



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 8, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

FROM: Scott Morishige, MSW, Governor's Coordinator on Homelessness

SUBJECT: **HB 36 – RELATING TO HUMAN SERVICES**

Hearing: Thursday, February 14, 2019, 8:30 a.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator appreciates the intent of this measure, and respectfully offers comments.

PURPOSE: The purpose of this bill is to appropriate funds for the Department of Human Services (DHS) to purchase, staff, and operate two mobile clinics to serve the homeless persons residing in 'Ohana zones. The bill requires that matching funds must be provided separately on a dollar-for-dollar basis by the City and County of Honolulu, Queen's Medical Center, and the Hawaii Homeless Healthcare Hui (H4).

The Coordinator acknowledges the critical intersection between healthcare and homelessness, and recognizes the impact that increasing access to treatment for homeless individuals has in improving the overall health of the individual and reducing healthcare costs. For example, an analysis by the University of Hawaii Center on the Family, based upon reports of 107 Housing First clients participating in the Hawaii Pathways Project, found an estimated healthcare cost savings of \$6,197 per client per month for clients that were housed. (see Hawaii Pathways Project Final Report, 2018, University of Hawaii Center on the Family.¹)

Within the past year, a number of additional programs have been implemented that aim to improve health conditions and reduce healthcare costs for homeless individuals. These

¹ See full report at: http://uhfamily.hawaii.edu/publications/brochures/bb9f9_Hawaii_Pathways_Final_Report.pdf

new programs include DHS emergency department assessment and medical respite pilot programs with Queen's Medical Center, the recently approved 1115 medicaid waiver amendment to provide tenancy supports for chronically homeless individuals and individuals at risk of homelessness, and the Honolulu Police Department's Chinatown Joint Outreach Center that co-locates medical urgent care and homeless outreach services.

In addition, the John A. Burns School of Medicine's Homeless Outreach and Medical Education (H.O.M.E.) project currently provides mobile medical services at a number of shelters on Oahu, as well as in areas near established homeless encampments. As there appears to be overlap between current initiatives and the mobile clinics established by this bill, the Coordinator respectfully requests that the bill offer support for current efforts underway.

If this measure proceeds, the Coordinator suggests removing language that would restrict the mobile clinics to serving only individuals in an "ohana zone." As currently drafted, an "ohana zone" is a place that "has a program to address basic needs of individuals experiencing homelessness." Over half of the estimated homeless population statewide is unsheltered and many may not be connected to services. The definition of "ohana zones" in this measure may restrict the mobile clinics from accessing homeless individuals that are unsheltered and not currently connected to a program.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 12, 2019

TO: The Honorable Representative Joy A. San Buenaventura, Chair
House Committee on Human Services & Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 36 – RELATING TO HUMAN SERVICES**

Hearing: February 14, 2019, 8:30 a.m.
Conference Room 312, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and offers comments.

PURPOSE: The purpose of this measure is to appropriate funds for DHS to purchase, staff, and operate two mobile clinics to serve the homeless persons residing in 'Ohana zones. Requires matching funds.

DHS acknowledges that homeless individuals may experience high disease burdens and mortality rates. Consequently, homeless individuals are more likely to be frequent users of emergency medical services.

A report from the National Health Care for the Homeless Council spotlighted the homeless mobile clinics in the Dallas community. It described having four mobile clinics and one mobile dental clinic at twenty-eight mobile clinic locations in Dallas County and two fixed sites that operate Monday through Friday. The populations hardest to reach at the fixed sites are those with mental illness and active drug users. The mobile clinic in Dallas partners with mental health and drug treatment agencies and brings the mobile clinics to the sites where homeless population are congregating. See <https://www.nhchc.org/2017/08/hch-day-spotlight-health-care-for-the-homeless-mobile-clinics-bring-value-to-dallas-community/>

DHS Homeless Programs Office (HPO) currently contracts homeless outreach services with providers statewide. Outreach services may include housing identification, linkages to supportive services, assistance with public benefits, and referrals to healthcare. This bill will complement additional services needed in both continua of care on Oahu and neighbor islands. Furthermore, diverting frequent users of the emergency medical services may result in some savings after evaluation of the cost of a mobile clinic.

