



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

**Testimony COMMENTING on SB2285
RELATING TO COMPLEX PATIENT TREATMENT**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

February 6, 2026, 1:00pm and Room Number: 225

1 **Fiscal Implications:** The Department of Health (“Department”) requests that any passage of
2 this measure not supplant the priorities and requests outlined in the Governors executive budget
3 request.

4 **Department Position:** The Department offers comments.

5 **Department Testimony:** The Alcohol and Drug Abuse Division (ADAD) provides the
6 following testimony on behalf of the Department.

7 The bill appropriates \$3,000,000 for SFY 2027 for the Department to: (1) establish a statewide
8 integrated care initiative for complex patients: adults with co-occurring substance use disorders
9 (SUD), mental health disorders, and chronic physical health conditions; (2) ADAD may contract
10 with community-based organizations to implement a behavioral health complex patient model;
11 (3) and submit a report to the 2027 Legislature.

12 People with SUD are more likely than those without SUD to have co-occurring mental disorders.
13 According to the 2023-2024 National Survey on Drug Use and Health, approximately 75,200 or
14 6.5% of adults aged 18 and older in Hawaii experience co-occurring substance use disorders and
15 any mental illness (defined as a diagnosable as a mental, behavioral, or emotional disorder
16 ranging in degree of severity within the last twelve months). 49,700 are on Oahu, 11,600 are in
17 Hawaii County, 9,900 are in Maui County, and 3,800 in Kauai County. Additionally, 80% of

1 adults in the State who need substance use treatment did not receive it in the past year. People
2 with co-occurring disorders face a multitude of individual, logistic, socioeconomic, cultural,
3 organizational, systemic, and policy-related barriers to accessing and utilizing SUD treatment
4 and mental health services. Treatment providers play important roles to help reduce these
5 barriers and help clients overcome such challenges.

6 Serious gaps exist between the treatment and service needs of people with co-occurring
7 substance use disorder and mental health.

8 In addition, SAMHSA’s Treatment Improvement Protocols (TIP) which give best practice
9 guidelines on SUD treatment for people with co-occurring disorders is based on the following
10 principles: utilize a “no wrong door” approach to accessing care, conducting a full screening and
11 assessment, providing appropriate level of care for the patient, achieving integrated care or
12 concurrent treatment, additional comprehensive services along with treatment for SUD and
13 mental disorders, and maintaining continuity they move from one level of care to another.

14 **Offered Amendments:** Given the time it takes to encumber funds and complete the competitive
15 procurement process, it is anticipated that contract awards would be made near the end of the
16 2026 calendar year; the Department respectfully suggests that a report to the 2028 legislature will
17 be much more meaningful.

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



SB2285 Complex Patient Model

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Friday, Feb 6, 2026: 1:00: Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports SB2285:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the ad hoc leader of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder prevention and treatment agencies and recovery-oriented services.

Across the nation, agencies are evolving to combine mental health with substance use disorder (SUD) treatment. This bill for integrated complex patient care has the *potential to transform the way providers deliver care*, improve outcomes, and encourage more collaborations in treatment.

This will **allow Hawaii to be more competitive to receive federal funding**, which is now available to those states who are more developed. While federal funding is released this year to states for complex patient models, such funding only goes to those states that have an existing complex patient model in place.

- *Ends fragmented care* when Medicaid, state and federal grants shift to end siloed care where only one diagnosis is covered at a time, creating silos of treatment that is difficult to collaborate efficiently.

Residential treatment, in one setting, is needed for multiple chronic illnesses of SUD, co-occurring mental health that often includes chronic physical condition.

- Coordinated multidisciplinary care, including medical management, psychiatric treatment, addiction services, and recovery supports, is essential to addressing the needs of high-acuity, high-utilizer populations.
- **A single residential program with all services in one place eliminates fragmentation** and creates continuity of care
- A residential environment allows for **relationship building, skill development, and routine stabilization.**
- Staff across disciplines follow a unified treatment plan.

Complex Patients Have Overlapping Conditions That Cannot Be Treated Separately

- Individuals with SUD frequently have **co-occurring psychiatric disorders** (depression, PTSD, bipolar, anxiety disorders).

- Many also suffer from **chronic medical illnesses** such as diabetes, COPD, cardiovascular disease, liver disease, or infectious diseases.
- Treating one condition at a time results in **fragmentation**, conflicting treatment plans, and frequent relapse or deterioration.
- Integrated care acknowledges that these conditions are **interdependent**, and improvement requires addressing them simultaneously.

