity, multiple chronic conditions is emergent care or treatment, they are often placed into higher levels of expensive, emergent care for a longer period of time or more likely, they are discharged from expensive,

¹ Colonial Penn Center: Leonard Davis Institute for Health Economics (2016): *Targeting High Utilizers of Health Care* <https://ldi.upenn.edu/sumr-blog/targeting-high-utilizers-health-care>

² ECG Management Consultants: Siemens Healthineers Company: *Rethinking Care for Emergency Department Super Utilizers in a Value-Based World* (2016). <https://www.ecgmc.com/thought-leadership/articles/rethinking-care-for-emergency-department-super-utilizers-in-a-value-based-world>

³ WHY? PBS/NPR: *High Utilizers tax state mental health services, but still don't get adequate care.* <https://why.org/articles/high-utilizers-tax-state-mental-health-services-but-still-dont-get-adequate-care/>

emergent care in a very short time and released back to the community rather than accessing treatment that requires some functionality and motivation.

- We need to implement the appropriate short term level of care to stabilize such patients until they can transition into residential or outpatient treatment services.

Patients can start with a Subacute Residential Stabilization level of care or transition down from emergent care.

- Emergency rooms are over utilized in some situations because it is the most accessible part of the system. Some patients need stabilization not emergent care.
- Other patients can transition to this care once their immediate crisis is addressed after emergent care. A post-stabilization period is often needed because their treatment goals have not been addressed in short term emergent care.

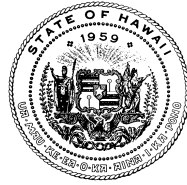
Without treatment options, the patient will not progress towards recovery but regress and end up back in the emergency department.

- This tragic cycle occurs because we have failed to stand up enough options that are accessible in the community.
- There needs to be options so that a “warm handoff” to a community setting can be made after stabilization to continue treatment and reduce the risk of recurrence of crisis acute admissions.

We appreciate the opportunity to testify and are available for questions.

than down to a much lower level of care because that level would be inadequate for them. Without enough step-down treatment options for this population, such patients become frequent utilizers of short doses of high level, expensive care.

We appreciate the opportunity to provide testimony and are available for questions.



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Testimony in SUPPORT of H.B. 2022
RELATING TO THE MENTAL HEALTH AND SUBSTANCE ABUSE SPECIAL FUND

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

Hearing Date and Time: Friday, January 31st, 2020 at 8:30am

Room: 329

1 **Department Position:** The Department of Health (“Department”) strongly supports this
2 measure and offers the following testimony.

3 **Department Testimony:** The subject matter of this measure intersects with the scope of the
4 Department’s Behavioral Health Administration (“BHA”) whose statutory mandate is to assure a
5 comprehensive statewide behavioral health care system by leveraging and coordinating public,
6 private and community resources. Through the BHA, the Department is committed to carrying
7 out this mandate by reducing silos, ensuring behavioral health care is readily accessible, and
8 person centered. The BHA’s Adult Mental Health Division (“AMHD”) provides the following
9 testimony on behalf of the Department.

10 The Department strongly supports the use of expenditures from the Mental Health and
11 Substance Abuse Special Fund in order to support capital improvement projects which include:
12 1) sub-acute stabilization beds, also known as crisis stabilization beds, and 2) transitional
13 placement units. These services are critical components of the state’s continuum of care and
14 are designed to assist individuals who live with behavioral health issues to receive the
15 appropriate level of care depending on their clinical needs. Individuals who live with behavioral
16 health issues have improved outcomes when they receive the appropriate level of care

1 depending on their clinical needs as well as increased likelihood of community reintegration
2 and attaining long-term community tenure.

3 The Department, in collaboration with state agency partners through the task force and
4 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
5 short-term stabilization services throughout the state creates unnecessary burdens on
6 emergency departments, law enforcement, and individuals living with behavioral health issues.
7 Long-term mental health recovery and community reintegration can be achieved through
8 appropriate clinical intervention and consistent flow through a care continuum based on clinical
9 need and level of care.

10 Short-term residential stabilization beds provide a sub-acute level of care for individuals
11 whose behavioral health issues do not meet medically necessary criteria for acute
12 hospitalization but whose presentation and current medical status are not conducive or
13 appropriate for community-based services such as low intensity residential, or outpatient
14 services. Additionally, transitional placement units would allow individuals to live semi-
15 independently but also able to transition to a higher level of care in a timely manner if clinically
16 necessary.

17 Utilizing the Mental Health and Substance Abuse Special Fund to re-purpose existing
18 unused state facilities and expand sub-acute stabilization services and transitional placement
19 units will enhance the state's current care continuum by: 1) helping to reduce unnecessary
20 emergency department admissions, 2) promoting jail diversion opportunities, and 3) better
21 assisting individuals with behavioral health issues to be appropriately triaged through a
22 coordinated care continuum.

23 Thank you for the opportunity to testify on this measure.

24 **Offered Amendments:** None.

1 **Fiscal Implications:** The use of the Mental Health and Substance Abuse Special Fund for capital
2 improvement projects will allow for a reduction in the utilization of higher level services, such
3 as emergency departments and jails, by individuals who can be served appropriately through
4 sub-acute stabilization services and transitional placement units while maintaining current
5 general fund appropriation levels for the BHA.