With regard to an appropriation for services provided by health care professionals, DHS HPO does not currently procure for professional medical services, and defers to the Department of Health if the intent is to compensate health care professionals with general funds. However, if health care professionals were enrolled as Medicaid providers of one or more of the QUEST Integration (QI) plans, it would be possible for them to bill the individual's QI plans for allowed health care services delivered at the mobile clinic.

Thank you for the opportunity to provide testimony of this bill.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTIETH LEGISLATURE, 2019**

ON THE FOLLOWING MEASURE:

H.B. NO. 36, RELATING TO HUMAN SERVICES.

BEFORE THE:

HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

DATE: Thursday, February 14, 2019 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 312

TESTIFIER(S): Clare E. Connors, Attorney General, or
Melissa L. Lewis, Deputy Attorney General

Chair San Buenaventura and Members of the Committee:

The Department of the Attorney General offers the following comments.

The purpose of this bill is to appropriate funds for fiscal years 2019-2020 and 2020-2021, to the Department of Human Services, to purchase, staff, and operate two mobile clinics to serve persons residing in ohana zones. The bill contains provisions that may be subject to legal challenge.

Section 3(a)(1) of this bill, on page 3, lines 9-16, provides that:

No funds appropriated pursuant to this section shall be made available unless the entities identified in subparagraphs [(A) to (C)] each separately provide matching funds on a dollar-for-dollar basis to the amount appropriated by the State:

- (A) City and county of Honolulu;
- (B) The Queen's Medical Center; and
- (C) Hawaii Homeless Healthcare Hui; . . .

Section 3(a), on page 5, lines 4-6, provides:

“. . . the department of human services may procure the mobile clinic services pursuant to chapter 103F, Hawaii Revised Statutes.”

The specification of three potential participants may be interpreted as a violation of article VII, section 4, of the Hawaii Constitution, which provides: “No grant of public money or property shall be made except pursuant to standards provided by law.”

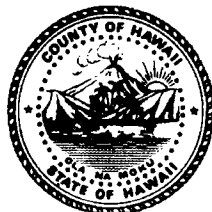
Standards provided by law include grants under chapter 42F, Hawaii Revised Statutes

(HRS). As defined in section 42F-101, HRS, a grant is ". . .an award of state funds by the legislature, by an appropriation to a specified recipient. . . ." Specifying three specific participants without stating the specific amount for each recipient does not comply with that definition. Moreover, there is no wording in the measure that would indicate the funding would be through a chapter 42F grant or a grant-in-aid to the City.

To reduce the potential for a constitutional and legal challenge, we recommend modifying the bill to: (1) delete specific potential participants of the program and add wording that both services and the acquisition of the medical vans be pursuant to chapter 103F or 103D, HRS; or (2) add wording consistent with 42F, HRS, grants or a grant-in-aid to the City and County of Honolulu.

If this bill proceeds, we respectfully request that the recommended modifications be made.

Harry Kim
Mayor



Wil Okabe
Managing Director

Barbara J. Kossow
Deputy Managing Director

County of Hawai'i Office of the Mayor

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February 12, 2019

Representative Joy A. San Buenaventura, Chair
Committee on Human Services and Homelessness

Representative Nadine K. Nakamura, Vice Chair
Committee on Human Services and Homelessness

Dear Chair San Buenaventura, Vice Chair Nakamura, and Committee Members:

RE: HB 36 Relating to Human Services

There are so many good bills for your consideration dealing with the homeless that I am hesitant to weigh in on any one in particular. I know that the needs are great and resources limited.

Nevertheless, I thought I would offer a comment on HB 36, although I would ask that you not interpret a lack of testimony on other measures as a sign of indifference or lack of support.

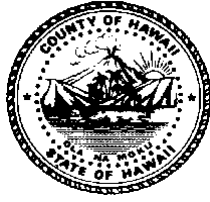
I support HB 36, as well as any other initiative that can have a positive impact on the homeless population, make their lives a bit easier, and move them toward conventional shelter.

