



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
KA 'OIHANA O KA LOIO KUHINA  
THIRTY-THIRD LEGISLATURE, 2026**

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**ON THE FOLLOWING MEASURE:**

H.B. NO. 1854, H.D. 1, RELATING TO COMMUNITY BEHAVIORAL HEALTH CLINICS.

**BEFORE THE:**

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

**DATE:** Wednesday, March 18, 2026      **TIME:** 1:00 p.m.

**LOCATION:** State Capitol, Room 225

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Michelle L. Agsalda, Deputy Attorney General

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Chair San Buenaventura and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill adds a new chapter to the Hawaii Revised Statutes (HRS), that establishes a state certification and oversight structure for certified community behavioral health clinics. The bill creates a Community Behavioral Health Clinics Certifying Office (Office) within the Department of Health, establishes a Certified Community Behavioral Health Clinics Oversight Board; and amends the composition of the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and the State Council on Mental Health to include a member from the Office.

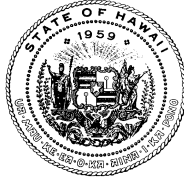
The number of board members appears to be inconsistent with the required membership composition to be appointed by the governor. Section -4(a) of the new chapter sets the number of members of the Certified Community Behavioral Health Clinics Oversight Board to be appointed by the Governor at ten. See page 5, lines 9 - 11. However, the categories of members listed on page 5, line 14, through page 6, line 9, total nine members. Therefore, we recommend either amending the total number of board members from ten to nine, on page 5, line 9, or adding an additional category of membership.

Section -3(a) and (b) of the new chapter provides that the executive director and staff of the Office are exempt from chapter 76, HRS (page 2, line 14, through page 3, line 11). Pursuant to section 76-16(b)(17), HRS, exemptions from civil service created outside chapter 76 after July 1, 2014, expire three years after enactment unless

affirmatively extended by the Legislature. If the Legislature intends the exemption to be permanent, we recommend amending section 76-16(b), HRS, to add these positions as exempt positions.

In addition, section -4(c)(2) of the new chapter authorizes the board to decertify a certified community behavioral health clinic if the clinic has not completed required corrective action (page 7, lines 8-10). The bill does not specify the procedures governing decertification, including whether notice, an opportunity to be heard, or an administrative appeal would be provided. Because decertification may affect a clinic's ability to receive payment under the prospective payment system established by the bill, we recommend clarifying the procedures applicable to decertification decisions to ensure adequate procedural protections. The Legislature may also wish to clarify the respective roles of the Office and the board in the decertification process, including whether decertification decisions are intended to be made by the Office based on a recommendation from the board.

Thank you for the opportunity to provide comments.



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

SENATOR JOY A.SAN BUENAVENTURA, CHAIR  
SENATOR ANGUS L.K. MCKELVEY, VICE CHAIR  
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: Wednesday, March 18, 2026, 1:00 p.m. Location: Room 225 & 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.



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Mar 18, 2026

#### MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

#### EXECUTIVE DIRECTOR

Roxanne U. Bolden

#### BOARD OF DIRECTORS

##### Chair / Sec

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##### Member

Scott Suzuki  
Sheila Castaneda  
Jennifer Hartssock

The Honorable Joy A. San Buenaventura, Chair  
Senate Committee on Health and Human Services  
The Thirty-Third Legislature  
State Capitol  
State of Hawaii  
Honolulu, Hawaii 96813

**SUBJECT:** HB1854 HD1 – Relating to Community Behavioral Health Clinics

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) is a consumer-controlled, cross-disability Center for Independent Living (CIL) serving people with disabilities across Hawaii. We write **in support of HB1854 HD1**, which establishes a Certified Community Behavioral Health Clinics (CCBHC) Certifying Office and Oversight Board, and offer targeted comments to strengthen the bill's alignment with cross-disability principles.

Certified Community Behavioral Health Clinics are a federal model specifically designed to provide comprehensive, integrated behavioral health services in community settings. CCBHCs are required to serve anyone regardless of ability to pay, insurance status, age, or diagnosis—and they are required to provide a broad range of services including crisis services, case management, peer support, and psychiatric rehabilitation. Establishing Hawaii's certification infrastructure for CCBHCs is an important step toward building the community-based behavioral health system that people with psychiatric disabilities need to live in their communities rather than in institutions—a goal at the heart of the Olmstead decision and the Independent Living movement.

AILH offers the following comments for the Committee's consideration:

1. **Affirm and strengthen the lived experience requirement in Section -4(a)(1):** AILH strongly supports the bill's requirement in Section



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-4(a)(1) that one representative from each county on the Oversight Board must be a resident with lived experience in mental health or substance use conditions. This means four of ten board seats are held by people with relevant personal experience—a meaningful and commendable commitment. AILH urges the Committee to ensure that the Governor’s appointment process for these seats actively prioritizes people who are current or recent recipients of behavioral health services, not only family members or advocates, so that the people most directly affected by CCBHC certification decisions have genuine decision-making authority on the Board.

