



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. 2506 S.D.1
RELATING TO THE MENTAL HEALTH AND SUBSTANCE ABUSE SPECIAL FUND

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date and Time: Wednesday, February 19th, 2020 at 10:00 am Room: 211

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

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

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

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

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

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

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

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

24 **Offered Amendments:** None.

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

SB-2506-SD-1

Submitted on: 2/14/2020 4:59:34 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Rantz	Testifying for Hawaii State Rural Health Association	Support	No

Comments:

SB-2506-SD-1

Submitted on: 2/14/2020 7:22:50 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

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

Comments:



HAWAII SUBSTANCE ABUSE COALITION

SB2506 SD1 Stabilization Beds

COMMITTEE ON WAYS AND MEANS:

- Sen. Donovan Dela Cruz, Chair; Sen. Gilbert Keith-Agaran, Vice Chair
- Wednesday: Feb. 19th, 2020: 10:00 am
- Conference Room 211

Hawaii Substance Abuse Coalition Supports SB2506 SD1:

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.

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.
- 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.

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

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

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.
- 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.

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/>

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.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Committee on Consumer Protection and Commerce

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

Date: February 17, 2020

Hrg: Senate Committee on Ways and Means Decision Making; Wednesday, February 19, 2020 at 10:00 A.M. in room 211

Re: **Support for SB2506 SD1, Relating to Mental Health and Substance Abuse Special Fund**

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 SB2506 SD1, relating to mental health and substance abuse special fund. The proposed bill would authorize the mental health and substance abuse special fund to be used for capital improvement projects to improve the continuum of care for behavioral health.

As one of two providers of non-forensic acute care psychiatric services 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 and substance use disorder patients and ensuring continuity in services, particularly for our MH-1 patients. MH-1 is a designation given to individuals transported to hospitals by the law enforcement who have reason to believe that the person is imminently dangerous to self or others. At Queen's, these individuals present to the Emergency Department (ED) where evaluation and possible treatment, if needed, take place. The Queen's Medical Center, Punchbowl has experienced disproportionate increases in the numbers of MH-1s brought to our facility over the years. In calendar year 2019, over 1,600 individuals were brought in on an MH-1. Of those individuals, over half did not meet the criteria for involuntary hospitalization. Although we have dedicated patient rooms for treating those with psychiatric illness, we had experienced times when we are at capacity and must find space in our Emergency Department to evaluate and treat. The proposed bill provides for resources and capacity within the community, at a level of care that is appropriate for this population.

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.



CATHOLIC CHARITIES HAWAII

TESTIMONY IN SUPPORT OF SB 2506 SD: RELATING TO THE MENTAL HEALTH AND SUBSTANCE ABUSE SPECIAL FUND

TO: Senator Donovan M. Dela Cruz, Chair, Senator Gilbert S.C. Keith-Agaran, Vice Chair, and Members, Committee on Ways & Means

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawaii

Hearing: **Wednesday, 2-19-20; 10:00 AM; CR 211**

Chair Dela Cruz, Vice Chair Keith-Agaran, and Members, Committee on Ways & Means:

Thank you for the opportunity to provide testimony **in strong support of SB 2506 SD1**, which would authorize the use of the Mental Health and Substance Abuse Fund to be used for capital improvements to establish stabilization beds. I am Rob Van Tassell, with Catholic Charities Hawaii. We are also a member of Partners in Care.

Catholic Charities Hawaii (CCH) is a tax exempt, non-profit agency that has been providing social services in Hawaii 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 Hawaii. Catholic Charities Hawaii has a long history of working in the areas of affordable housing and homelessness.

Currently, there is a gap 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. Currently, Hawaii's treatment resources do not include crisis stabilization beds or supported transition units.

