

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of HB1854 HD1
RELATING TO COMMUNITY BEHAVIORAL HEALTH CLINICS

REPRESENTATIVE CHRIS TODD, CHAIR
REPRESENTATIVE JENNA TAKENOUCI, VICE CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date and Time: Friday, February 27, 2026, 10:00 a.m. Location: Room 308 & Video

1 **Department Position:** The Department strongly supports this measure.

2 **Department Testimony:** The Department supports this measure, which establishes a
3 Community Behavioral Health Clinic Certifying Office. The establishment of this office will allow
4 the State to certify community behavioral health clinics to become Certified Community
5 Behavioral Health Clinics (CCBHCs), which will promote consistency and accessibility to mental
6 health and substance use services for people across the State.

7 CCBHCs use a “no wrong door” approach, serving anyone regardless of age, insurance, or
8 ability to pay. The Department currently provides behavioral health services across all counties,
9 including Hawai'i, Maui, Kaua'i, and Honolulu. For Hawai'i, the CCBHC model will expand access
10 to services and improve continuity of care, addressing rural access gaps, workforce shortages,
11 and disaster recovery needs, as seen after the 2023 Maui wildfires.

12 The CCBHC Demonstration Program launched nationally in 2016 to expand access to
13 comprehensive mental health and substance use services, starting with eight states. Under the
14 Protecting Access to Medicare Act (PAMA), Congress expanded the program to include 10
15 additional states in 2024, with another 10 scheduled for 2026—and every two years thereafter.
16 Today, 18 states and Washington, D.C. are Demonstration states, and 46 states in total

1 participate in the CCBHC model through the Demonstrations or CCBHC planning grants
2 including Hawai'i. Nationwide, more than 500 clinics are already certified and delivering care.

3 CCBHCs represent a national standard for delivering comprehensive, integrated behavioral
4 health care. They combine mental health and substance use treatment with crisis services, care
5 coordination, and connections to physical health, ensuring timely access and continuity of care.
6 This model strengthens systems by improving service quality and addressing gaps in access to
7 care, particularly for underserved and high-need populations. Passing this bill will allow the
8 Department to certify clinics under federal and state CCBHC requirements. Clinics must be
9 certified to qualify for enhanced Medicaid reimbursement under the CCBHC model. Without it,
10 CCBHC clinics cannot receive enhanced Medicaid reimbursement.

11 The Community Behavioral Health Certifying Office (Office) will certify qualified clinics and
12 ensure continued compliance with federal and state CCBHC requirements. The Oversight Board
13 will provide accountability and community input, review applications, and assess statewide
14 behavioral health needs. It includes a diverse group of 9 voting community members, with at
15 least half from rural areas, including mental health and substance use treatment providers,
16 individuals with lived experience, a child and adolescent provider, and a representative from
17 the schools.

18 This bill gives Hawai'i the tools and infrastructure to meet growing behavioral health needs,
19 and the CCBHC model will help make that possible while strengthening care across our State.

20 **Offered Amendments:** On page 5, line 9, we request a correction to the number of members
21 on the board to nine.

22 Thank you for the opportunity to testify in support of this measure.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

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The Thirty-Third Legislature, State of Hawaii
The House of Representatives
Committee on Finance

Testimony by
Hawaii Government Employees Association

February 27, 2026

H.B.1854 H.D.1 – RELATING TO COMMUNITY BEHAVIORAL HEALTH CLINICS

The **Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes the purpose and intent of H.B.1854 H.D.1, on page three lines 9 to 10**, which creates exempt positions in the Department of Health.

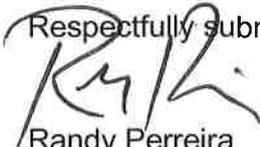
While we have no objections to the establishment of the office, we have concerns about the creation of positions within this office that will be exempt from civil service. Exempt employees do not have the same rights compared to civil service employees as they are considered “at-will” by the employer. We have consistently opposed the creation of more exempt positions in government, and more recently, we have advocated that exempt employees that are included within a collective bargaining unit receive *just-cause* protections, just like civil service employees.

This proposal is part of a larger issue, which is that the civil service system and SOH HR must become more flexible, competitive, and adaptive to the current job market and public demands. There are methods the SOH can implement to streamline its hiring and recruiting while keeping employees within the civil service. Among other things, the SOH should look to adequately price these civil service positions to appropriately reflect a competitive salary, comparable to similar positions within the public and private sector, and in general, the market rate. The SOH should also look to reform its civil service hiring processes to create a more efficient and effective system, so that prospective employees are not waiting to hear back from a job that they applied to months ago. The solution to streamline hiring and recruiting is not to exempt positions which would be at the expense of an employee’s job-security; rather, the solution is to re-think the way we recruit, hire, and compensate civil service positions.

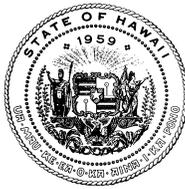
Likewise, exempting positions may hinder the SOH’s ability to recruit and retain employees because the stability and benefits that come with civil service positions are arguably the most persuasive incentives for a prospective employee to seek employment within local government.

Accordingly, **the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO opposes H.B. 1854 H.D.1.**

We appreciate your consideration of our testimony in opposition to H.B.1854 H.D.1.

Respectfully submitted,

Randy Perreira
Executive Director

JOSH B. GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA
MOKU'ĀINA 'O HAWAI'I



KATHERINE AUMER, PhD
COUNCIL CHAIRPERSON
LUNA HO'OMALU O KA PAPA

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STATE COUNCIL ON MENTAL HEALTH
Testimony to the House Committee on Finance
in SUPPORT of H.B. 1854 SD1
RELATING TO COMMUNITY BEHAVIORAL HEALTH CENTERS
February 27, 2026 10:00 a.m., Room 308 and Video

Chair Todd, Vice Chair Takenouchi, and Committee members:

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The State Council on Mental Health ("Council") strongly supports this measure but has one recommendation. The bill establishes a necessary pathway for developing Community Behavioral Health Clinics (CCBHCs) across the islands by creating a state certifying office to oversee and implement the model. The Council looks forward to its role in supporting CCBHC development and advancing a more accessible and coordinated mental health system. However, as currently drafted, HB1854 SD1 requires the appointment of an additional Council member specifically designated to represent the certifying office. This level of specificity departs from the existing statutory framework governing Council membership under section 334-10 of the Hawai'i Revised Statutes.

Section 334-10(a) provides for representation from relevant government sectors, including mental health, education, vocational rehabilitation, criminal justice, housing, Medicaid, and social services, without mandating representation from a particular office, program, or administrative entity. This structure preserves flexibility, promotes balanced representation, and allows the Council's composition to adapt as systems and delivery models evolve.

The Council respectfully recommends maintaining the current statutory structure for membership while ensuring appropriate collaboration with the certifying office through existing inter-agency and advisory mechanisms.

Thank you for the opportunity to testify.