



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Joy A. San Buenaventura, Chair  
The Honorable Nadine K. Nakamura, Vice Chair  
Members, Committee on Human Services and Homelessness

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems  
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: March 9, 2020

Hrg: House Committee on Human Services and Homelessness Hearing; Wednesday, March 11, 2020 at 10:00 A.M. in room 329

Re: **Support for SB2505 SD2, Relating to Health**

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The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of SB2505 SD2, relating to health. The proposed bill would require and appropriate funds for the Department of Health to establish a continuum of stabilization beds statewide for patients in need of services for mental health conditions, substance use, or homelessness.

As one of two providers of non-forensic acute care psychiatric services and the facility that provides roughly 65% of all homeless acute hospital care on Oahu, Queen's appreciates the efforts of the legislature and the Department of Health in developing a system of care for our mental health, substance use disorder, and homeless patients.

In calendar year 2019, The Queen's Medical Center, Punchbowl over 1,600 individuals were brought in on an MH-1. Of those individuals, over half did not meet the criteria for involuntary hospitalization. We believe this measure will provide for more appropriate placement options for patients.

Thank you for the opportunity to testify on this measure.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*



Wednesday, March 11, 2020

Senate Bill 2505 SD2  
Testifying in Support

Aloha Chair San Buenaventura, Vice Chair Nakamura, and Members of the Committee on Human Services and Homelessness,

The Democratic Part of Hawai'i (The Party) **stands in support of SB2505 SD2** Relating to Health, which requires and appropriates funds for the Department of Health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities.

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.

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.

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

Mahalo for the opportunity to testify,

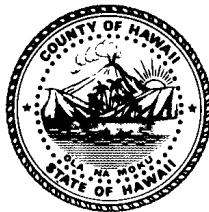


Josh Frost  
Co-Chair, Legislation Committee  
Democratic Party of Hawai'i



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

REBECCA VILLEGAS  
Council Member  
District 7, Central Kona



PHONE: (808) 323-4267  
FAX: (808) 323-4786  
EMAIL: [Rebecca.villegas@hawaiicounty.gov](mailto:Rebecca.villegas@hawaiicounty.gov)

## HAWAI'I COUNTY COUNCIL

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

March 10, 2020

TESTIMONY OF REBECCA VILLEGAS  
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL  
ON SB 2505 SD 2, RELATING TO HEALTH  
Committee on Human Services and Homelessness  
Wednesday, March 11, 2020  
10:00 a.m.  
Conference Room 329

Aloha Chair Buenaventura, and Members of the Committee:

I thank you for the opportunity to testify in support of SB 2505 SD 2, relating to 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 is to require the Department of Health to establish short-term residential beds for the purpose of stabilization from mental health and substance abuse use, and to assess patients and triage to clinically appropriate level of care through the Hawai'i coordinated access resource entry system. The lack of stabilization beds is a significant gap in services during its first three months of operation. Current options for those needing stabilization from substance abuse, mental health, and homelessness are stretched and emergency facilities throughout the State have experienced substantial increases in psychiatric emergency admissions, which has resulted in overcrowding and unsafe environments for patients and medical staff. Repurposing unused State facilities to address this social service gap will keep the financial costs in a manageable level, and will help those in need.

For the reasons stated above I urge the Committee on Human Services and Homelessness 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



**SB-2505-SD-2**

Submitted on: 3/9/2020 12:33:40 PM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrick F. Hurney	Habitat for Humanity Hawaii Island, Inc.	Support	No

Comments:

Aloha,

I strongly support SB 2505! The funds for the department of health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities DOH is NEEDED!

MAHALO

Patrick Hurney

**SB-2505-SD-2**

Submitted on: 3/9/2020 12:33:38 PM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David Deges	Hawaii Island HIV/AIDS Foundation	Support	Yes

Comments:



HAWAII SUBSTANCE ABUSE COALITION

## **SB2505 SD2 Repurpose Funds for Stabilization Beds**

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. Joy San Buenaventura, Chair; Rep. Nadine Nakamua, Vice Chair
- Wednesday: Mar. 11th, 2020: 10:00 am
- Conference Room 329

### **Hawaii Substance Abuse Coalition Supports SB2505 SD2:**

ALOHA 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.

