



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 0035 H.D. 1
RELATING TO MENTAL HEALTH

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

Hearing Date and Time: Thursday, February 6, 2020 at 2:00 p.m.

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) sustaining existing
13 program operations. Sub-acute stabilization facilities have been a critical missing component of
14 the state’s continuum of care. These services are designed to assist individuals experiencing
15 behavioral health crisis and first responders, such as law enforcement, in effectively managing
16 and mitigating their impact. Individuals who live with behavioral health issues have better
17 outcomes when they receive the appropriate level of care depending on their clinical needs and
18 assist them in achieving community reintegration and long-term community tenure.

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

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

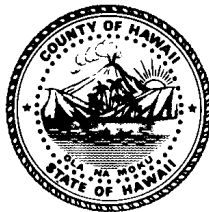
13 Utilizing the Mental Health and Substance Abuse Special Fund to support new capital
14 improvement projects, including sub-acute stabilization services, and to sustain existing
15 program operations will enhance the state's current care continuum by, for example, helping to
16 reduce unnecessary emergency department admissions, promoting jail diversion opportunities,
17 and better assisting individuals with behavioral health issues to be appropriately triaged
18 through a coordinated care continuum.

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

20 **Offered Amendments:** None.

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

REBECCA VILLEGAS
Council Member
District 7, Central Kona



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HAWAI'I COUNTY COUNCIL

West Hawai'i Civic Center, Bldg. A
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawai'i 96740

February 5, 2020

TESTIMONY OF REBECCA VILLEGAS
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL
ON HB 35 HD1, RELATING TO MENTAL HEALTH
Committee on Consumer Protection and Commerce
Thursday, February 6, 2020
2:00 p.m.
Conference Room 329

Aloha Chair Takumi, and Members of the Committee:

I thank you for the opportunity to testify in support of HB 35 HD 1, relating to mental health. My testimony is submitted in my individual capacity as a member of the Hawai'i County Council, and Chair of the Hawai'i County Council Public Safety Committee.

The purpose of this measure to address an unmet need in the state for high acuity and high cost patients with chronic substance abuse and mental health disorders. Subacute residential stabilization services will bridge the gap for individuals in crisis whom acute inpatient hospitalization is unnecessary and lower level residential and community treatment models are insufficient. Hawai'i's treatment resources do not currently include crisis stabilization beds. The Department of Health proposes to invest in existing state facilities to create space to include crisis stabilization beds. Allowing authorization to utilize the Mental Health and Substance Abuse Special fund to be used for capital improvement projects would expedite the process and will allow services to start addressing this gap of services that are not currently available. The fund can sustain both existing program operations and new capital improvements related to crisis stabilization beds.

For the reasons stated above I urge the Committee on Consumer Protection and Commerce to support this measure as well. Should you have any questions, please feel free to contact me at (808) 323-4267.

Mahalo for your consideration

Rebecca Villegas
Council Member, Hawai'i County Council

Hawai'i County is an Equal Opportunity Provider and Employer.

HB-35-HD-1

Submitted on: 2/4/2020 8:32:10 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

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

Comments:

HB-35-HD-1

Submitted on: 2/4/2020 9:52:41 PM

Testimony for CPC on 2/6/2020 2:00:00 PM

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

Comments:



HB35 Special Fund for Mental Health and Substance Use Disorders

COMMITTEE ON CONSUMER PROTECTION, AND COMMERCE:

- Rep. Roy Takumi, Chair; Rep. Linda Ichiyama, Vice Chair
- Thursday, Feb. 6th, 2020: 2:00 pm
- Conference Room 329

Hawaii Substance Abuse Coalition Recommends and Supports HB35:

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 underused beds and could supplement state funding, including fund raising to remodel as well as accessing non-state funds to support operations.

The reasons for creating Subacute Residential Stabilization Services and Transition Placement services is that we need to 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]

¹ Colonial Penn Center: Leonard Davis Institute for Health Economics (2016): Targeting High Utilizers of Health Care <https://ldi.upenn.edu/sumrblog/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-basedworld>

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, 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 provide testimony and are available for questions.

