



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of H.B. 0035 H.D. 1**  
**RELATING TO MENTAL HEALTH**

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

Hearing Date and Time: Tuesday, March 10, 2020 at 9:30 a.m.

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) sustaining existing  
13 program operations. Sub-acute stabilization facilities have been a critical missing component of  
14 the state's continuum of care. These services are designed to assist individuals experiencing  
15 behavioral health crisis and first responders, such as law enforcement, in effectively managing  
16 and mitigating their impact. Individuals who live with behavioral health issues have better

1 outcomes when they receive the appropriate level of care depending on their clinical needs and  
2 assist them in achieving community reintegration and 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.

15 Utilizing the Mental Health and Substance Abuse Special Fund to support new capital  
16 improvement projects, including sub-acute stabilization services, and to sustain existing  
17 program operations will enhance the state's current care continuum by helping to reduce  
18 unnecessary emergency department admissions, promoting jail diversion opportunities, and  
19 better assisting individuals with behavioral health issues to be appropriately triaged through a  
20 statewide coordinated care continuum.

21 **Offered Amendments:** None.

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

23 **Fiscal Implications:** The use of the Mental Health and Substance Abuse Special Fund for capital  
24 improvement projects will allow for a reduction in the utilization of higher level services, such

1 as emergency departments and jails, by individuals who can be served appropriately through  
2 sub-acute stabilization services and transitional placement units while maintaining current  
3 general fund appropriation levels for the BHA.

4       There are other measures being heard by the legislature that allow the Department to  
5 use the Mental Health and Substance Abuse Special Fund for the purposes described in this  
6 measure including H.B. 2022 H.D. 2, and S.B. 2505 S.D. 2, and S.B. 2506 S.D.2.

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

**HB-35-HD-1**

Submitted on: 3/8/2020 5:26:00 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

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

Comments:

**HB-35-HD-1**

Submitted on: 3/6/2020 6:32:09 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for 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. If this special fund can be tapped for that we think that is an excellent idea.



## **HB35 HD1 (S) Stabilization Beds**

COMMITTEE ON CONSUMER PROTECTION AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Tuesday, March 10, 2020: 9:30 am
- Conference Room 229

## **Hawaii Substance Abuse Coalition Supports HB35 HD1 (S):**

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.

**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/sumrlog/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.



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March 6, 2020

RE: HB35 HDI RELATING TO MENTAL HEALTH

Dear Senator Baker and the Committee on Commerce, Consumer Protection, and Health,

The Kona-Kohala Chamber of Commerce supports HB35 HDI RELATING TO MENTAL HEALTH that authorizes expenditures from the mental health and substance abuse special fund to be used for capital improvement projects.

The Kona-Kohala Chamber of Commerce recognizes homelessness as a multi-faceted, complex problem that takes a coordinated effort to solve. We encourage stabilization services including drug, alcohol and mental health treatment to address the needs of those living on the street. We also support Hawai'i State Department of Health in converting the old Kona courthouse in Kealahou next to Kona Community Hospital into a treatment facility for drug addiction, mental illness and stabilization services for the homeless population and those in need.

The Kona-Kohala Chamber of Commerce is a 501(c)(6) non-profit organization with nearly 500 member businesses that represent a wide range of industries in the private, non-profit and public sectors in the Kona and Kohala districts on the West side of the island of Hawai'i. Our members range in size from small businesses with less than 10 employees to large corporations with over 1000 employees. We exist to provide leadership and advocacy for a successful business environment in West Hawai'i. We work to strengthen the local economy and promote the well-being of our community.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wendy J. Laros". The signature is fluid and cursive, with the first name "Wendy" being more prominent.

Wendy J. Laros  
Executive Director, Kona-Kohala Chamber of Commerce



**HB-35-HD-1**

Submitted on: 3/6/2020 10:11:15 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

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

Comments:



## CATHOLIC CHARITIES HAWAII

### TESTIMONY IN SUPPORT OF HB 35 HD1: RELATING TO MENTAL HEALTH

TO: Senator Rosalyn H. Baker, Chair, 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: Tuesday, 3/10/20; 9:30 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 HB 35, HD1**, which authorizes expenditures from the mental health and substance abuse special fund to be used for capital improvement projects. I am Rob Van Tassell, with Catholic Charities Hawai'i. We are a member of Partners In Care. **This bill is an important part of the shared vision of all Hawai'i counties, Partners In Care and the Hawaii Interagency Council on Homelessness.**

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.

**Crisis stabilization beds are urgently needed but are not available in Hawai'i.** There is a gap in services 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. The Oahu homeless Point in Time count reported that 36.4% of homeless single adults suffer from some type of mental illness. The intersection of homelessness and behavioral health conditions contributes to Hawai'i having the second highest rate of per capita homelessness in the nation. The task force/working group created last year by the legislature to review the behavioral system of care, has highlighted the need in Hawai'i for a coordinated network of stabilization beds for those struggling with substance abuse, mental health conditions and homelessness.

This bill would enable capital improvements in existing state facilities that have underutilized bed space to create this missing inventory of crisis stabilization beds. What a win-win solution: invest to provide a much needed resource to bridge this gap in services and end the 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. HB 35 would provide for the facility development that would enhance coordination between the behavioral health continuum and homeless services continuum to better serve these very vulnerable homeless people.

We urge your support for HB 35, HD1. Please contact our Legislative Liaison, Betty Lou Larson at (808) 373-0356 if you have any questions.



Catholic  
Charities  
USA



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**TO:** Senate Committee on Ways and Means  
**TO:** Senate Committee on Consumer Protection and Health  
**FROM:** Hawaii Health and Harm Reduction Center  
**HEARING:** Tuesday, March 10<sup>th</sup> at 9:30 AM in room 229  
**RE:** Strong Support for HB 35 HD1

**LATE**

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

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports HB 35 HD1** 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.

HHHRC'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. HHHRC works at the intersection of homelessness, substance use and mental health. Everyday, HHHRC 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 HHHRC can help provide services by knowing where to find our clients and provide services that are clinically appropriate based on a coordinated treatment plan.

HB 35 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care.

**We urge your support for SB 2505 for which HB 35 HD1 provides funding.** 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

### 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.*

#### HB35 HD1

**LATE**

TO: Senate Committee on Consumer Protection and Health  
FROM: Partners in Care (PIC)  
HEARING: Tuesday, March 10<sup>th</sup> at 9:30 AM in room 229  
RE: Strong Support for HB 35 HD1

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

Thank you for the opportunity to testify. Partners in Care (PIC) **strongly supports HB 35 HD1** 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. This bill in combination with 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).

HB 35 is aligned with the recommendations of the Act 90 and Act 263 which examined gaps within the behavioral health system of care.

**We urge your support for SB 2505 for which HB 35 HD1 provides funding.** 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.

**HB-35-HD-1**

Submitted on: 3/9/2020 10:41:01 AM

Testimony for CPH on 3/10/2020 9:30:00 AM

**LATE**

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mattson Davis	Testifying for Manini Holdings	Support	No

Comments:

**LATE**

**HB-35-HD-1**

Submitted on: 3/9/2020 12:29:12 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

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

Comments:

aloha,

I strongly support HB 35! We need more beds to stabilize our homeless population as it continues to grow.

Mahalo

Patrick HUrney

**LATE**

**HB-35-HD-1**

Submitted on: 3/9/2020 12:33:25 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Deges	Testifying for Hawaii Island HIV/AIDS Foundation	Support	No

Comments:

**HB-35-HD-1**

Submitted on: 3/9/2020 1:44:19 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stephanie P. Donoho	Testifying for Kohala Coast Resort Association	Support	No

Comments:



**HB-35-HD-1**

Submitted on: 3/8/2020 11:15:45 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Clement	Individual	Support	No

## Comments:

I strongly support HB35 HD1 to address an unmet need in the State for high-acuity and high-cost patients with chronic substance abuse and mental health disorders.

Increasingly, the burden of caring for people with severe mental illness is falling on local hospital emergency rooms and the county jail. Crisis stabilization services are needed to fill that critical gap in our mental health system.

And this is also why I strongly support the Hawai'i State Department of Health in converting the old Kona courthouse in Kealahou next to Kona Community Hospital into a treatment facility for drug addiction, mental illness and stabilization services for the homeless population and those in need.

Thank you for the opportunity to testify.

**HB-35-HD-1**

Submitted on: 3/8/2020 7:47:10 AM

Testimony for CPH on 3/10/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pat McManaman	Individual	Support	No

Comments:

**TESTIMONY IN SUPPORT OF HB 35, HD1**

I write in strong support of HB 35, HD1. This measure addresses a gap in Hawaii's current continuum of care model by allowing the Department of Health to access funds from the Substance Abuse and Mental Health Fund for capital improvements and underscores the Legislature's intent that these funds are to be utilized for the creation of crisis stabilization beds.

For many years, Hawaii's health care systems have employed a model supporting the continuum of care of persons diagnosed with serious mental illness and/or substance abuse. This measure fills a critical need for crisis stabilization beds and underscores the State's commitment to providing crisis stabilization services.

Thank you for your support of this measure,

Pat McManaman

**HB-35-HD-1**

Submitted on: 3/7/2020 3:16:13 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ross Wilson Jr.	Individual	Support	No

Comments:

I support converting the former Kona courthouse in Kealahou into a treatment facility for drug addiction, mental illness and stabilization services for the homeless population and those in need

**HB-35-HD-1**

Submitted on: 3/7/2020 1:33:32 PM

Testimony for CPH on 3/10/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tom Leonard	Individual	Support	No

Comments:

**HB-35-HD-1**

Submitted on: 3/9/2020 8:15:34 AM

Testimony for CPH on 3/10/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alysa Lavoie	Individual	Support	No

Comments:

Strongly support. We need to increase services in West Hawai`i. We are a desert for mental health and substance use stablization services.

**HB-35-HD-1**

Submitted on: 3/9/2020 8:43:04 AM

Testimony for CPH on 3/10/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Logan	Individual	Support	No

## Comments:

As a practicing psychologist with expertise in substance use disorders, the lack of resources on Hawaii Island is concerning on a personal and professional level. Waiting weeks to help patients get connected with residential and/or detox services on Oahu is NOT quality care and is putting our community at further risk. Please support this opportunity to provide basic medical care in our community.

Diane Logan, PhD, CSAC