

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of S.B. 2506
RELATING TO THE MENTAL HEALTH AND SUBSTANCE ABUSE SPECIAL FUND

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date and Time: Friday, February 07th, 2020 at 9:30 am

Room: 229

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

Submitted on: 2/4/2020 10:01:38 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

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

Comments:



SB2506 Special Fund for Mental Health and Substance Use Disorders

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Change, Vice Chair
- Friday, Feb. 7th, 2020: 9:30 am
- Conference Room 229

Hawaii Substance Abuse Coalition Recommends and Supports SB2506:

GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of over 30 non-profit alcohol and drug treatment and prevention agencies.

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

The reasons for creating Subacute Residential Stabilization Services and Transition Placement services is that we need to help our current systems that are overwhelmed with high utilizers of expensive emergent care for people with chronic conditions of mental health and substance use disorders.

- High utilizers typically are vulnerable populations with complex problems involving high behavioral health needs and multiple chronic conditions. Due to these complicated medical needs, such patients tend to heavily rely on ER facilities and are difficult to engage in ongoing care, especially with primary care providers.¹
- The emergency department is the last-resort healthcare where 5% of patients account for 25% of the visits. These are medically and socially complex patients. The Agency for Healthcare Research and Quality (AHRQ) indicated that in 2010, the top 1% of high cost patients accounted for 21.4% of total healthcare spending at an average annual cost of \$87,570.²

Government resource expenditures for high utilizers are huge.

- Across three systems: healthcare (emergency care), criminal justice (including law enforcement, courts and corrections) and homelessness, high utilizers tax state [and city]

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

² ECG Management Consultants: Siemens Healthineers Company: Rethinking Care for Emergency Department Super Utilizers in a Value-Based World (2016). <https://www.ecgmc.com/thought-leadership/articles/rethinking-care-for-emergency-department-super-utilizers-in-a-value-basedworld>

mental health services yet still don't get adequate care for the severe often untreated mental illness and substance use disorders.³

- Police are overwhelmed with responding to crisis situations with homeless people who have a drug induced psychosis from being high on methamphetamine. Frequently, such homeless are recycling through emergency care.

Complex Patients need multiple levels of care to meet their individual need.

- Stabilization beds are a level of care that is needed for high end utilizers because we have high levels of care for acute emergent needs and then the only option for them is to step down to a lower more stabilized level of care when they are not yet stabilized.
- Given that the only option for people with high acuity, multiple chronic conditions is emergent care or treatment, they are often placed into higher levels of expensive, emergent care for a longer period of time or more likely, they are discharged from expensive, emergent care in a very short time and released back to the community rather than accessing treatment that requires some functionality and motivation.
- We need to implement the appropriate short term level of care to stabilize such patients until they can transition into residential or outpatient treatment services.

Patients can start with a Subacute Residential Stabilization level of care or transition down from emergent care.

- Emergency rooms are over utilized in some situations because it is the most accessible part of the system. Some patients need stabilization not emergent care.
- Other patients can transition to this care once their immediate crisis is addressed after emergent care. A post-stabilization period is often needed because their treatment goals have not been addressed in short term emergent care.

Without treatment options, the patient will not progress towards recovery but regress and end up back in the emergency department.

- This tragic cycle occurs because we have failed to stand up enough options that are accessible in the community.
- There needs to be options so that a "warm handoff" to a community setting can be made after stabilization to continue treatment and reduce the risk of recurrence of crisis acute admissions.

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

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

SB-2506

Submitted on: 2/4/2020 6:38:09 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

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

Comments:

We have long advocated for the need for crisis stabilization beds and other forms of treatment in the community. If this special fund can be tapped for that we think that is an excellent idea.

COMMUNITY ALLIANCE ON PRISONS

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COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn Baker, Chair

Senator Stanley Chang, Vice Chair

Friday, February 7, 2020

8:30 a.m.

Room 229

STRONG SUPPORT for SB 2506 - Mental Health & Substance Abuse

Aloha Chair Baker, Vice Chair Chang 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 **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 ten people who died in the last 5 months of 2019 and for **JAMES BORLING-SALAS** who was beaten and died on January 16th. We also remember 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 2506 Authorizes the mental health and substance abuse special fund to be used for certain capital improvements and repeals on June 30, 2025.

Community Alliance on Prisons is in strong support of this measure. Many of our people who are exiting incarceration leave Hawai`i or Arizona facilities with no money, no identification documents, and nowhere to go. Many end up living on the street where life is hard.

This bill will appropriate funds for crisis intervention beds that are so desperately needed in our communities.

Community Alliance on Prisons urges the committee to pass this important funding measure to fill this gap in our behavioral health care system.

Mahalo nui for this opportunity to support such a great bill!

