

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. 2592
RELATING TO DRUG TREATMENT

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

Hearing Date and Time: Friday, February 7, 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 recognizes the need for comprehensive services within our care
11 continuum that are tailored to rehabilitating individuals living with behavioral health conditions
12 including substance use disorders. We strongly support the appropriation of funds for
13 substance use disorder treatment and mental health treatment programs which are essential
14 for a comprehensive care continuum.

15 There is overwhelming evidence that supports behavioral health treatment services
16 having a profound effect on jail diversion initiatives, emergency department admissions,
17 psychiatric hospital re-admissions, and substantial expenditure savings. The Department, in

1 collaboration with other state agencies and relevant stakeholders, also recognized the need for
2 a centralized mechanism to assist consumers with accessing vital mental health and substance
3 use treatment.

4 The Department strongly supports appropriating funding for the continued
5 development and expansion of the Hawaii Coordinated Access Resource Entry System (“Hawaii
6 CARES”) which increases access to treatment and manage consumers transition through all
7 levels of care as clinically appropriate. The program will operationalize current policies more
8 effectively and aid in identifying and addressing needs within the continuum of care including
9 for crisis, stabilization, and rehabilitative programs for co-occurring disorders. Hawaii CARES
10 will improve efficiencies within the system and increase efficacy and maximization of current
11 resources by reducing siloes in the behavioral health system and requiring more universal
12 standards and protocols of care.

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

14 **Offered Amendments:** None.

15 **Fiscal Implications:** The Department respectfully requests that beyond approval for the use of
16 Mental Health and Substance Abuse Special Funds for mental health and substance use
17 disorder treatment programs, any additional appropriations made available through this
18 measure not supplant budget priorities identified in the Governor’s executive budget.



Friday, February 7, 2020

Senate Bill 2592
Testifying in Support

Aloha Chair Baker, Vice Chair Chang, and Members of the Committee on Commerce, Consumer Protection, and Health,

The Democratic Part of Hawai'i (The Party) **stands in support of SB2592** Relating to Drug Treatment, which appropriates funding for the implementation and development of the Hawai'i coordinated access recovery entry system to increase access to treatment for all individuals who suffer any form of substance abuse and mental illness.

Creating new and funding current facilities, in every county that increase access both at the in-patient and out-patient level for those struggling with addiction, would benefit everyone in the state of Hawai'i. When people are sick and suffering, it is incumbent upon all of us as a society to medically treat those affected.

We must acknowledge the correlation between substance use disorders and mental illness. These issues do not exist in a vacuum, and a collaborative approach must be used.

The National Institute on Drug Abuse shares the following:

"The high prevalence of comorbidity between substance use disorders and other mental illnesses does not necessarily mean that one caused the other, even if one appeared first. Establishing causality or directionality is difficult for several reasons. For example, behavioral or emotional problems may not be severe enough for a diagnosis (called subclinical symptoms), but subclinical mental health issues may prompt drug use. Also, people's recollections of when drug use or addiction started may be imperfect, making it difficult to determine whether the substance use or mental health issues came first. Three main pathways can contribute to the comorbidity between substance use disorders and mental illnesses:

1. Common risk factors can contribute to both mental illness and substance use and addiction.
2. Mental illness may contribute to substance use and addiction.
3. Substance use and addiction can contribute to the development of mental illness."

Many substance abusers use drugs as a way to self medicate the pain of trauma. According to americanaddictioncenters.com, "About 50-66 percent of those who suffer

from PTSD also battle simultaneous addiction, and the reverse is also true... People who suffer from PTSD are between two and four times more likely to also battle addiction than their peers who do not also struggle with PTSD, the journal Clinical Psychology publishes.”

The stigma associated with issues related to both addiction and mental illness, keeps people from seeking help. That is further exacerbated by the fact that when people are ready and willing to seek help, they often do not have anywhere to go and seek the treatment that they desperately need.

Whereas Honolulu County may have several facilities available for people to receive treatment, that is not the case in other counties. Hawai'i County has only one residential facility available to those receiving MedQuest and that facility is only for men. Kaua'i County has only one residential facility available to those receiving MedQuest.

The Party supports the State using this fund as a last resort payer option for individuals seeking treatment and exhausting all other funding sources prior to utilizing this fund. Having these funds available however, may save the lives of those persons who cannot be treated from an alternate payer source.

For these reasons we urge to vote favorably on this bill and expand treatment options for those struggling with addiction and mental health diagnoses.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i

<https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>

<https://americanaddictioncenters.org/ptsd>

SB-2592

Submitted on: 2/4/2020 6:43:39 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:



SB2592 Coordinated Access Recovery Entry System Access and Funding

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH:

- Sen. Rosalyn Baker, Chair; Sen. Stanley Chang, Vice Chair
- Friday, Feb. 7th, 2020: ~~9:30~~ 8:30 am
- Conference Room 229

Hawaii Substance Abuse Coalition Supports SB2592:

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.

The Coordinated Access Recovery Entry System (CARES) is a referral system for behavioral health to help the community access substance use disorder and mental health treatment as well as an authorization process for the state to manage government payments to providers.

CARES is designed to help people access substance use disorder and mental health treatment services given the complicated healthcare and government systems in place as well as the challenges to address multiple complex problems for people needing treatment.

- 1) Coordination is needed because substance use disorders and mental illnesses are often co-occurring and, when in chronic stages, frequently are accompanied by a substantial number of general medical conditions such as heart disease, cancers, diabetes, and neurological illnesses.
- 2) The most important role for CARES is to coordinate healthcare to address the intertwined chronic illnesses of mental health, substance abuse and general health problems as a means to improve health outcomes.
- 3) Moreover, the most effective coordination systems improve healthcare by addressing the surrounding areas of education, child welfare, and other human service systems that are impacted by mental and/or substance-use (M/SU) problems and illnesses.

CARES role to improve systemic care deliveries depends upon the effective collaboration of all mental, substance-use, general health care, and other human service providers in coordinating the care of their patients.

- 1) CARES must sort through the mass of disconnected care delivery arrangements that requires numerous patient interactions with different providers, organizations, and government agencies.
- 2) CARES biggest impact is to help providers with their need for multiple provider “handoffs” of patients for different services.

- 3) CARES can also coordinate all the transmittal of information needed to help in the joint planning by all these providers, organizations, and agencies.
- 4) CARES role to overcome separations between services is further complicated because of the legal and organizational prohibitions on sharing information about mental and substance-use diagnoses, medications, and other features of clinical care. Because of this difficulty, it's critical for CARES to implement effective structures and processes for linking the multiple clinicians and organizations that are caring for patients.
- 5) It's important for CARES to develop positive relationships with individual treatment providers to create clinically effective linkages among mental, substance-use, and general health care and other human service agencies caring for these patients. CARES and providers need supportive help as well from government agencies, purchasers, and accrediting bodies to promote the creation of these linkages.¹

Systems of care for behavioral health need to be further developed to address complex patients, co-occurring disorders, homeless, and criminal justice patients.

- 1) Co-occurring disorder (substance-use/mental health) services must be improved with better resources to hire more qualified staff and more resources to address the chronically ill that are so expensive to healthcare.
- 2) Clinicians are more likely to collaborate when they perceive each other as having the knowledge necessary for good clinical care ([Baggs and Schmitt, 1997](#)). Mutual respect and trust in clinical competence are necessary precursors to collaboration as well ([Baggs and Schmitt, 1988](#); [Rice, 2000](#));

Summary:

Care coordination is the outcome of effective collaboration. Coordinated care promotes accurate diagnosis and the appropriate complexity of treatment because all providers receive relevant diagnostic and treatment information from all other providers caring for a patient.

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

¹ National Center for Biotechnology Information: Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series, sponsored by the National Institute of Health (2006): <https://www.ncbi.nlm.nih.gov/books/NBK19833/>

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SB-2592

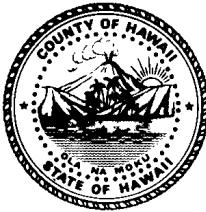
Submitted on: 2/6/2020 6:54:29 PM

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 2592, RELATING TO DRUG TREATMENT
Committee on Commerce, Consumer Protection and Health
Friday, February 7, 2020
9:30 a.m.
Conference Room 29

Aloha Chair Baker, and Members of the Committee:

I thank you for the opportunity to support in support of SB 2592, relating to drug treatment. 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 appropriate funding for drug and mental health treatment programs for the continuum of care coordination across Hawai'i's health care system. Methamphetamine abuse and addiction rates in Hawai'i are increasing. According to the U.S. Sentencing Commission, methamphetamine plays a role in almost 90% of federally-sentenced drug convictions in the Hawaiian islands, nearly triple the national average. 63% of Hawai'i state hospital patients have a history of methamphetamine use. Opioid addiction continues to be a major concern both locally and nationally. Funds spend on drug treatment saves on the cost of law enforcement, incarceration, medical treatment, homeless and social services.

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 free to contact me at (808) 323-4267.

Mahalo for your consideration.

A handwritten signature in black ink, appearing to read "Rebecca Villegas".

Rebecca Villegas
Council Member, Hawai'i County Council

TO: Senate Committee on Consumer Protection and Health

Hearing: Friday, February 7th @ 8:30 am Room 229

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

Strong Support for SB2592

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

The Hawaii Health & Harm Reduction Center (HHHRC) strongly supports SB 2592 which would support Hawaii CARES (Hawaii Coordinated Access Resource Entry System). CARES provides one door for all referrals for substance use treatment (and soon mental health services) and assess and triages people to clinically appropriate level of care.

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. We are part of the CARES continuum of care and have seen first hand the ways that coordination is the best way to work across our fragmented system of care.

Thank you for the opportunity to testify.

Testimony IN SUPPORT of SB2592
RELATING TO DRUG TREATMENT

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

DATE: Friday, February 7, 2020
TIME: 8:30 AM
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

From: Stephanie Blackstone, MSW Student at UHM
Submitted On: February 6th, 2020

Aloha Senator Baker, Chair, Senator Chang, Vice Chair, and members of the committee,

I am testifying IN SUPPORT of SB2592 - RELATING TO DRUG TREATMENT. I am a Master of Social Work student at Myron B. Thompson School of Social Work, University of Hawaii at Manoa. I currently work in the field of addiction treatment services, working with dual diagnosis patients with mental illness and chemical dependency. The majority of our patients have a history of methamphetamine, opioid, and alcohol use, and I can personally attest for the benefits that our treatment provides to them. I have seen first-hand patients gain insight and coping skills from our treatment services that allow them to better function in our community.

Appropriating funding for drug and mental health treatment programs for the continuum of care coordination across Hawaii's health care system, would greatly benefit our patient population and provide the opportunity for our services to reach the larger community of patients in need. Our patients' treatment accessibility is dependent on the availability and parameters of their health insurance, sometimes only allowing our patients two months of treatment. Having additional funding for our patients to maintain their treatment status, even as a last resort, would allow those patients to gain the maximum amount of benefits that our treatment has to offer.

I believe that increased access to treatment for all individuals who suffer any form of substance abuse and mental illness would improve, not only our patients' lives, but also the community at large.

Thank you for allowing me to testify in support of SB2592.

Sincerely,
Stephanie Blackstone, MSW Student