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*HSAC RECOMMENDS THAT PRIVATE NON-PROFITS COULD OPERATE STATE FACILITIES FOR NON-FORENSIC BEDS AND COULD SUPPLEMENT STATE FUNDING, INCLUDING FUND RAISING TO REMODEAL AS WELL AS ACCESSING NON-STATE FUNDS TO SUPPORT OPERATIONS*

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**For non-forensic patients: The reasons for creating Stabilization Services for Substance Use Disorders and Mental Health Disorders 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.<sup>1</sup>*
- *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*

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<sup>1</sup> 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>



patients accounted for 21.4% of total healthcare spending at an average annual cost of \$87,570.<sup>2</sup>

### **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.<sup>3</sup>
- *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.*

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<sup>2</sup> 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>

<sup>3</sup> 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/>

- *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.



**To:** House Committee on Human Services and Homelessness

**Hearing:** Wednesday, March 11, 2020 @ 10:00 AM in room 329

**From:** Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

***Strong Support for SB 2505 SD2***

Dear Chair San Buenaventura, Vice Chair Nakamura and members of the committee:

The Hawaii Health & Harm Reduction Center (HHRC) strongly supports SB 2505 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.

HHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities. We foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building. HHRC works at the intersection of homelessness, substance use and mental health. Everyday, HHRC has contact with people on the streets that need a higher level of care, but have nowhere to go except cycling through our police department, jails and the hospital system. By creating an extra level of services to assess and triage people, agencies like HHRC can help provide services by knowing where to find our clients and provide services that are clinically appropriate based on a coordinated treatment plan.

**SB 2505 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. We also respectfully ask for support of SB 2506 which would provide funding for stabilization beds and the capital improvements needed to make them aligned with best practices.** Thank you for the opportunity to testify.

# COMMUNITY ALLIANCE ON PRISONS

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

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



## COMMITTEE ON HUMAN SERVICES & HOMELESSNES

Rep. Joy San Buenaventura, Chair

Rep. Nadine Nakamura, Vice Chair

Wednesday, March 11, 2020

10 AM – Room 329

### STRONG SUPPORT FOR SB 2505 SD2 - STABILIZATION BEDS

Aloha Chair San Buenaventura Vice Chair Nakamura 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.

SB 2505 requires and appropriates funds for the department of health to establish a continuum of stabilization beds statewide for non-forensic patients with substance abuse or mental health disorders, or both, by repurposing unused state facilities. The SD1 and SD2 defected the date.

Community Alliance on Prisons is in strong support of this important bill for 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!



# PARTNERS IN CARE

## Oahu Continuum of Care

*Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.*

### Testimony in Support of SB 2505 SD 2 Relating to Health

TO: House Committee on Human Services and Homelessness  
FROM: Partners in Care (PIC)  
HEARING: March 11 @ 10 am in room 329  
RE: Strong Support for SB 2505 SD2

Dear Chair San B

and members of the Committee:

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports SB 2505 SD1** 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 are 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. SB 2505 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. SB 2505 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).

SB 2505 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care. We also respectfully ask for support of SB 2506 which would provide funding for stabilization beds and the capital improvements needed to make them aligned with best practices.

**We urge your support for SB 2505 as well as SB 2506 which will provide funding for SB 2505 SD1.** Thank you for focusing on the intersection of homelessness, substance use and mental health. If you have questions, please contact our Advocacy Chair, Gavin Thornton, at (808)366-7875.

**PARTNERS IN CARE, c/o Aloha United Way**  
**200 North Vineyard • Suite 700 • Honolulu, Hawaii 96817 • [www.PartnersinCareOahu.org](http://www.PartnersinCareOahu.org)**



## CATHOLIC CHARITIES HAWAI'I

### TESTIMONY IN SUPPORT OF SB 2505 SD2: RELATING TO HEALTH

**TO:** Representative Joy A. San Buenaventura, Chair, Representative Nadine K. Nakamura, Vice Chair; and Members of Committee on Human Services and Homelessness  
**FROM:** Rob Van Tassell, President and CEO, Catholic Charities Hawai'i  
**Hearing:** **Wednesday, 3/11/20; 10:00 AM; Conference Room 329**

Chair San Buenaventura, Vice Chair Nakamura, and Members of Committee on Human Services and Homelessness:

Thank you for the opportunity to provide testimony **in strong support of SB 2505 SD2**, which requires and appropriates funds to the Department of Health to repurpose state facilities to provide short-term residential beds for the purpose of stabilization from mental health and/or substance abuse. I am Rob Van Tassell, with Catholic Charities Hawai'i. We are also a member of Partners in Care.

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.

Hawaii's mental health crisis continues, especially for many of the homeless people we see living on our streets. There is a huge gap in services for those suffering from mental health conditions and/or substance abuse. Often, they may be inappropriate for emergency shelters which are not set up to handle their complex medical conditions. Yet these are the folks who need help the most. As a community, we must seek ways to effectively and humanely help. Without additional resources, our emergency rooms, the police and emergency services will continue to be overtaxed and overused.

Funding to repurpose unused state facilities to provide short-term stabilization beds would allow homeless individuals to receive assessment and links to appropriate levels of care. These beds are a missing piece to help homeless who are not sick enough to be hospitalized. By providing this respite from the streets, the program will also allow for outreach and housing navigation and other services to be offered. SB 2505 would create coordination between behavioral health services and homeless services to better serve these very vulnerable homeless people.

Catholic Charities Hawai'i urges your support for SB 2505 SD2 which would provide the funding for these stabilization beds and the capital improvements needed to ensure best practices.

Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or [bettylou.larson@catholiccharitieshawaii.org](mailto:bettylou.larson@catholiccharitieshawaii.org) if you have any questions.



**SB-2505-SD-2**

Submitted on: 3/9/2020 2:31:27 PM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Louis Erteschik	Hawaii Disability Rights Center	Support	Yes

Comments:

We have long advocated for the need for crisis stabilization beds and other forms of treatment in the community. We applaud the leadership of the Department of Health and the legislature for recognizing this need and appropriating the funds. We know that the House Committee on Human Services and Homelessness has been particularly advocating on this issue and we think this is probably one of the most important things that can come out of this legislative session.

Representative Joy A. San Buenaventura, Chair  
Representative Nadine K. Nakamura, Vice Chair  
Committee on Human Services and Homelessness

SB 2505 SD 2 - Relating to Health

Hearing Date and Time: Wednesday, March 11, 2020 at 10:00 AM in Conference Rm  
329

Good morning Chair San Buenaventura, Vice Chair Nakamura and members of the Committee on Human Services and Homelessness. My name is Allison Kalilimoku. I am a second year Master of Social Work student at the University of Hawaii at Manoa. I am providing this testimony **in support of** SB 2505 SD 2.

I feel like this bill would help to provide a safe space for homeless individuals. Additionally, by receiving a bed, these individuals are identified and staff can work on coordinating the necessary medical and psychological care they need in order to work towards independence and a life worth living.

I would like to thank you for the work you do, for your time and this opportunity to provide testimony in support of this bill.

Allison Kalilimoku



**SB-2505-SD-2**

Submitted on: 3/9/2020 4:40:47 PM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Vickie Parker Kam	Individual	Support	No

Comments:

Dear Committee Members,

It is my hope that you will support SB2505 SD2 Relating to Health in order to increase the available beds for mental health needs statewide. When considering how other large cosmopolitan areas are addressing the issue of mental health service support, places like Austin TX with their City ACT program, it all begins with having a safe place to take someone to be monitored and evaluated. Many times these individuals can be supported back to mental health. Making use of state structure already in existances makes good sense economically. This bill is a win win.

Mahalo for your time and service to our state,

Vickie Kam

**SB-2505-SD-2**

Submitted on: 3/10/2020 8:07:15 AM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katrina Obleada	Hawaii Psychological Association	Support	No

Comments:

**SB-2505-SD-2**

Submitted on: 3/10/2020 8:38:09 AM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kavika Puahi	Individual	Support	No

Comments:

The establishment of short-term residential beds for the purpose of stabilization from mental health and/or substance use is sorely needed. The lack of residential beds for this purpose results in the overuse of Hawaii's already taxed emergency departments as well as excessive police and EMS involvement. This leaves our 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. This bill will take the state one step closer in addressing this complicated problem. Mahalo.



**SB2505 SD2 Repurpose Funds for Stabilization Beds**

COMMITTEE ON HUMAN SERVICES & HOMELESSNESS:

- Rep. Joy San Buenaventura, Chair; Rep. Nadine Nakamura, Vice Chair
- Wednesday: Mar. 11th, 2020: 10:00 am
- Conference Room 329

**The Coalition for a Drug-Free Hawaii (CDFH) Supports SB2505 SD2:**

We need to re-vamp our current systems that are overwhelmed with high utilizers of expensive emergent care that have chronic conditions of mental health and substance use disorders.

Complex Patients need multiple levels of care to meet their individual need. 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. A post-stabilization period is often needed because their treatment goals have not been addressed in short term emergent care.

There needs to be options for a 'warm handoff' to a community setting that can be made after stabilization to continue treatment and reduce the risk of recurrence of crisis acute admissions. Without treatment options, the patient will not progress towards recovery but regress and end up back in the emergency department.

Help end this tragic cycle.

Thank you for your consideration.

Greg Tjapkes  
Executive Director  
Coalition for a Drug-Free Hawaii

**LATE**

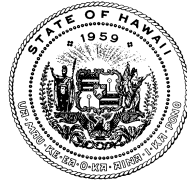
**SB-2505-SD-2**

Submitted on: 3/10/2020 10:36:52 AM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrea Staley	Individual	Support	No

Comments:



**LATE**

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

**Testimony in SUPPORT of S.B. 2505 S.D.2**  
**RELATING TO HEALTH**

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

Hearing Date and Time: Wednesday, March 11, 2020 at 10:00 a.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 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 (“HI 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 Utilizing the Mental Health and Substance Abuse Special Fund to support new capital  
11 improvement projects, including sub-acute stabilization services, and to sustain existing  
12 program operations will enhance the state's current care continuum by helping to reduce  
13 unnecessary emergency department admissions, promoting jail diversion opportunities, and  
14 better assisting individuals with behavioral health issues to be appropriately triaged through a  
15 statewide coordinated care continuum.

16 The use of the Mental Health and Substance Abuse Special Fund for these services does  
17 not represent additional general fund appropriations. Rather, this approach allows for  
18 leveraging of Medicaid reimbursements to provide for the implementation and sustainability of  
19 these services.

20 Additionally, there are other measures being heard by the legislature that provide  
21 mechanisms for funds to be appropriated, if not appropriated in H.B. 2200 H.D. 1, and allow the  
22 Department to use the Mental Health and Substance Abuse Special Fund for the purposes  
23 described in this measure including H.B. 0035 H.D.1, H.B. 2022 H.D. 2, H.B. 2522 H.D. 1, and  
24 S.B. 2506 S.D.2.

1           There are also measures being heard that seek to re-build the mental health continuum  
2 of care so that there are more resources for non-forensic patients who are in crisis and who  
3 pose a threat to themselves, others or the general community such as H.B. 0933 H.D. 2, H.B.  
4 1620 H.D. 2, H.B. 1661 H.D. 3, H.B. 2068 H.D. 2, H.B. 2680 H.D. 2 that, without the resources  
5 needed to implement a stabilization continuum of care, will remain an unfunded and under-  
6 resourced mandate.

7           The Department is concerned that these funds, as represented in the state budget  
8 measure, H.B. 2200 H.D. 1, were reduced and would not support this initiative. We therefore  
9 humbly ask that the funds be alternatively appropriated in this measure as we have outlined  
10 this request in offered amendments.

11 **Offered Amendments:** The Department respectfully request that appropriations not reflected  
12 in the state budget measure, H.B. 2200 H.D. 1, be reflected in this measure as an alternative, if  
13 they are not re-instated in H.B. 2200 H.D.1, as follows:

14           SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the  
15 sum of \$ 37,370,157 or so much thereof as may be necessary for fiscal year 2020-2021 for the  
16 purposes of this Act.

17           The sum appropriated shall be expended by the department of health for the purposes  
18 of this Act.

19 **Fiscal Implications:** The sum requested above represents the amount reduced in H.B. 2200  
20 H.D. 1 as well as the additional \$10,000,000 that was proposed as a ceiling increase in the  
21 special fund for fiscal year 2021 to initiate the services described in this Act. They are available  
22 through the special fund surplus and would not require additional drain from the general fund  
23 budget.



1           The Department respectfully requests that beyond legislative approval of use of the  
2 special fund for these purposes that any additional appropriations made available through this  
3 measure do not supplant budget priorities identified in the Governor's executive budget.

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

**LATE**

**SB-2505-SD-2**

Submitted on: 3/10/2020 4:33:05 PM

Testimony for HSH on 3/11/2020 10:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lisa Rantz	Hawaii State Rural Health Association	Support	No

Comments:

Chair Joy A. San Buenaventura

House Committee on Human Services & Homelessness

SB 2505 SD 2

10:00 AM on March 11<sup>th</sup>, 2020 in House Conference Room 329

**LATE**

Aloha Chairwoman Joy A. San Buenaventura, Vice Chairwoman Nadine K. Nakamura, and committee members. Thank you for including Senate Bill 2505 SD 2 in today's agenda. My name is Jayden-Rose Almeida and I am a student at the University of Hawaii Myron B. Thompson School of Social Work. Today, I am testifying in support of Senate Bill 2505 SD 2. My father has had a substance abuse problem since I was 10 years old. In the last four years, my father has been arrested four times for non-violent and non-felony offenses. After serving each sentence, he is released right back into society with no connection to resources, which results in relapse and worsening mental health. If Senate Bill 2505 SD 2 is passed more individuals like my father can get the help they desperately need, as opposed to ending up in prison due to the lack of bed space available in the current shelters and agencies. This bill would bridge that gap of service and provide support to this vulnerable population, which could reduce the amount of individuals with mental health and substance abuse issues who end up in prison, and also reduce recidivism rates. In addition, it would make valuable use of the many unused and abandoned state facilities our state currently has. This is why I strongly support Senate Bill 2505 SD 2. Thank you for the opportunity to provide my testimony today.

Jayden-Rose Almeida

**LATE**

**SB-2505-SD-2**

Submitted on: 3/11/2020 1:35:25 AM

Testimony for HSH on 3/11/2020 10:00:00 AM

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

Comments:



Helping Hawai'i's psychiatrists provide the highest quality care.

Wednesday, March 11, 2020

Senate Bill 2505 SD2  
Testifying in Support

**LATE**

Aloha Chair San Buenaventura, Vice Chair Nakamura, and Members of the Committee on Human Services & Homelessness,

The Hawai'i Psychiatric Medical Association (HPMA) **testifies in support** of SB2505 SD2 Relating to Health, which requires and appropriates funds for the Department of Health to repurpose unused state facilities to provide short-term residential beds to allow the stabilization, triage, and assessment of patients in need of services for mental health conditions, substance abuse, or homelessness.

HPMA appreciates this bill and agrees with the Department of Health that the lack of short-term stabilization services creates an unnecessary burden on emergency rooms, law enforcement, not to mention the individuals living with behavioral health issues.

Far too often hospital emergency rooms are on the front line of dealing with and addressing the needs of the mentally ill, those with substance abuse issues, and the chronically homeless. This should not be the case.

Appropriating much needed funds to allow the Department of Health to repurpose unused facilities in this way will go a long way toward addressing Hawai'i's serious lack of stabilization beds and mental health services.

For all these reasons, we urge the committee to pass this bill.

Mahalo for the opportunity to testify,  
Hawai'i Psychiatric Medical Association

HONOLULU EMERGENCY SERVICES DEPARTMENT  
**CITY AND COUNTY OF HONOLULU**

3375 KOAPAKA STREET, SUITE H-450 • HONOLULU, HAWAII 96819-1814  
Phone: (808) 723-7800 • Fax: (808) 723-7836



KIRK CALDWELL  
MAYOR

JAMES D. HOWE, JR.  
DIRECTOR

IAN T.T. SANTEE  
DEPUTY DIRECTOR

March 11, 2020

**LATE**

The Honorable Joy A. San Buenaventura, Chair  
and Members  
Committee on Human Services & Homelessness  
Hawaii State Capitol, #329  
Honolulu, Hawaii 96813

Dear Chair San Buenaventura and Members of the Committee:

SUBJECT: SB2505 SD2 Relating to Health  
In Support

The Honolulu Emergency Services Department which manages both the Emergency Medical Services (EMS) and Ocean Safety Lifeguard Services Divisions (OSD) for the City and County of Honolulu is in support of this measure.

Both the EMS and OSD Divisions are significantly impacted by the prevalence of individuals struggling with substance abuse, mental health conditions and homelessness. These impacts include employee safety, repeated responses by limited emergency response resources, transport to emergency room facilities and community complaints regarding the activities of these identified groups in the legislation.

Our EMS Division participated in task force and working groups respectively and it is the Department's position that this measure is a critical additional step in ensuring the safety of our responders, the general community and the population identified in SB2505 SD2.

Thank you for the opportunity to testify on the issue of major importance to our community.

Sincerely

A handwritten signature in blue ink, appearing to read "James D. Howe, Jr.", is written over a printed name and title.

James D. Howe, Jr.  
Director

DAVID Y. IGE  
GOVERNOR



EXECUTIVE CHAMBERS  
HONOLULU

**LATE**

March 11, 2020

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

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

SUBJECT: **SB2505 SD2 – RELATING TO HEALTH**

Hearing: Wednesday, March 11, 2020, 10:00 a.m.  
Conference Room 329, State Capitol

**POSITION:** The Governor's Coordinator supports this bill, and requests a clarifying amendment to section 2.

**PURPOSE:** The purpose of this bill is to require and appropriate funds to the Department of Health (DOH) to repurpose unused state facilities to provide short-term residential beds to allow for the stabilization, triage, and assessment of patients in need of services for mental health conditions, substance use, or homelessness.

The current language in section 2 refers to the repurposing of unused state facilities to allow for the stabilization, triage, and assessment of patients in need of services for homelessness, among other conditions. Short-term stabilization beds are intended to serve individuals with severe mental illness, substance use disorders, or co-occurring disorders, and are not intended to provide general services for all individuals experiencing homelessness. In addition, the target population for stabilization services includes many individuals that are not literally homeless, and including language specifically related to homelessness may unintentionally narrow the pool of individuals that can be served by short-term stabilization beds. If this measure proceeds, the Coordinator requests that section 2 be amended to clarify the target population to be served and remove the specific reference to homelessness.

While short-term stabilization beds do 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 and the Coordinator

recognizes the importance of these services for homeless individuals with these conditions. 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.

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.

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.

Thank you for the opportunity to testify on this bill.