Helping Hawai'i Live Well

To: Senator Rosalyn Baker, Chair, Senator Stanley Chang, Vice Chair, Members, Senate Committee on Commerce, Consumer Protection and Health

From: Trisha Kajimura, Executive Director

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

Hearing: February 7, 2020, 9:30 am, CR 229

Thank you for hearing **Senate Bill 2506**, which amends Section 334-15 of the Hawaii Revised Statutes to authorize the use of the mental health and substance abuse special fund for capital improvements related to the programs from which they moneys are derived.

Mental Health America of Hawaii (MHAH) is a 501(c)3 organization founded in Hawai'i in 1942, that serves the community by promoting mental health through advocacy, education and service. We have been a leader in improving the care and treatment of people with mental illness in Hawaii through policy change.

The Department of Health has stated in testimony on HB 35 HD1 that if this use of the special fund is allowed, they will use it to support capital improvement projects including sub-acute stabilization beds. Our organization served on the 2019 Involuntary Hospitalization Task Force (Act 90/HB 1013), whose report identified sub-acute stabilization beds as one of the greatest needs within our state's mental health system of care. Currently our community has virtually no resources to help people who need this high level of care, which is right under hospitalization. We also do not have enough hospital or acute level capacity so we do not want to take up hospital beds with people who need the sub-acute level of care. The development of sub-acute stabilization beds will be a significant improvement to our mental health system.

In mental health, access to care is everything and we humbly ask you to authorize this change improve access. Thank you for considering my **testimony in support of SB 2506**. Please contact me at trisha.kajimura@mentalhealthhawaii.org or (808)521-1846 if you have any questions.



CATHOLIC CHARITIES HAWAI'I

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

TO: Senator Chair Rosalyn H. Baker, Senator Stanley Chang, Vice Chair, and Members, Committee on Commerce, Consumer Protection, and Health

FROM: Rob Van Tassell, President and CEO, Catholic Charities Hawai'i

Hearing: **Friday, 2/7/20; 8:30 am; CR 229**

Chair Baker, Vice Chair Chang, and Members, Committee on Commerce, Consumer Protection, and Health:

Thank you for the opportunity to provide testimony **in strong support of SB 2506**, 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 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.

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. What a win-win solution: invest 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 as well as SB 2505 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.



CLARENCE T. C. CHING CAMPUS • 1822 Ke'eaumoku Street, Honolulu, HI 96822
Phone (808)373-0356 • bettylou.larson@CatholicCharitiesHawaii.org



LATE

SB-2506

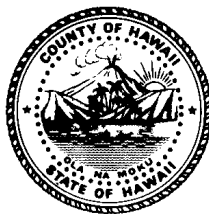
Submitted on: 2/6/2020 6:53:22 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

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

Comments:

REBECCA VILLEGAS
Council Member
District 7, Central Kona



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HAWAI‘I COUNTY COUNCIL

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

February 3, 2020

TESTIMONY OF REBECCA VILLEGAS
COUNCIL MEMBER, HAWAI‘I COUNTY COUNCIL
ON SB 2506, RELATING TO THE MENTAL HEALTH AND SUBSTANCE ABUSE
SPECIAL FUND.

Committee on Commerce, Consumer Protection and Health
Friday, February 7, 2020
9:30 a.m.
Conference Room 229

Aloha Chair Baker, and Members of the Committee:

I thank you for the opportunity to testify in support of SB 2506, relating to the mental health and substance abuse special fund. 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 authorize the mental health and substance abuse special fund to be used for capital improvements. Crisis stabilization beds will bridge the gap for individuals in crisis who inpatient hospitalization is unnecessary and lower level residential and community treatment are insufficient. Transitional placement in an environment where individuals with severe and persistent mental illness are able to live semi-independently but can return quickly to higher levels of care when they start to decompensate is needed. This service components are vital parts of comprehensive continuum of care for behavioral health, but are currently under-resourced. Authorizing special funds to be directed to assist this gap of services can be beneficial.

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

Mahalo for your consideration.

Rebecca Villegas
Council Member, Hawai‘i County Council

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

SB-2506

Submitted on: 1/30/2020 10:30:18 PM

Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Goodman	Testifying for Partners In Care & Hawaii Kai Homeless Task Force	Support	No

Comments:

LATE

SB-2506

Submitted on: 2/6/2020 10:36:09 AM

Testimony for CPH on 2/7/2020 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather Lusk	Individual	Support	Yes

Comments:

Thank you for the opportunity to testify.

HHHRC strongly supports SB2506 which will expand access to the Mental Health and Substance Abuse fund and allow the fund to be used for capital improvements for much needed resources such as stabilization beds.

We feel SB2506 is linked to SB2505 as it would provide funding for the stabilization 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.