The funding in the bill would invest in existing state facilities that have underutilized bed space to create this missing inventory of crisis stabilization beds and transitional units. The Department of Health would be tasked with identifying what CIP projects are needed to improve this continuum of care for behavioral health. What a win-win solution: identify underutilized state resources and create a process to invest in these projects to provide a much needed resource to bridge this gap in services and hopefully 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. SB 2506 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 SB 2506 SD1 as well as SB 2505 SD1 which is also being heard today. Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 or bettylou.larson@catholiccharitieshawaii.org if you have any questions.



LATE

SB-2506-SD-1

Submitted on: 2/18/2020 5:48:12 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lani K Nagao	Individual	Support	No

Comments:

Persons with Substance Use Disorders (SUD) often require detoxification to be successful in a treatment program. The McKenna Recovery Center, is grateful to have the capacity to provide both psychiatric and SUD treatment and additionally to provide ambulatory (outpatient) detoxification services on Kauai for more than 30 years. However, detox in our intensive outpatient treatment clinic on Kauai is limited to persons who have a family member or friend who can stay with them, monitor them, and be in contact with our provider and facilitate the patient's appointments with us. Even motivated patients with a sober support system may relapse during their detox because they are not in a controlled environment and their home may not have been cleared of all the alcohol or pain pills or other mood altering substances that a patient may have.

With no dedicated inpatient detox center, and no residential SUD treatment center on our island, we resort to referring clients who require higher levels of care, to Honolulu, or the mainland for which they must take the step of a plane ride to reach their needed service.

While the time and travel is enough of a barrier, our experience is often that clients are not able to secure a bedspace when they have been referred. Those who may have the resources to go to a private Hawaii or mainland facility may find their need met right away. But for most, they face an inappropriate waitlist for residential treatment in Hawaii.

According to The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013), providing the right level of care that a patient is assessed for, at the time the client is ready, is optimal for their path to recovery from SUDs.

Asking a patient who is struggling to stop drinking or using pain medications, or other drugs, to call every day until a bed is available is the current practice of existing Hawaii residential treatment providers. Because they are full and have a constant demand for their limited spaces, patients are required to "prove" that they are motivated to enter residential treatment. Most patients who need this level of care are not functioning optimally in their lives and find relief by relapsing.

As a provider in the communities of Kauai, Honolulu & Hilo Counties, we strongly support SB2506 to utilize the Mental Health and Substance Abuse Funds for Capital Improvement and hope that not only is the subacute care service described in SB2505 is made available but that further development of the residential and detoxification services also be established and remove as many barriers as possible for access to the right level of treatment at the right time.

Repurposing existing facilities can provide much needed access to the right level of care, and bring extended life to an old building, and more importantly extend the life of patients with substance use disorders on a path of recovery.

Mahalo,

Lani Nagao, MSWc

Director of Business & Community Relations - McKenna Recovery Center



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 2505SD 1 Relating to Health

TO: Senate Committee on Ways and Means
FROM: Partners in Care (PIC)
HEARING: February 19 @ 10:00 am room 211
RE: Strong Support for SB 2506 SD1

LATE

Dear Chair Dela Cruz, Vice Chair Keith-Agaran and members of the Committee:

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports SB 2506 SD1** which would authorize the use of the Mental Health and Substance Abuse Fund to be used for capital improvements for stabilization beds (linked to SB 2505 SD1) 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 2505 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 2506 SD1 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.

TO: Senate Committee on Ways and Means

Hearing: Wednesday, February 19, 2020 @ 10:00 am Room 211

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

Strong Support for SB 2506 SD1

Dear Chair Baker, Vice Chair Chang and members of the Committee:

The Hawaii Health & Harm Reduction Center (HHRC) strongly supports SB 2506 SD 1 which would increase access to the Mental Health and Substance Abuse fund to support capital improvements for stabilization beds. 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 2505 which would provide for stabilization beds and the capital improvements needed to make them aligned with best practices.

Thank you for the opportunity to testify.

SB-2506-SD-1

Submitted on: 2/17/2020 10:28:09 PM

Testimony for WAM on 2/19/2020 10:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments: