



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 24, 2020

TO: The Honorable Representative Sylvia Luke, Chair
House Committee on Finance

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

SUBJECT: HB2522 HD1 – RELATING TO HEALTH

Hearing: Monday, February 24, 2020, 1:00 p.m.
Conference Room 308, State Capitol

POSITION: The Governor's Coordinator supports this bill provided that its passage does not replace or adversely impact budget priorities.

PURPOSE: The purpose of this bill is to require the Department of Health (DOH) to establish short-term residential beds for the purpose of stabilization from mental health conditions or substance use and to assess patients and triage them to a clinically appropriate level of care through the Hawaii coordinated access resource entry system (CARES). The bill also appropriates an amount of funds for Fiscal Year 2021.

The Hawaii Interagency Council on Homelessness (HICH), a 27-member advisory council chaired by the Coordinator, recently voted to prioritize support for behavioral health reforms and programs as part of its 2020 legislative priorities to address homelessness. In particular, HICH supports the addition of over-150 new stabilization beds statewide, which will serve individuals experiencing severe mental illness, substance use disorder, and the need for medical detox. HICH also supports the scaling of promising programs, such as CARES, which was implemented in the fall of 2019.

The Coordinator notes the clear and critical intersection between homelessness and health, including issues related to behavioral health. Over the past four years, the State has developed and implemented a range of new programs to divert homeless individuals

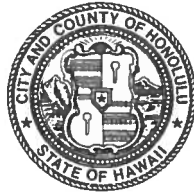
experiencing severe mental illness or substance use disorders to appropriate treatment and support. These new programs include the Law Enforcement Assisted Diversion (LEAD) program, intensive case management for homeless individuals, CARES, and the Assisted Community Treatment (ACT) program. Short-term stabilization beds will complement the existing array of services and provide a safe place for individuals to recover and receive appropriate treatment.

While the measure does not specifically address the needs of homeless individuals, there is overlap between individuals experiencing severe mental illness and/or substance use disorders and individuals experiencing homelessness. According to the 2019 Point in Time count, the number of homeless individuals self-reporting severe mental illness on Oahu was 1,060 individuals, representing a 5.8% increase (58 individuals) over the past four years.

Thank you for the opportunity to testify on this bill.

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU

801 SOUTH BERETANIA STREET · HONOLULU, HAWAII 96813
TELEPHONE: (808) 529-3111 · INTERNET: www.honolulu.police.org



KIRK CALDWELL
MAYOR

SUSAN BALLARD
CHIEF

JOHN D. McCARTHY
CLYDE K. HO
DEPUTY CHIEFS

OUR REFERENCE **ML-GL**

February 24, 2020

The Honorable Sylvia Luke, Chair
and Members
Committee on Finance
House of Representatives
Hawaii State Capitol
415 South Beretania Street, Room 308
Honolulu, Hawaii 96813

Dear Chair Luke and Members:

SUBJECT: House Bill No. 2522, H.D. 1, Relating to Health

I am Mike Lambert, Captain of the Community Outreach Unit of the Honolulu Police Department (HPD), City and County of Honolulu.

The HPD strongly supports House Bill No. 2522, H.D. 1, Relating to Health.

The City and County of Honolulu is currently experiencing a mental health crisis, which adversely affects the quality of life for the individual in crisis, as well as the community subjected to that individual's behavior. Many times untreated mental illness leads to homelessness, law enforcement encounters, as well as an individual's decomposition of mind and body.

The HPD recognizes the need for additional treatment beds to allow for diversionary programs to offer treatment in lieu of incarceration. The first step in creating policies that divert an individual from jail is to make access to short-term residential treatment simple and readily available. The Health Efficiency Long-term Partnerships (HELP) program created by the HPD offers treatment to individuals that have not broken the law and request voluntary treatment. Many times, space is limited and an individual is forced to wait. Unfortunately, the delays have resulted in missed opportunities.

The HPD believes that access to treatment for non-forensic patients with substance abuse or mental health conditions will be more effective at restoring an individual suffering with mental illness or substance abuse than placing someone into jail only for their underlying causes for criminal actions go untreated.

The Honorable Sylvia Luke, Chair
and Members
February 24, 2020
Page 2

The HPD respectfully urges you to support House Bill No. 2522, H.D. 1, Relating to Health.

Thank you for the opportunity to testify.

Sincerely,



Mike Lambert, Captain
Community Outreach Unit

APPROVED:



Susan Ballard
Susan Ballard
Chief of Police

HB-2522-HD-1

Submitted on: 2/21/2020 6:28:16 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

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

Comments:



HB2522 HD1 Stabilization Beds/CARES for Substance Use Disorders and Mental Health- Create Network of Services

COMMITTEE ON FINANCE:

- Rep Sylvia Luke, Chair; Rep. Ty Cullen, Vice Chair
- Monday, Feb. 24h, 2020: 1:00 pm
- Conference Room 308

Hawaii Substance Abuse Coalition Supports HB2522 HD1:

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.

HSAC recommends that private non-profits could operate state facilities for non-forensic beds and could supplement state funding, including fund raising to remodel as well as accessing non-state funds to support operations.

Our current systems need help because they 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.
- Patients with complicated medical needs tend to heavily rely on ER facilities and are difficult to engage in ongoing care, especially with primary care providers.
- 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.

Government resource expenditures for high utilizers are huge.

- High utilizers are expensive yet still don't get adequate care for their severe often untreated mental illness and substance use disorders. They access government and health services across three systems: hospital emergency care, criminal justice (including law enforcement, courts and corrections) and homelessness, which results in very expensive costs per person.

- 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.
- Complex patients receive acute care rather than chronic care services given their crisis situation. People with high acuity and multiple chronic conditions that are in a crisis situation are often placed into higher levels of expensive, emergent care. They either receive a longer period of time in acute care or more likely, they are discharged from expensive, emergent care in a very short time and released back to the community. They don't access chronic treatment services immediately because such services require some semblance of functionality and motivation. During acute emergent care, there is no time nor motivational services to help them engage with ongoing chronic care treatment.
- 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.

- Some patients need stabilization not emergent care. Emergency rooms are over utilized in some situations because it is the most accessible part of the system.
- Other patients can transition to subacute residential 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 provide testimony and are available for questions.

COMMUNITY ALLIANCE ON PRISONS

P.O. Box 37158, Honolulu, HI 96837-0158

Phone/E-Mail: (808) 927-1214 / kat.caphi@gmail.com



COMMITTEE ON FINANCE

Rep. Sylvia Luke, Chair

Rep. Ty Cullen, Vice Chair

Monday, February 24, 2020

1:00 PM – Room 308

STRONG SUPPORT FOR HB 2522 HD1 -STABILIZATION BEDS

Aloha Chair Luke, Vice Chair Cullen and Members of the Committee!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies in Hawai`i for more than two decades. This testimony is respectfully offered on behalf of the families of **JAMES BORLING SALAS, ASHLEY GREY, DAISY KASITATI, JOEY O'MALLEY, JESSICA FORTSON AND ALL THE PEOPLE WHO HAVE DIED UNDER THE "CARE AND CUSTODY" OF THE STATE**, including the eleven (11) people that we know of, who have died in the last six (6) months. We also remind the committee of the approximately 5,200 Hawai`i individuals living behind bars or under the "care and custody" of the Department of Public Safety on any given day and we are always mindful that more than 1,200 of Hawai`i's imprisoned people are serving their sentences abroad thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Kanaka Maoli, far, far from their ancestral lands.

Community Alliance on Prisons is in strong support of this measure that requires DOH to establish a continuum of stabilization beds statewide by repurposing unused state facilities. This will address the needs of some of the most vulnerable people in our communities. These short-term beds will allow the assessment and triage of people into the clinically appropriate level of care through Hawaii CARES (Hawaii Coordinated Access Resource Entry System).

Currently our hospital emergency rooms are over-taxed with patients needing medical attention, along with our police departments and EMS who are called to assist medically vulnerable individuals. A lot of these folks fall between the cracks in our behavioral health programs because they are not sick enough to be admitted to the hospital but are beyond the existing behavioral health programs.

Community Alliance on Prisons urges the committee to pass this important measure and we mahalo you for the opportunity to testify in support!

HB-2522-HD-1

Submitted on: 2/21/2020 10:21:00 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Hawaii Kai Homeless Task Force	Support	No

Comments:



Monday, February 24, 2020

House Bill 2522 HD1
Testifying in Support

Aloha Chair Luke, Vice Chair Cullen, and Members of the Committee on Finance,

The Democratic Part of Hawai'i (The Party) stands in **support of HB2522 HD1** Relating to Health, which requires DOH to establish a continuum of stabilization beds statewide by repurposing unused state facilities for short-term residential use by non-forensic patients with substance abuse or mental health conditions, and accessing and triaging the patients to a clinically appropriate level of care through the Hawai'i coordinated access resources entry system. Appropriates funds.

Having a facility, or multiple facilities, in every county that increase access for those living with a mental health diagnoses, would benefit everyone in the state of Hawai'i. Having a coordinated system by which to accomplish this goal, is the ideal way to move forward.

Governor Ige's Administration has demonstrated a strong commitment to addressing the intersection of mental and physical health and homelessness by appointing the Lt. Governor as the point person for a more comprehensive and holistic approach — which would be complemented well by the stabilization facilities called for in this proposal.

Prioritizing access for the homeless community will drastically reduce the financial strain on emergency services in the state, including hospital visits and crime. According to Hope Services, 33 percent of Hawai'i's homeless population are mentally ill and 21 percent suffer with a substance abuse disability. If we treat the underlying illnesses, homelessness will be drastically reduced; causing a safer and more productive community for all people.

Homelessness among mentally ill is associated with fewer psychiatric and stabilization hospital beds. In 2006, Markowitz published data on 81 US cities, looking at correlations between the decreasing availability of psychiatric hospital beds and the increase in crime, arrest rates, and homelessness. As expected, he found direct correlations. This is consistent with past studies in Massachusetts and Ohio that reported that 27 and 36 percent of the discharges from state mental hospitals had become homeless within six months. It is also consistent with a study in New York that found that 38 percent of discharges from a state hospital had "no known address" six months later.

Read more at: <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>

The need for both inpatient and outpatient treatment for those living with severe mental illness, including those who are homeless, is a need that it exists in every county. As it stands right now, those living on neighbor Islands who require this type of assistance in order to live as productively as they are able, must get on a waiting list for the one facility that exists in Honolulu County.

Every person, regardless of the disability that they might be living with, deserves an opportunity to live with grace and dignity. For those that require stabilization in order to proceed to the next step in their treatment, this includes making sure that they have access to help when needed. Having the DOH create and implement a coordinated system will allow our residents who are the most vulnerable to have access to the help that they need.

For these reasons we urge to vote favorably on this bill.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



CATHOLIC CHARITIES HAWAI'I

TESTIMONY IN SUPPORT OF HB 2522 HD1: RELATING TO HEALTH

TO: Representative Sylvia Luke, Chair, Representative Ty J.K. Cullen, Vice Chair, and Members, Committee on Finance
FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i
Hearing: **Monday, 2/24/20; 1:00 PM; CR 308**

Chair Luke, Vice Chair Cullen, and Members, Committee on Finance:

Thank you for the opportunity to provide testimony **in strong support of HB 2522 HD1**, which requires DOH to establish short-term residential beds for the purpose of stabilization from mental health conditions or substance abuse. I am Rob Van Tassell, with Catholic Charities Hawai'i. We are also a member of Partners in Care. **This bill is an important part of the shared vision of all Hawai'i counties, PIC and the Hawaii Interagency Council on Homelessness as one solution to end homelessness.**

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawai'i for over 70 years. CCH has programs serving elders, children, families, homeless, and immigrants. Our mission is to provide services and advocacy for the most vulnerable in Hawai'i. Catholic Charities Hawai'i has a long history of working in the areas of affordable housing and homelessness.

Currently, there is a gap in services for homeless folks who are in crisis but who do not need acute hospitalization due to mental illness or substance abuse. Yet lower level community treatment programs are not sufficient. Unfortunately, these vulnerable homeless people often return to the streets and then suffer from a cycle of relapse and decompensation. The Oahu homeless Point in Time count reported that 36.4% of homeless single adults suffer from some type of mental illness. The intersection of homelessness and behavioral health conditions contributes to Hawaii having the second highest rate of per capita homelessness in the nation. Currently, Hawaii's treatment resources do not include crisis stabilization beds. The task force/working group created last year by the legislature to review the behavioral system of care, has highlighted the need in Hawaii for a coordinated network of stabilization beds for those struggling with substance abuse, mental health conditions and homelessness.

Repurposing underutilized bed space to create this missing inventory of crisis stabilization beds would be efficient and maximize the use of state resources. What a win-win solution: renovate underutilized state resources to bridge this gap in services and end this repeated cycle of relapse for many of these vulnerable homeless.

While housed in these transitional placements, these individuals can receive outreach, housing navigation and other services from the homeless continuum. HB 2522 would facilitate coordination between the behavioral health continuum and homeless services continuum to better serve these very vulnerable homeless people. We urge your support for HB 2522 HD1. Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.



HB-2522-HD-1

Submitted on: 2/23/2020 2:09:29 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Katrina Obleada	Hawaii Psychological Association	Support	No

Comments:

HB-2522-HD-1

Submitted on: 2/22/2020 1:31:02 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

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

Comments:

I support this measure to create a network of services for MH/SUD subacute crisis beds. This small step may help to address the gap in services and save lives.

Thank you for your consideration,

Ann S. Yabusaki, Ph.D., MFT

HB-2522-HD-1

Submitted on: 2/23/2020 10:18:14 AM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Pat McManaman	Individual	Support	No

Comments:

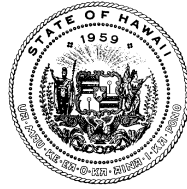
TESTIMONY IN SUPPORT OF HB2522, HD1

I write in strong support of HB2522, HD1. This measure addresses a gap in Hawaii's current continuum of care model - the need for crisis stabilization bed.

For many years, Hawaii's health care systems have employed a model supporting the continuum of care of persons diagnosed with serious mental illness and/or substance abuse. This measure fills a critical need for crisis stabilization beds and underscores the State's commitment to providing crisis stabilization services.

Thank you for your support of this measure,

Pat McManaman



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

LATE

**Testimony in SUPPORT of H.B. 2522 H.D. 1
RELATING TO HEALTH**

REPRESENTATIVE SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Monday, February 24, 2020 at 1:00 p.m. Room: 308

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 repurposing of unused state facilities to house
11 non-forensic individuals in short-term residential beds. These short- term residential beds are
12 designed to 1) stabilize the individual’s mental health and substance use conditions and 2)
13 assess then triage the individual to a clinically appropriate level of care through the Hawaii
14 Coordinated Access Resource Entry System (“CARES”).

15 The Department, in collaboration with state agency partners through the task force and
16 working group of Act 90 and Act 263 Session Laws of Hawaii 2019, recognizes that the lack of
17 short-term stabilization services throughout the state creates unnecessary burdens on

1 emergency departments, law enforcement, and individuals living with behavioral health issues.
2 Long-term mental health recovery and community reintegration can be achieved through
3 appropriate clinical intervention and consistent flow through a care continuum based on clinical
4 need and level of care.

5 Short-term residential stabilization beds provide a sub-acute level of care for individuals
6 whose behavioral health issues do not meet medically necessary criteria for acute
7 hospitalization but whose presentation and current medical status are not conducive or
8 appropriate for community-based services such as low intensity residential, or outpatient
9 services.

10 The Department views the Mental Health and Substance Abuse Special Fund as a viable
11 and sustainable resource to support capital improvement projects, including sub-acute
12 stabilization services, and to sustain existing program operations. These efforts will enhance
13 the state's current care continuum by helping to reduce unnecessary emergency department
14 admissions, promoting jail diversion opportunities, and better assisting individuals with
15 behavioral health issues to be appropriately triaged through a statewide coordinated care
16 continuum.

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

18 **Offered Amendments:** None.

19 **Fiscal Implications:** The use of the Mental Health and Substance Abuse Special Fund for
20 carrying out the intent of this measure allows for flexibility and planning needed to effectuate
21 the program while avoiding new general fund appropriation request for the BHA.

22 The Department notes that H.B. 2200 H.D. 1 in its current form reduces the mental
23 health and substance abuse special fund expenditure ceiling for FY 2020-2021 from
24 \$11,610,000 to \$5,800,000 and does not include the ceiling increase of \$10,000,000 needed to

1 implement these and similar efforts. This overall decrease of \$15,810,000 that would be
2 available from the special fund may impeded the efforts of the Department to fully carryout the
3 intent of this and other similar measures. The Department humbly requests that this measure
4 be considered as a vehicle to provide this needed funding so long as it does not supplant the
5 priorities and requests outlined in the Governors executive budget request.

LATE

HB-2522-HD-1

Submitted on: 2/23/2020 6:27:10 PM

Testimony for FIN on 2/24/2020 1:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Support	No

Comments: