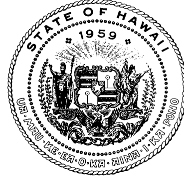
DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on HB 0038
RELATING TO HEALTH

REPRESENTATIVE JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE JOY A. SAN BUENAVENTURA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: February 13, 2019 Room Number: 329

1 **Fiscal Implications:** Unspecified General Fund appropriations.
2 **Department Testimony:** The Department of Health (DOH) agrees with the Legislature that the
3 chronic illness of alcohol and substance abuse is one of the most pervasive public health
4 concerns of our time. Its impact is no longer isolated to particular segments of the community as
5 illustrated by the national opioid crisis and other social problems such as homelessness that are
6 either caused or exacerbated by addiction.
7 However, the DOH respectfully submits that over the last three years, the Alcohol and
8 Drug Abuse Division (ADAD) has taken steps to transform its system of care in a manner that
9 encompases, and in fact, goes beyond the actions proposed in HB 38. These steps are evident in
10 the activities of the Hawaii Opioid Initiative and in the changes that occurred, and that are
11 scheduled to occur in the way that the ADAD contracts for substance abuse treatment and
12 prevention services.
13 Historically, substance use disorder (SUD) treatment programs in Hawaii have operated
14 independently of each other, offering limited or little coordination of services without ensuring
15 that client care shifts freely between levels of care and the various contracted SUD programs as
16 clinically appropriate. We find that the State has need for a synchronized system of care rather
17 than an assortment of independent programs and treatment modalities. We believe that this is
18 best achieved through a re-designed, coordinated and responsive system of care that provides

1 clinically appropriate substance abuse treatment and recovery support services statewide. We
2 further find that a Continuum of Care (COC) structured to deliver SUD treatment should include
3 levels of patient care modeled after the American Society of Addiction Medicine's (ASAM)
4 Patient Placement Criteria for SUD services. Movement among those ASAM levels of care
5 should be based on individual needs, and that transition should be as barrier free as possible.
6 Finally, we find that SUD services need to be readily available to those who need it, when they
7 need it, how they need it, and where they need it.
8 The DOH also believes that coordinated entry systems and an integrated COC for
9 substance abuse and related behavioral health treatment systems provides a mechanism to
10 achieving the goal of a more effective and responsive behavioral health system. To this end, the
11 ADAD has initiated implementation of a coordinated entry COC through a Request for Proposal
12 (RFP) which is found at https://hands.ehawaii.gov/hands/opportunities/opportunity-details/16607
13 and where contracted treatment services are to begin on October 2019. This new approach to
14 implementing a coordinated entry COC will be called Hawaii CARES (Coordinated Addiction
15 Resource Entry System). This re-designed system, that implements the CARES component as
16 the anchor:
17 (1) Provides a centralized referral and treatment process that includes helping a
18 patient access specialized treatment, select facilities, navigate barriers such as cost
19 and transportation, and following up with a patient as needed;
20 (2) Expands case management and outreach for persons struggling with substance
21 abuse, mental illness and homelessness;
22 (3) Provides for the development and expansion of certified peer recovery mentors to
23 more effectively support long term recovery, model recovery oriented behaviors
24 and promote a sense of community;
25 (4) Reduces administrative barriers to care coordination, support for the patient, and
26 continuous quality improvement;
27 (5) Provides flexibility in directing general and federal funds to components of the
28 system that most need it, and assures that resources are utilized at maximum
29 efficiency and that duplication of effort is minimized;

(6) Develops a centralized inventory and tracking system of available treatment beds and outpatient slots to assure expeditious access;

(7) Assures ongoing capacity development by better identification of actual versus perceived need and strategic targeting of identified systemic barriers; and,

(8) Leverages community partnerships and resources of stakeholders such as the Department of Public Safety, law enforcement, the Judiciary, Department of Human Services, county organizations, health plans, and the community to improve health and wellness while reducing societal and individual risk factors and other negative determinants of health.

The coordinated entry system proposed in the RFP covers all of the components outlined in HB 38 and more. Further, while we make no assertions that the system proposed in the RFP will be perfect, we feel strongly that these activities will be transformative for the current system of care, allow for ongoing improvement and provide for a vastly more efficient, effective and coordinated system for addressing the substance abuse issues in our State. For this reason, we have taken the liberty of submitting an HB 38, HD1 PROPOSED for your consideration and hope that you will support these efforts by the DOH and its partners.

Regarding and appropriations considered in this measure, the DOH respectfully defers to the Governor's Executive Budget which represents the ADAD's estimate of budgetary needs for the coming biennium. The DOH also respectfully requests that any additional funds appropriated do not supplant other programs and priorities within the Governor's Executive Budget. In addition, the ADAD remains committed to maximizing the pursuit and use of federal grant opportunities for this purpose.

Thank you for the opportunity to provide testimony.

THE SENATE
THIRTIETH LEGISLATURE, 2019

STATE OF HAWAII

H.B. NO. 38 H.D. 1 PROPOSED

A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

PART I

SECTION 1. The legislature finds that effective treatment of patients with complex substance abuse, mental health conditions requires heightened coordination of medical and psychosocial care, development of accompanying quality metrics, increased involvement of the public health system, strengthened public-private partnerships, and an increase in qualified staff.

The legislature finds that historically, Substance Use Disorder (SUD) treatment programs in Hawaii have operated independently of each other, offering limited or little coordination of services without ensuring that client care shifts freely between levels of care and the various contracted SUD programs as clinically appropriate. The legislature also finds that the State has need for a synchronized system of care rather than an assortment of independent programs and treatment modalities, which is best achieved through a re-designed, coordinated and responsive system of care that provides clinically appropriate substance abuse treatment and recovery support services

statewide. Further, that a Continuum of Care (COC) structured to deliver SUD treatment should include levels of patient care modeled after the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) for SUD services. Further that, movement among those ASAM levels of care should be based on individual needs and transition should be as barrier free as possible. Finally, that services need to be readily available to those who need it, when they need it, how they need it, and where they need it.

The legislature further finds that coordinated entry systems and an integrated COC for substance abuse and related behavioral health treatment systems provides a mechanism to achieving the goal of a more effective and responsive behavioral health system. Additionally, the legislature finds that the Department of Health's Alcohol and Drug Abuse Division has initiated implementation of a coordinated entry COC through a Request for Proposal (RFP) which can be found at https://hands.ehawaii.gov/hands/opportunities/opportunity-details/16607 for its contracted treatment services to begin October 2019. This new approach to implementing a coordinated entry COC will be called Hawaii CARES (Coordinated Addiction Resource Entry System). This re-designed system, that implements the CARES component as the anchor:

(1) Provides a centralized referral and treatment process that includes helping a patient access specialized treatment, select facilities, and navigate barriers such as cost and transportation, and following up with a patient as needed;

(2) Expands case management and outreach for persons struggling with substance abuse, mental illness and homelessness;

(3) Provides for the development and expansion of certified peer recovery mentors to more effectively support long term recovery, model recovery oriented behaviors and promote a sense of community;

(4) Reduces administrative barriers to care coordination, support for the patient, and continuous quality improvement;

(5) Provides flexibility in directing general and federal funds to components of the system that most need it, and assures that resources are utilized at maximum efficiency and that duplication of effort is minimized;

(6) Develops a centralized inventory and tracking system of available treatment beds and outpatient slots to assure expeditious access;

(7) Assures ongoing capacity development by better identification of actual versus perceived need and strategic targeting of identified systemic barriers; and

(8) Leverages community partnerships and resources of stakeholders such as the Department of Public Safety, law enforcement, the Judiciary, Department of Human Services, county organizations, health plans, and the community to improve health and wellness while reducing societal and individual risk factors and other negative determinants of health.

Therefore, the purpose of this Act is to ensure the department of health has adequate resources and support to establish and maintain comprehensive and coordinated continuum of treatment services for sufferers of substance use and related disorders through Hawaii CARES.

SECTION 2. (a) There is appropriated out of the general revenues of the State of Hawaii the sum of $ or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 for the treatment of patients with substance use disorders and related behavioral health conditions.

(b) Subject to the availability of funds, the director of health may designate additional political subdivisions, or request additional private entities, to participate in the program established pursuant to this Act.

The sums appropriated shall be expended by the department of health for the purposes of this Act.

This Act shall take effect on July 1, 2019.

Report Title:
DOH; Substance Use; Chronic Conditions; Homelessness; Continuum of Care

Description:
Requires the Department of Health to establish and operate a continuum of care for substance abuse treatment and recovery support service providers to accept clients for those with multiple chronic conditions, including mental health disorders, substance use disorders, and homelessness. (HD1 PROPOSED)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

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 12, 2019

TO: The Honorable Representative John M. Mizuno, Chair
House Committee on Health

The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services and Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 38 – RELATING TO HEALTH**

Hearing: Wednesday, February 13, 2019 9:15 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of the bill and offers comments. DHS agrees with the testimony offered by the Department of Health (DOH) and supports the approach outlined in the DOH-proposed HB 38, HD 1.

PURPOSE: The purpose of the bill is to appropriate funds for the treatment of people with multiple chronic conditions, including mental health disorders, substance use disorders, and homelessness; to require DOH to establish a comprehensive and coordinated continuum of treatment services for sufferers of substance use disorders (SUD) who have other chronic conditions; to appropriate funds for DOH to establish a pilot project for a comprehensive and coordinated centralized referral system in the State, beginning in the city and county of Honolulu, then expanding to address the needs of other counties; to provide funding for case management programs to help those with SUD; and to appropriate funds to service providers to hire supervisors to supervise and train volunteer peer mentors and coaches, and to develop incentive and stipend programs for volunteer peer mentors and coaches.

DHS and DOH has partnered together to cover and provide services to Hawaii's most vulnerable residents. This cooperation spans across many different programs, initiatives, divisions, and offices. Of note, the Med-QUEST Division (MQD) of DHS and the Alcohol and Drug Abuse Division (ADAD) of DOH have worked closely over the last few years to align our strategies and efforts to expand access and coverage of SUD services across the SUD Continuum of Care (COC).

The system historically has been siloed and uncoordinated, but DHS believes that progress is imminent. DHS supports the efforts of DOH to build the Hawaii Coordinated Addiction Resource Entry System (C.A.R.E.S). MQD was able to help inform the design of C.A.R.E.S. and recognizes that the approach described in C.A.R.E.S. will complement the work of MQD. C.A.R.E.S. is designed to scale up the Coordinated Entry Systems (CES) and an integrated COC together into a responsive behavioral health system. It will build capacity for community-based SUD services at all levels of care in a model and promote effective transitions between them.

DHS strongly supports the underlying goals of this legislation and believes that the legislature could best meet those goals by investing in the C.A.R.E.S. approach designed by DOH.

We respectfully request that any appropriation not supplant funding priorities identified in the Executive Budget.

Thank you for the opportunity to testify.

HB38 Complex Patient Model, Case Management, Centralized Referral, Peer Mentoring

COMMITTEE ON HEALTH AND HUMAN SERVICES:

- Rep. Mizuno, Chair; Rep. Kobayashi, Vice Chair
- Wednesday, Feb. 13, 2018: 9:15 am
- Conference Room 329

Hawaii Substance Abuse Coalition (HSAC) Supports HB38:

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 almost 40 non-profit alcohol and drug treatment and prevention agencies.

PART II Complex Patient Model: Multiple chronic Illnesses.

Substance abuse providers can treat chronic to severe homeless as well as high utilizers of emergent care and people with multiple (≥2) chronic conditions (MCC). These chronic illnesses—defined as "conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living" including a broad array of behavior conditions, such as substance use and addiction disorders, coupled with mental illnesses and/or comorbidity physical illnesses, such as arthritis, asthma, chronic respiratory conditions, diabetes and its complications, heart disease, human immunodeficiency virus infection, and hypertension.

Substance abuse provides need the full continuum of care to address the complex patient models, especially residential and in rural areas, day treatment and intensive outpatient. Services need to be integrated for co-occurring disorders for mental illness as well as co-morbid physical medical conditions.

Substance use disorder treatment centers need staffing changes to engage M.D./ psychiatric oversight with a medical team of nurses and physician assistants, and others working with licensed and non-licensed counselors. This model needs payment reform and systemic changes and if done, has proven to be effective for outcomes and can contribute to bending the cost curve.

PART III Centralized Referral Services

The State has implemented a centralized - one number to call - referral system for its SBIRT grant (primary care screens patients for substance misuse, intervenes and if needed, refers to treatment). A major plan in the state's Hawaii Opioid Initiative: A Statewide Response Plan is to continue the state-wide referral system, which will address all drug abuse as well as opioid use disorders. The Department of Health: Alcohol and

Drug Abuse Division (ADAD) is contracting for this service and needs resources to develop services that is only temporarily funded by federal resources. This plan would extend a single source referral system to neighbor islands as well, not just Oahu.

PART IV Case Management

Chronic homeless with chronic substance abuse are small in number but they are huge utilizers of medical resources and the most difficult to remove from the streets. They are also one of the most visible to community. Case managers, who have been trained in a formal treatment programs, have the high end skills to most effectively help with people who have chronic homeless coupled with substance use disorders. Such case managers can be transitional to engage people, help outreach workers to get patients to access treatment as well as help when people transition to lower levels of care. After that, homeless supporters can continue with helping people who have been treated for substance use disorders to access other services including housing first. The Department of Health has implemented case management in their new contracts starting November 2017; however there was no funding so agencies have to sacrifice residential and outpatient treatment to do so, which the effect is that case management services are not fully utilized because they need more resources specifically for case management.

PART V Peer Mentoring

Peer mentoring is a national best practice that brings community together with government resources to greatly improve outcomes. In Hawaii, Peer Mentoring hasn’t been funded yet; however, a 4 year pilot project funded by Aloha United Way for Hina Mauka, has produced great results. Peer Mentoring involves volunteers who have recovery experiences and/or people with education in a related field (including college students) who volunteer for 6 months to help people in treatment or just out of treatment to navigate systems, especially doctor care, family issues, job searches, and connect with self-recovery support groups. A paid staff supervises and trains the volunteers as well as manages any challenges. Volunteers can receive stipends or in some cases are paid staff. Funding covers the supervisor, training and stipends. We need community support if we are ever going to address this huge problem.

Summary

Substance use disorders is treatable but we must evolve our services and programs to keep abreast of evolving practices. Moreover, substance misuse is huge in America while chronic addiction is very expensive if not treated. Given the crisis with healthcare costs going out of sight, we must start now to invest in better practices. We must change the way we think about, talk about and do about substance abuse problems.

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

HB-38
Submitted on: 2/12/2019 7:56:02 AM
Testimony for HLT on 2/13/2019 9:15:00 AM

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:

TESTIMONY IN SUPPORT OF HB 674

TO: House Committee on Health
House Committee on Human Services & Homelessness

FROM: Nikos Leverenz
Grants, Development & Policy Manager

DATE: February 13, 2019 (9:15 AM)

Chair Mizuno, Vice-Chair Kobayashi, and Members of the Committee:
Chair San Buenaventura, Vice-Chair Nakamura, and Members of the Committee:

Hawaiʻi Health & Harm Reduction Center (HHHRC) **supports** HB 674, which would appropriate funding to the Department of Health to promote efforts that provide coordinated treatment, centralized referral, case managers, and peer mentors for those persons suffering from multiple chronic conditions, including mental health disorders, substance use disorders, and homelessness.

We agree with the legislative finding that effective treatment of patients with multiple chronic conditions requires heightened coordination of complex medical and social care and increased involvement of the public health system.

HHHCR works with many individuals who are impacted by poverty, housing instability, and other social determinants of health. Many have behavioral health problems, including those relating to substance use and underlying mental health conditions.

Hawaiʻi should increase its capacity to provide low-threshold, evidence-based treatment for those who need it apart from the criminal justice framework. Continued criminalization of behavioral health concerns is not conducive to individual or public health.

Thank you for the opportunity to testify on this measure.

Testimony of Kauai Community Member

Before the
House Committee on Health
Wednesday, February 13, 2019
9:15 a.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 38, RELATING TO HEALTH

Position: SUPPORT

Honorable Chair Mizuno and Members of the Committee:

My name is Kathleen Welch and I am an active and participating member of Kauai's community. I am passionate about improving the health and quality of life for all those who call Kauai home. In my ten years living on this island, and through my professional and educational pursuits, I have witnessed the sub-community of our houseless population living with addiction and/or other mental health disorders increase exponentially, spanning from Hanalei to Kekaha. This population is often unseen and neglected, yet often require serious attention to their medical and mental health care needs. I appreciate the thoughtfulness of measure HB38 in striving to provide a solution towards serving this unique and worthy population.

Often, this population seeks care through use of our local emergency rooms. Many times, the concerns that bring them in are matters that can be prevented or maintained if addressed earlier on. However, there is no place for them to go until their needs are considered emergent, as most do not have regular access to healthcare services when problems or concerns first arise. Not only does this take a toll on the health of the individual, which can negatively affect the community, it is also highly expensive to use emergency room resources for issues that can otherwise easily be prevented. The idea of having a centralized referral system with properly trained case managers could go a long way in ensuring that the multifaceted needs of this population are addressed effectively, efficiently and in a timely manner.

Last, the idea of employing peer mentors could be an incredible asset in building the trust and rapport needed for the houseless, and those living with addiction and mental health disorder, to feel comfortable in seeking and returning for services. So often this population is judged and looked down upon while living in a state of constant hopelessness. To see others who have been where they are, who sought help and are now thriving, can inherit positive motivation that cannot be manufactured or forced. The belief that something is truly possible, where before it looked insurmountable, can go a long way in helping an individual believe in the process, and ultimately

in themselves. The concept of engaging peer mentors to work with this population is an evidence based approach that would serve well for this vulnerable yet resilient population.

I sincerely appreciate your positive support in reviewing this well-rounded bill which highlights several components of a solution towards a chronic and statewide issue. Bill HB38 has the capacity to positively impact our communities by serving and treating each person as a whole and deserving member. I support this measure and trust the reasonable and highly achievable goals put forth will speak for themselves.

Thank you for your time,

Kathleen N. Welch
knwelch@hawaii.edu