

# HB2611 HD1

Measure Title: RELATING TO SUBSTANCE ABUSE TREATMENT.

Report Title: DOH; Substance Abuse Treatment;  
Appropriations (\$)

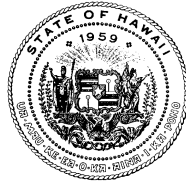
Description: Appropriates moneys for Department of Health to fund substance abuse treatment programs relating to persons with multiple chronic conditions, a centralized referral system, case management programs, and a peer mentoring or coaching program. (HB2611 HD1)

Companion:

Package: None

Current  
Referral: CPH, WAM

Introducer(s): KEOHOKALOLE, AQUINO, BELATTI, CULLEN,  
GATES, KOBAYASHI, LOPRESTI, LOWEN,  
MCKELVEY, MIZUNO, NAKAMURA, OHNO, SAN  
BUENAVENTURA, SOUKI, TAKAYAMA



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

**Testimony in SUPPORT of HB 2611 HD 1  
RELATING TO SUBSTANCE ABUSE TREATMENT**

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

Hearing Date: March 20, 2018

Room Number: 229

1 **Fiscal Implications:** Not determined.

2 **Department Testimony:** The Department of Health (DOH) supports this bill. The Governor's  
3 Budget Request to the Legislature includes appropriations to the DOH for outreach services to  
4 chronically homeless individuals with substance use disorders and for the Law Enforcement  
5 Assisted Diversion (LEAD) pilot program. These activities are currently funded by  
6 appropriations by the 2017 Legislature, but the DOH will not be able to continue these activities  
7 without funding for the next year.

8 The DOH agrees with the Legislature that the chronic illness of alcohol and substance  
9 abuse is one of the most pervasive public health concerns of our time. Its impact is no longer  
10 isolated to particular segments of the community as illustrated by the national opioid crisis. The  
11 need for a comprehensive "multi-systemic" approach is paramount. The DOH, Alcohol and  
12 Drug Abuse Division (ADAD) continue to work toward implementing a broad system of care  
13 that includes substance abuse prevention, treatment and recovery support for individuals and  
14 families impacted by substance abuse disorders. We recognize that alcohol and substance abuse  
15 impacts people across all segments of our community.

16 Enhancements to the system to increase universal screening and referral for those at risk  
17 for substance abuse and a coordinated entry system that allows those who need treatment to  
18 access services through one entry point and increased care coordination systems are being  
19 implemented by the DOH through policy and protocol changes made over the last two years.

1           A significant portion of these efforts are being supported through the use of federal grant  
2 funding and the DOH will continue to maximize its use of these resources. However, these  
3 funding streams are short term and subject to shifting congressional budget priorities. Likewise  
4 general funding for these services, if not added to the DOH's base, adds an element of instability  
5 to the services they support. Therefore we ask that consideration be given to adding any funds to  
6 the DOH for these services to the base budget.

7           We remain committed to improving and expanding the substance abuse prevention and  
8 treatment continuum of care through a coordinated public health/public safety approach that  
9 reduces the impact and burden of this chronic illness on the medical care system, the criminal  
10 justice system and the community.

11          Thank you for the opportunity to provide testimony.



## **HB2611 HD1 Multiple Conditions, Case Management, Centralized Referral, Peer Mentoring**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Tuesday, March 20, 2018: 9:00 am
- Conference Room 229

### **Hawaii Substance Abuse Coalition (HSAC) Supports HB2611 HD1:**

*GOOD MORNING CHAIR, VICE CHAIR AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization of almost 40 alcohol and drug treatment and prevention agencies.*

#### ***PART II Multiple Chronic Conditions (MCC).***

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

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

#### ***PART III Centralized Referral Services***

The State has implemented a centralized - one number to call - referral system for its SBIRT grant (primary care screens patients for substance misuse, intervenes and if needed, refers to treatment). A major plan in the state’s Hawaii Opioid Initiative: A Statewide Response Plan is to continue the state-wide referral system, which will address all drug abuse as well as opioid use disorders. The Department of Health: Alcohol and Drug Abuse Division (ADAD) is contracting for this service and needs resources to develop services that is only temporarily funded by federal resources. This plan would extend a single source referral system to neighbor islands as well, not just Oahu.

#### ***PART IV Case Management***

Chronic homeless with chronic substance abuse are small in number but they are huge utilizers of medical resources and the most difficult to remove from the streets. They are also one of the most visible to community. Case managers, who have been trained in a formal treatment

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

### ***PART V Peer Mentoring***

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

### ***Summary***

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

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

**HB-2611-HD-1**

Submitted on: 3/18/2018 11:55:41 PM

Testimony for CPH on 3/20/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Testifying for Drug Policy Forum of Hawaii	Support	No

Comments:

## Helping Hawai'i Live Well

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

From: Trisha Kajimura, Executive Director

**Re: TESTIMONY IN SUPPORT OF HB 2611 HD 1 RELATING TO SUBSTANCE ABUSE TREATMENT**

**Hearing: March 20, 2018, 9:00 AM, CR 229**

Thank you for hearing our testimony **in support of House Bill 2611 HD 1** which appropriates funds for the 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.

Mental Health America of Hawaii is a 501(c)3 organization founded in Hawai'i 76 years ago, that serves the community by promoting mental health through advocacy, education and service. Although our community sometimes looks at mental health issues and substance abuse as separate issues, substance use disorder, also known as addiction, is a mental health condition that can be successfully treated. We support investment in these programs to help people recover from substance use disorder, reduce adverse childhood experiences caused by parents living with addiction and live healthy, happy, productive lives.

Thank you for considering my **testimony in support of HB 2611 HD 1**. Please contact me at [trisha.kajimura@mentalhealthhawaii.org](mailto:trisha.kajimura@mentalhealthhawaii.org) or (808)521-1846 if you have any questions.

**HB-2611-HD-1**

Submitted on: 3/19/2018 7:30:31 AM

Testimony for CPH on 3/20/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

## Comments:

To the Honorable Rosalyn H. Baker, Chair; the Honorable Jill N. Tokuda, Vice-Chair, and Members of the Senate Committee on Commerce, Consumer Protection, and Health:

Good morning, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") Legislative Priorities Committee of the Democratic Party of Hawaii ("DPH"). Thank you for the opportunity to provide written testimony on **HB2611 HD1** relating to the DOH; Substance Abuse Treatment; and appropriations.

The OCC Legislative Priorities Committee is in support of **HB2611 HD1** and is in favor of its passage.

**HB2611 HD1** is in accord with the Platform of the Democratic Party of Hawai'i ("DPH"), 2016, as it 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.

Specifically, the DPH Platform provides that "[w]e support the establishment of adequate mental health and statewide drug rehabilitation programs set up in conjunction with policing policies aimed at enabling all that seek assistance to obtain whatever support assistance is needed to allow them to remain free of drug dependence." (Platform of the DPH, P. 7, Lines 382-384 (2016)).

As **HB2611 HD1** 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, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja



Melodie Aduja, Chair, OCC Legislative Priorities Committee

Email: [legislativepriorities@gmail.com](mailto:legislativepriorities@gmail.com), Text/Tel.: (808) 258-8889



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Andre Cox  
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*Territorial Commander*

John Chamness  
Lani Chamness  
*Divisional Leaders*

Melanie Boehm  
*Executive Director*

# *The Salvation Army*

*Addiction Treatment Services and Family Treatment Services*

3-19-18

## **HB2611 HD1 Multiple Conditions, Case Management, Centralized Referral, Peer Mentoring**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair
- Tuesday, March 20, 2018: 9:00 am
- Conference Room 229

## **The Salvation Army Addiction Treatment Services and Family Treatment Services SUPPORTS HB2611 HD1:**

- **PART II: Multiple Chronic Illnesses.**

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

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

- **PART III Centralized Referral Services**

The State has implemented a centralized - one number to call - referral system for its SBIRT grant (primary care screens patients for substance misuse, intervenes and if needed, refers to treatment). A major plan in the state's Hawaii Opioid Initiative: A Statewide Response Plan is to continue the state-wide referral system, which will address all drug abuse as well as opioid use disorders. The Department of Health: Alcohol and Drug Abuse Division (ADAD) is contracting for this service and needs resources to develop services that is only temporarily funded by federal resources. This plan would extend a single source referral system to include all islands.

- **PART IV Case Management**

Chronic homeless with chronic substance abuse are small in number but they are huge utilizers of medical resources and the most difficult to remove from the streets. They are also one of the most visible to community. Case managers, who have been trained in a formal treatment program, have the

Addiction Treatment Services

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Family Treatment Services

845 22<sup>nd</sup> Avenue ♦ Honolulu, Hawai'i 96816 ♦Tel: (808) 732-2802 ♦Fax: (808) 734-7470

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Participating Agency





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Founded in 1865

William Booth  
*Founder*

Andre Cox  
*General*

Kenneth Hodder  
*Territorial Commander*

John Chamness  
Lani Chamness  
*Divisional Leaders*

Melanie Boehm  
*Executive Director*

## *The Salvation Army*

*Addiction Treatment Services and Family Treatment Services*

high-end skills to most effectively help with people who have chronic homelessness coupled with substance use disorders. Case managers can be transitional to engage people, help outreach workers to get patients to access treatment as well as help when people transition to lower levels of care. During this process, homeless supports can continue with helping people who are being treated for substance use disorders to access other services including Housing First options. The Department of Health implemented case management in contracts for FY2018; however, there is no additional funding for this service so agencies sacrifice residential and outpatient treatment to fund case management. The effect is that case management services are not fully utilized because more resources are needed specifically for case management.

- **PART V Peer Mentoring**

Peer mentoring is a national best practice that brings community together with government resources to greatly improve outcomes. In Hawaii, Peer Mentoring hasn't been funded yet; however, a 4-year pilot project funded by Aloha United Way for Hina Mauka, has produced great results. Peer Mentoring involves volunteers who have recovery experiences and/or people with education in a related field (including college students) who volunteer for 6 months to help people in treatment or just out of treatment to navigate systems, especially doctor care, family issues, job searches, and connect with self-recovery support groups. A paid staff supervises and trains the volunteers as well as manages any challenges. Funding covers the supervisor, training and stipends to peer mentors. This approach provides much needed community based support to effectively address substance use disorders.

In summary, substance use disorders are treatable but we must update our services and programs to keep on top of evolving and more effective clinical practices and treatment strategies. Substance misuse in Hawaii is a big problem while chronic addiction is very expensive if not treated. We must start now to invest in better practices. We must update the way we treat those with substance use disorders.

Thank you for the opportunity to provide testimony on this bill.

Sincerely,

Melanie T. Boehm MA, LMHC, CSAC  
Executive Director ATS-FTS

Participating Agency



Addiction Treatment Services

3624 Waokanaka Street ♦ Honolulu, Hawai'i 96817 ♦ Tel: (808) 595-6371 ♦ Fax: (808) 595-8250

Family Treatment Services

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Visit us at: [www.SalvationArmyHawaii.org](http://www.SalvationArmyHawaii.org)



## Life Foundation & The CHOW Project

677 Ala Moana Boulevard, Suite 226  
Honolulu, HI 96813  
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### TESTIMONY IN SUPPORT OF HB2611 HD1: RELATING TO CHRONIC HEALTH CONDITIONS

TO: Senator Rosalyn Baker, Chair; Senator Jill Tokuda, Vice Chair; Senate committee on Commerce, Consumer Protection, and Health

FROM: Heather Lusk, Executive Director, CHOW Project

Hearing: Tuesday, March 20, 2018 9:00 AM Conference Room 229, State Capitol

Dear Chair Baker, Vice Chair Tokuda, and members of the Committee on Commerce, Consumer Protection and Health:

I thank you for this opportunity to testify in **strong support** of HB2611 HD1 relating to chronic health conditions and substance abuse treatment.

Due to the findings which indicate that a small percentage of patients consume a disproportionate amount of healthcare resources, a series of changes are critical to the more effective provision of resources related to multiple chronic health conditions. More specifically, HB2611 HD1 appropriates funds for the treatment of people with multiple chronic conditions including but not limited to mental health disorders, substance use disorders, and homelessness.

HB 2611 offers a robust five-part approach to meet the needs of individuals with multiple chronic conditions:

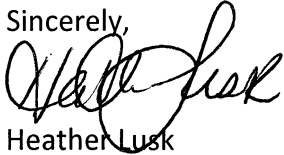
- **Part I** emphasizes the soaring price of healthcare, largely due to the lack of coordinated services to address the needs of individuals with multiple chronic conditions.
- **Part II** highlights the necessity for comprehensive treatment which engages specialized professionals such as M.D.'s and psychiatry for oversight in establishing an integrated continuum of coordinated services to meet diverse chronic health conditions.
- **Part III** brings attention to the Hawaii Opioid Initiative: A Statewide Response Plan's commitment to retaining and implementing the SBIRT state wide referral system.
- **Part IV** illuminates data that reveals the chronically homeless as 16 percent of the total homeless population but consumers of half of the resources. Data further reveals that two thirds of the homeless population have a substance use disorder or other chronic condition. Fortunately, there are case management programs which have been

developed to address these needs, but without vital funding these essential programs risk becoming ineffective.

- **Part V** brings attention to peer mentoring as a national best practice that brings community together with government resources to greatly improve outcomes for individuals struggling with chronic health conditions.

In summary, I appreciate the opportunity to provide testimony for HB2611 which offers a comprehensive, innovative approach to address the needs of individuals with multiple treatable chronic health conditions, and which will have a lasting impact in our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Lusk", written over the printed name.

Heather Lusk

Executive Director

CHOW Project & Life Foundation

**HB-2611-HD-1**

Submitted on: 3/16/2018 6:49:41 PM

Testimony for CPH on 3/20/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wilfred Del Mundo	Individual	Support	No

## Comments:

Thank you for the opportunity to provide testimony in support of HB2611, which provides funds to create a coordinated and centralized referral system in each county for substance abuse treatment programs. My name is Wilfred Del Mundo and I am currently a first-year medical student at the John A. Burns School of Medicine at the University of Hawai'i at Manoa.

Having an organized referral and treatment process is critical to facilitate early screening, intervention, and eventually treatment of people with substance abuse disorders. Chronic substance abuse wreaks havoc to a person's health, psyche, and social life. These health and social problems puts not only a strain on the patient but to the overall community. As these patients' health deteriorates, they often are in need of medical services such as surgeries, transplants, and prescription of maintenance medicines. The difficulty and costs of treating patients with long term substance abuse are exponentially higher than those that have earlier intervention. Thus, providing resources for early screening, treatment, and long-term management through specialized workers will benefit all including those in need of services, healthcare workers, and the overall community.

Through prior work experience at a substance abuse clinic in Laguna Hills, CA I know that so often, patients do not know where to turn for help even when they are genuinely wanting and needing it. This leads to a downward spiral to health deterioration and often homelessness. It is clear that substance abuse patients and the state will benefit from the increased and organized guidance that this bill could provide.

Thank you for your time.

**HB-2611-HD-1**

Submitted on: 3/19/2018 7:26:11 PM

Testimony for CPH on 3/20/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shirley	Individual	Support	No

## Comments:

I am a graduate student at UH Manoa School and Social Work and I support this bill because I feel that this is a need for one of our most vulnerable populations. We don't need to quote statistics or results of studies, all we need to do is look around in our communities to see that this is a growing concern. Not only that, substance abuse problems leads to many other problems such as domestic abuse, health issues and homelessness to name a few. Appropriating funding for the 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 is the right step in ensuring that this population will have a fighting chance to become functioning members of our community.