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

Helping Hawai'i Live Well

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

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF HB 35 HD1 RELATING TO MENTAL HEALTH

Hearing: February 6, 2020, 2:00 pm, CR 329

Thank you for hearing **House Bill 35 HD 1**, which amends Section 334-18 of the Hawaii Revised Statutes to authorize the use of the mental health and substance abuse special fund for capital improvements related to the programs from which they moneys are derived.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i in 1942, 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.

The Department of Health in the Health Committee hearing on January 30, 2020 that they if this use of the special fund is allowed, they will use it to support capital improvement projects including sub-acute stabilization beds. Our organization served on the 2019 Involuntary Hospitalization Task Force (Act 90/HB 1013), whose report identified sub-acute stabilization beds as one of the greatest needs within our state's mental health system of care. Currently our community has virtually no resources to help people who need this high level of care, which is right under hospitalization. We also do not have enough hospital or acute level capacity so we do not want to take up hospital beds with people who need the sub-acute level of care. The development of sub-acute stabilization beds will be a significant improvement to our mental health system.

In mental health, access to care is everything and we humbly ask you to authorize this change improve access. Thank you for considering my **testimony in support of HB 35 HD1**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

Sweet Samantha P. Santos
98-209 Kanuku Street
Aiea, Hawaii 96701

February 4, 2020

Support
HB35

Title: Relating to Mental Health

My name is Samantha Santos and I am representing myself. I am a current social work student with a focus in behavior mental health at the University of Hawai'i at Mānoa and will be graduating this May 2020.

My brother is about to be 36 years old this year. He was a long time off and on substance abuse user but was never diagnosed with mental illness. My brother has tormented our home for a very long time and there were many times cops were involved in our home because of his actions. Because mental institution abides by the law, my brother was always able to check himself out of rehab. Every time he did, he'd revert to his old ways. It was the same thing over and over again.

His addiction took a toll in 2017. One evening, his addiction drove him to the nearest emergency room where he was tested positive for methamphetamine but doctors decided to let him go even when he reported that he was hearing voices. Never once did the hospital check his mental health capacity. I don't think they even recommended treatment or sobering up before driving himself home that night.

In 2018, my brother left for Las Vegas to start off clean. Addiction is the devil and fighting it alone is nearly impossible. Getting clean was not enough. The voices got louder as he got cleaner, which doesn't make sense. It eventually drove my brother into insanity and was later admitted to Arrow Head Psychiatric Hospital in California, where he was diagnosed with schizophrenia. The books tell you that early diagnosis for men is in their early 20s, but how does that connect with substance use? Not to mention my brother was in his mid 30s. Michael was held there until someone of close kin was able to sign and release him.

Addiction is a silent killer and the public health issue on substance abuse and mental health disorders needs to be addressed for the sake of families, the individual, to the brothers and sisters, and to whoever are dealing with this disease alone.

Thank you,
Samantha Santos, MSW Candidate

LATE

HB-35-HD-1

Submitted on: 2/6/2020 10:29:30 AM

Testimony for CPC on 2/6/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	Individual	Support	No

Comments:

Thank you for the opportunity to testify. Hawaii Health and Harm Reduction Center (HHRC) strongly supports HB 35 HD1 which would require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and/or substance use. 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). This resource is sorely missing in our community, which results in the overuse of Hawaii’s already taxed emergency departments, excessive police and EMS involvement, and medically vulnerable people suffering on our streets because they are not ill enough to be admitted but too medically complex for most existing behavioral health programs.

PIC and its member organizations such as HHRC receiving technical assistance (TA) from Housing and Urban Development (HUD) to address the crisis of unsheltered homeless in our community. The HUD TA providers, PIC leadership and member organizations have identified a significant gap in the continuum of homeless services for those on the street that suffer from mental health and/or substance use for those who are inappropriate for emergency shelter because of mental health, substance use or other complex medical conditions. HB 35 HD1 would provide a respite from the streets for these vulnerable populations and will allow for homeless outreach and housing navigation as well as other wrap around services to be offered, in addition to being able to know where to find and connect with those who are homeless. HB35 HD1 will provide a coordinated intersection for the behavioral health continuum of care and the homeless continuum of care and link CARES with the homeless Coordinated Entry System (CES).