Decreases in System Fragmentation

- Traditional systems require patients to navigate **separate providers** for mental health, SUD treatment, primary care, and specialty care.
- Complex patients often struggle with transportation, cognitive load, and social instability, causing them to drop out

Integrated models Reduces Total Healthcare Costs

Fewer emergency department visits; Reduced psychiatric hospitalizations; Better management of chronic diseases, avoiding preventable complications; Less cycling through detox–inpatient–ER loops. This is especially critical for high-utilizer populations. Evidence-based integrated residential treatment programs improve recovery outcomes, reduce relapse, increase treatment adherence, and decrease overall healthcare expenditures.

Without residential programs equipped to treat **all three** domains (medical + psychiatric + addiction), people fall through the cracks, leading to Higher homelessness; Higher incarceration rates; Greater burden on hospitals and EMS; Community safety and public health challenges

An integrated residential model fills a **systemic gap**.

HSAC recommends that the **Department of Health establish, operate, or contract for the operation** of one or more Integrated Residential Treatment Facilities to serve complex patients.

1. Comprehensive substance use disorder “Residential” treatment, including medication-assisted treatment.
2. Mental health evaluation, medication management, psychotherapy, and crisis stabilization.
3. On-site primary medical care, chronic disease management, and coordination with specialty medical providers.
4. Integrated nursing services.
5. Care coordination, case management, and discharge planning.
6. Peer support services.
7. Recovery-oriented, trauma-informed, and culturally responsive programming.
8. Harm reduction services philosophy about the “pursuit of abstinence” to improve functionality.
9. Assistance with housing, employment, and social determinants of health.

We appreciate the opportunity to provide testimony and are available for question



SB2285 Complex Patient Model

COMMITTEE ON HEALTH AND HUMAN SERVICES

Sen. Joy San Buenaventura, Chair

Sen. Angus McKelvey, Vice Chair

Friday, Feb 6, 2026: 1:00: Room 225 Videoconference

Hawaii Substance Abuse Coalition Supports SB2285:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Brian Baker. I am the President and CEO for Hina Mauka, a mental health and substance use disorder treatment and prevention agency for thousands of adults and adolescents on Oahu and Kauai, including recovery-oriented services and housing transitional living programs.

SB2285 represents an important step forward in modernizing how care is delivered to individuals with the most complex and costly health needs. Across the country, **treatment systems are moving away from separating mental health and substance use services and toward integrated models that recognize the reality of overlapping conditions.** This measure would position Hawai'i to keep pace with national best practices and significantly improve outcomes for high-acuity patients.

States that already operate complex patient care models are currently prioritized for new federal funding opportunities. Establishing this framework now allows Hawai'i to remain competitive and ensures we do not miss out on federal resources that can strengthen our treatment infrastructure and reduce long-term costs.

Too often, existing funding and reimbursement structures force providers to address only one diagnosis at a time. Medicaid, state appropriations, and federal grants frequently operate in silos, unintentionally discouraging coordination and continuity of care. SB2285 helps dismantle these barriers by supporting integrated treatment approaches rather than fragmented services.

Individuals with substance use disorders frequently experience co-occurring mental health conditions such as depression, PTSD, anxiety, or bipolar disorder. Many also live with chronic medical issues including diabetes, cardiovascular disease, respiratory illness, liver disease, or infectious conditions. Attempting to treat these conditions independently leads to inconsistent care plans, repeated crises, and avoidable relapses. Effective treatment requires addressing these interrelated conditions simultaneously.

A residential setting that combines medical care, psychiatric services, and addiction treatment in one location provides stability and consistency that outpatient or disconnected systems cannot. Within a single program, multidisciplinary teams can collaborate around one coordinated treatment plan, reducing duplication and improving clinical outcomes. Residential care also fosters therapeutic relationships, routine stabilization, and skill-building that are essential for long-term recovery.

Integrated models reduce the burden placed on patients who are often asked to navigate multiple providers, appointments, and transportation systems. For individuals already struggling with cognitive challenges, housing instability, or limited resources, this complexity leads to disengagement and treatment dropout.

Evidence consistently shows that comprehensive, integrated residential treatment reduces emergency department utilization, psychiatric hospitalizations, and repeated detox admissions. Better management of chronic medical and behavioral health conditions lowers preventable complications and reduces overall healthcare expenditures, particularly among high-utilizer populations.

Without programs capable of addressing medical, psychiatric, and substance use needs together, individuals are more likely to cycle through homelessness, incarceration, emergency services, and acute hospital settings—placing strain on communities, hospitals, and public safety systems. An integrated residential model directly addresses this gap in care.

Hina Mauka supports SB2285 and recommends that the Department of Health be authorized to establish, operate, or contract for integrated residential treatment facilities designed to serve complex patients.

These facilities should include:

- Residential substance use disorder treatment, including medication-assisted treatment
- Comprehensive mental health assessment, therapy, medication management, and crisis stabilization
- On-site primary medical care and chronic disease management with specialty coordination
- Integrated nursing services
- Care coordination, case management, and transition planning
- Peer support and recovery services
- Trauma-informed, culturally responsive, and recovery-oriented programming
- Harm reduction approaches that prioritize improved functioning and stability
- Support addressing housing, employment, and other social determinants of health

Mahalo for the opportunity to submit this testimony. We are available to answer any questions and appreciate your leadership on this important issue.

SB-2285

Submitted on: 2/4/2026 11:28:48 AM

Testimony for HHS on 2/6/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Greg Tjapkes	Testifying for Coalition for a Drug-Free Hawaii	Support	Written Testimony Only

Comments:

Aloha,

SB2285 strengthens substance use disorder treatment by advancing integrated, complex patient care that improves outcomes and promotes collaboration among providers, while positioning Hawai'i to compete for newly available federal funding.

Thank you for the opportunity to participate in this process.

Greg Tjapkes

Coalition for a Drug-Free Hawaii



Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: February 6, 2026

From: Hawaii Medical Association (HMA)
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee
Christina Marzo MD and Robert Carlisle MD, Vice Chairs, HMA Public Policy Committee

RE SB 2285 RELATING TO COMPLEX PATIENT TREATMENT: DOH; Behavioral Health Complex Patient Model; Community-Based Organizations; Report; Appropriation.

Position: Support

This measure would appropriate funds to the Alcohol and Drug Abuse Division of the Department of Health to contract with community-based organizations for a behavioral health complex patient model and would require a report to the Legislature.

Adults with complex behavioral health needs will experience fragmented care, repeated emergency department and inpatient use, and barriers to long-term recovery and stability.

Community-based organizations (CBOs) CBOs often have deep roots in the communities they serve and can provide culturally and linguistically responsive care — a critical strength when serving populations facing multiple intersecting health and social challenges. This measure would require contracting with CBOs, which leverages local expertise as well as builds community capacity. CBOs may be well positioned to deliver culturally competent, wraparound services tailored to the needs of complex patients, supporting focused patient engagement, care coordination, and continuity of services. Additionally effective community-based support may reduce the costly reliance on emergency and inpatient services.

HMA supports this measure to facilitate multidisciplinary coordinated continuum of care that can address the needs of patients with complex Behavioral Health challenges, and the follow up reporting will generate measurable outcomes that inform future state policy decisions, improve health outcomes, and optimize public resources. This measure represents a meaningful step toward expanding a person-centered, integrated behavioral health system that more effectively meets the needs of complex patients across Hawaii.

Thank you for allowing Hawaii Medical Association to testify in support of this measure.

REFERENCES

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

Dion KM, Ferland F, Farand L, Gauvin L, Fleury MJ. Reasons for High Emergency Department Use Among Patients With Common Mental Disorders or Substance-Related Disorders. *Healthc Policy*. 2024 Aug;19(4):55-69. doi: 10.12927/hcpol.2024.27333. PMID: 39229663; PMCID: PMC11411648.

Crumley, Diana, Rob Houston, and Amanda Bank. *Incorporating Community-Based Organizations in Medicaid Efforts to Address Health-Related Social Needs: Key State Considerations*. Center for Health Care Strategies, Apr. 2023, www.chcs.org/media/Incorporating-Community-Based-Organizations-in-Medicaid-Efforts-to-Address-Health-Related-Social-Needs_040623.pdf.

Agonafer EP, Carson SL, Nunez V, Poole K, Hong CS, Morales M, Jara J, Hakopian S, Kenison T, Bhalla I, Cameron F, Vassar SD, Brown AF. Community-based organizations' perspectives on improving health and social service integration. *BMC Public Health*. 2021 Mar 6;21(1):452. doi: 10.1186/s12889-021-10449-w. PMID: 33676470; PMCID: PMC7937223.

2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



To: Committee on Health and Human Services

Hearing Date/Time: Friday February 6, 2026 1:00 PM

Re: Testimony in Support of SB 2285

Dear Chair San Buenaventura, Vice Chair McKelvy and Members of the Committee

The Hawaii Health & Harm Reduction Center (HHRC) **supports SB 2285** which appropriates funds to the Alcohol and Drug Abuse Division of the Department of Health to contract with community-based organizations for a behavioral health complex patient model.

Most of the people accessing substance use disorder (SUD) treatment from HHRC and other substance use treatment programs have co-occurring mental health and physical health challenges that must be treated alongside their SUD. Currently, while HHRC and other providers are credentialed with insurance plans for reimbursement, it does not cover the cost of treating the whole person. This bill would add funds to support agencies like HHRC in providing comprehensive health services to people accessing SUD treatment.

HHRC'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.

Thank you for the opportunity to testify.

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

.