
A BILL FOR AN ACT

RELATING TO SUBSTANCE ABUSE TREATMENT.

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

PART I

SECTION 1. The legislature finds that high end users of emergency care and hospital beds tend to be people with multiple chronic conditions, of which substance abuse, mental illness, and homelessness are the predominant chronic conditions.

Untreated multiple chronic conditions, including addiction disorders and mental illnesses, increase with age, and as the number of a person's chronic conditions increases, the risks of certain undesirable outcomes also increase, such as mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice.

Because people with multiple chronic conditions suffer suboptimal health outcomes and incur rising health care expenses, enhanced attention on this population is critical to improving health care quality and costs.

Improved health care outcomes for individuals with multiple chronic conditions comprise a broad spectrum, such as



1 maintaining function, palliating symptoms, preventing adverse
2 drug events, avoiding unnecessary emergency department visits,
3 and reducing hospitalizations and rehospitalizations.

4 The purpose of this part is to appropriate moneys to
5 establish a comprehensive and coordinated continuum of treatment
6 services.

7 SECTION 2. There is appropriated out of the general
8 revenues of the State of Hawaii the sum of \$2,000,000 or so much
9 thereof as may be necessary for fiscal year 2018-2019 for the
10 department of health to establish a comprehensive and
11 coordinated continuum of treatment services, including goals and
12 benefits, for persons with multiple chronic conditions,
13 including substance abuse disorders.

14 The sum appropriated shall be expended by the department of
15 health for the purposes of this part.

16 PART II

17 SECTION 3. The legislature finds that screening, brief
18 intervention and referral to treatment (SBIRT) is a
19 comprehensive, integrated, public health approach to the
20 delivery of early intervention and treatment services for
21 persons with substance use disorders and persons who are at risk



1 of developing substance abuse disorders. SBIRT represents an
2 early intervention approach for individuals with nondependent
3 substance use, effectively helping them before they need more
4 extensive or specialized treatment.

5 Research has demonstrated that SBIRT successfully reduces
6 health care costs, the severity of drug and alcohol use, the
7 risk of trauma (distressing events that may have long lasting,
8 harmful effects on a person's physical and emotional health and
9 wellbeing), and the percentage of at-risk patients who go
10 without specialized substance use treatment.

11 The referral and treatment process, which is a critical yet
12 often overlooked component of the overall SBIRT process,
13 consists of assisting a patient with accessing specialized
14 treatment, selecting a treatment facility, and helping navigate
15 any barriers, such as cost or transportation, that could hinder
16 treatment in a specialty setting.

17 The purpose of this part is to appropriate moneys to
18 establish a comprehensive and coordinated centralized referral
19 system in each county.

20 SECTION 4. There is appropriated out of the general
21 revenues of the State of Hawaii the sum of \$9,000,000 or so much



1 thereof as may be necessary for fiscal year 2018-2019 for the
2 department of health to establish a comprehensive and
3 coordinated centralized referral system in each county; provided
4 that a permanent centralized referral center shall be
5 established first in the city and county of Honolulu and then
6 expanded to include a referral service to assist each of the
7 other counties; provided further that of the sum appropriated,
8 \$1,500,000 shall be allocated to establish each referral system
9 in each county.

10 The sum appropriated shall be expended by the department of
11 health for the purposes of this part.

12 PART III

SECTION 5. The legislature finds that effective substance abuse case management requires a qualified professional to help substance abusers recognize their problems and acquire the motivation and tools to access treatment. Case management professionals support substance abusers as they move through the recovery continuum and reinforce treatment goals. Case management is especially appropriate for substance abusers with special treatment needs, related to issues such as HIV infection or AIDS, mental illness, chronic and acute health problems,



1 poverty, homelessness, responsibility for parenting young
2 children, social and developmental problems associated with
3 adolescence and advanced age, involvement with illegal
4 activities, physical disabilities, and sexual orientation.

5 Case management, even if provided temporarily or in concert
6 with other case managers, can help address inadequate funding
7 gaps, extensive waitlists for residential services, barriers
8 between systems, and eligibility differences between various
9 treatment providers.

10 The purpose of this part is to appropriate moneys to
11 establish a comprehensive and coordinated substance use disorder
12 case management program.

13 SECTION 6. There is appropriated out of the general
14 revenues of the State of Hawaii the sum of \$6,000,000 or so much
15 thereof as may be necessary for fiscal year 2018-2019 for the
16 department of health to establish a comprehensive and
17 coordinated substance use disorder case management program,
18 including the recently created case management programs that
19 help those with substance use disorders; provided that of the
20 sum appropriated, \$1,000,000 shall be allocated to establish
21 each professional case management program for substance use



1 disorders on each of the islands of Hawaii, Kauai, Lanai, Maui,
2 Molokai, and Oahu.

3 The sum appropriated shall be expended by the department of
4 health for the purposes of this part.

5 PART IV

6 SECTION 7. The legislature finds that peer mentoring or
7 coaching refers to a one-on-one relationship in which a peer
8 leader with more recovery experience than the person served
9 encourages, motivates, and supports a peer who is seeking to
10 establish or strengthen the peer's recovery. Generally, mentors
11 or coaches assist peers with tasks such as setting recovery
12 goals, developing recovery action plans, and solving problems
13 directly related to recovery, including finding sober housing,
14 making new friends, finding new uses of spare time, and
15 improving job skills. Mentors or coaches may also provide
16 assistance with issues that arise in connection with collateral
17 problems, such as having a criminal record or physical or mental
18 challenges.

19 The purpose of this part is to appropriate moneys for a
20 peer mentoring and coaching program.



- (1) Hiring supervisors to supervise and train volunteer peer mentors and coaches to help those with substance use disorders; and
- (2) Developing incentive programs and stipends for volunteers.

PART V

INTRODUCED BY:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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JAN 24 2018

H.B. NO. 2611

Report Title:

DOH; Substance Abuse Treatment; Appropriations

Description:

Appropriates moneys for Department of Health to fund substance abuse treatment programs relating to persons with multiple chronic conditions, a centralized referral system, case management programs, and a peer mentoring or coaching program.

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