- 2. Expand lived experience seats to reflect cross-disability reality:** CCBHCs serve people with co-occurring conditions—psychiatric disabilities alongside physical disabilities, traumatic brain injuries, intellectual and developmental disabilities, and substance use disorders. The current lived experience requirement in Section -4(a)(1) specifies ‘mental health or substance use conditions, or both.’ AILH urges the Committee to amend this language to include people with co-occurring physical, cognitive, or sensory disabilities, so that the Board reflects the full cross-disability population that CCBHCs are designed to serve. A person using a wheelchair who also lives with a psychiatric disability has a perspective on behavioral health services that neither a clinician nor a mental-health-only lived experience representative can fully represent.
- 3. Add a lived experience qualification to the Executive Director position:** Section -3(a) requires the Executive Director of the Certifying Office to have ‘experience in health care administration and behavioral health.’ AILH encourages the Committee to add lived experience of behavioral health conditions or disability as a preferred qualification for the Executive Director. Organizations that center the people they serve—including Centers for Independent Living, whose executive directors are required by federal law to be people with disabilities—consistently produce better outcomes. The same principle applies here.



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##### **Vice Chair**

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Jonathan Yap

##### **Member**

Scott Suzuki  
Sheila Castaneda  
Jennifer Hartssock

AILH supports HB1854 HD1 and urges the Committee to pass it with the amendments described above. Building a robust CCBHC infrastructure in Hawaii is one of the most concrete steps the Legislature can take to keep people with psychiatric disabilities living in their communities, with the services they need, on their own terms.

Thank you for the opportunity to testify.

Aloha,

Roxanne Bolden

Executive Director

**HB-1854-HD-1**

Submitted on: 3/15/2026 5:33:31 AM

Testimony for HHS on 3/18/2026 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

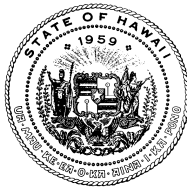
Comments:

I, Johnnie-Mae L. Perry, Support

1854 HB RELATING TO COMMUNITY BEHAVIORAL HEALTH CLINICS.

PUBLIC SAFETY IS EVERYONE'S RESPONSIBILITY

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

STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
STATE COUNCIL ON MENTAL HEALTH  
P.O. Box 3378, Room 256  
HONOLULU, HAWAII 96801-3378

**LATE**

**STATE COUNCIL ON MENTAL HEALTH**  
**Testimony to the Senate Committee on Health and Human Services**  
**IN SUPPORT OF H.B. 1854, HD1**  
**RELATING TO COMMUNITY BEHAVIORAL HEALTH CLINICS**  
**March 18, 2026, 1:00 pm, Room 225 and Video**

Chair San Buenaventura, Vice-Chair McKelvey and Committee members:

**CHAIRPERSON**

Katherine Aumer, PhD

**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

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The State Council on Mental Health ("Council") strongly supports H.B. 1854, HD1. Establishing a certified community behavioral health clinic ("CCBHC") certifying office within the Department of Health is an important step toward improving access to coordinated behavioral health services and strengthening Hawai'i's continuum of care.

The Council looks forward to working closely with the certifying office to support successful implementation of the CCBHC model statewide.

The Council respectfully recommends a targeted amendment to preserve the current statutory structure of its membership under Hawai'i Revised Statutes (HRS) §334-10.

HRS §334-10 establishes the Council as a twenty-one-member advisory body designed to represent key sectors of the behavioral health system, including mental health, education, vocational rehabilitation, criminal justice, housing, Medicaid, and social services. The statute intentionally provides for sector-based representation, rather than representation from specific offices or programs. This structure ensures flexibility in appointments as systems evolve and allows the Governor to select members with the most relevant expertise at a given time.

Importantly, HRS §334-10 also requires that:

"a majority of Council members are not providers of mental health or other health services; and  
a majority of Council members are not state employees."

These requirements are not only foundational to maintaining a balanced and independent advisory body but are also necessary to align with federal requirements for state mental health planning councils under the Community Mental Health Services Block Grant (42 U.S.C. §300x-3(c)). As currently drafted, H.B. 1854, HD1 would amend HRS §334-10 to add a specific seat for the CCBHC certifying office, increasing the Council's membership to twenty-two. While well-intentioned, this change represents a shift from sector-based representation to program-specific representation, which may have several unintended consequences.

First, adding a designated government seat reduces the flexibility built into the statute and may complicate efforts to maintain the required balance between state employees, providers, and community members, particularly during periods of vacancy or transition.

Second, it introduces the risk of incremental expansion of program-specific seats over time, which could alter the Council's composition in ways that diminish its independence and broad-based representation.

Third, because the Council must maintain compliance with federal membership requirements, even small structural changes can create ongoing administrative challenges in ensuring that required ratios are preserved.

The Council fully supports strong coordination with the CCBHC certifying office. However, such coordination can be achieved within the existing statutory framework, which already ensures representation from key state agencies and allows for the inclusion of appropriate expertise through the appointment process.

For these reasons, the Council recommends maintaining the current language of HRS §334-10 and removing the proposed amendments that add a specific seat for the certifying office.

Specifically, the Council recommends deleting the proposed amendments to HRS §334-10, meaning deleting Section 3 of the bill (page 10, lines 1–21, and page 11, lines 1–12).

Maintaining the existing structure will preserve the Council's balanced, flexible, and federally compliant role, while still allowing for effective collaboration with the certifying office.

Thank you for the opportunity to provide testimony.