As a neighbor island Mayor, I would ask for recognition that homelessness is a statewide problem. Since HB 36 calls for two mobile clinics, I would hope that one of the two can be earmarked for an ohana zone project on an island other than Oahu. It is my understanding that the Executive Committee of the Community Alliance Partners (CAP) is endorsing this bill but making a similar request.

Respectfully Submitted,

Harry Kim
MAYOR

County of Hawai'i
Council District 4 -
Lower Puna



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ASHLEY L. KIERKIEWICZ

HAWAII COUNTY COUNCIL – DISTRICT 4

Chair: Committee on Planning, and Committee on Government Relations & Economic Development
25 Aupuni Street • Hilo, Hawai'i 96720

February 11, 2019

House Committee on Human Services & Homelessness

Rep. Joy San Buenaventura, Chair
Rep. Nadine Nakamura, Vice-Chair

**RE: Support for HB36
relating to Mobile Clinics**

Aloha, Representatives:

Thank you for the opportunity to submit testimony in support of HB36, which would allocate resources for mobile healthcare and social services outreach to those experiencing homelessness.

I humbly ask this body consider appropriating funds to existing mobile health outreach clinics and programs, in lieu of or as a supplement to building new systems, so critical services can be deployed immediately and in a cost effective way. I also ask that this body consider deploying these mobile care services to neighbor islands. Reaching these individuals where they're at is critical as they often have barriers to transportation, and lack of access to care puts a heavy strain on emergency room services.

Mahalo nui loa,

Ashley Lehualani Kierkiewicz
Hawai'i County Council, District 4



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiiipsychology.org

Phone: (808) 521-8995

Committee on Human Services and Homelessness

Rep. Joy A. San Buenaventura, Chair

Rep. Nadine K. Nakamura, Vice Chair

Testimony in Support of HB 36 with Amendment

Thursday, February 14, 2019, 8:30 a.m., Conference Room 312

The Hawai'i Psychological Association (HPA) supports a modified version of HB 36, which appropriates funds for establishing, staffing, and operating two mobile clinics to serve the homeless population.

The Hawaii Psychological Association strongly recommends inclusion of a clinical psychologist in the mobile clinic minimum staffing requirements. The homeless population suffers from extremely high rates of mental illness and a more comprehensive approach to their care is required. There is a strong body of scientific evidence that clearly demonstrates that psychotherapy along with medication is more effective than pharmaceutical intervention alone. The combination results in a faster, more complete and enduring response to treatment. Given the critical shortage of psychiatrists in the State of Hawaii, it is unlikely that any will have the time to provide more than medication management to the homeless population. Including a clinical psychologist on the team will allow for the provision of psychotherapy and will result in more effective treatment. In addition, if at some point psychologists are authorized to prescribe, the Department of Human Services will be able to select from a larger pool of available providers, with the advantage that prescribing psychologists will be able to offer the full-range of behavioral health services (psychotherapy and medication).

Including a clinical psychologist as a required member of the mobile staff will significantly improve treatment outcome and success. We request the following amendment to Section 3, paragraph 2, lines 17-21:

“The staff may include one primary care provider, one nurse, one pharmacist, one psychiatrist, one clinical psychologist, and other staff as needed, including a social worker, an outreach worker, and students pursuing a degree in medicine or nursing; and”

We support the bill with this recommended modification.

Respectfully submitted,

Julie Takishima-Lacasa, PhD
Chair, HPA Legislative Action Committee

HB-36

Submitted on: 2/13/2019 7:03:25 AM

Testimony for HSH on 2/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:



February 13th, 2019

Testimony of Project Vision Hawai'i

Honorable Chair Representative Joy San Buenaventura, Honorable Vice Chair Representative Nadine Nakamura, Members of the House Committee on Human Services and Homelessness.

Project Vision Hawai'i stands in support of HB36 and offers comments.

As a mobile service provider Statewide for over 10 years, Project Vision Hawai'i has found mobile outreach as an effective method to reach some of Hawai'i's populations with the most challenging access to care issues.

Project Vision Hawai'i (PVH) is a locally grown nonprofit organization that works in partnership with the people of Hawai'i to promote access to better healthcare. PVH brings mobile screening units to each island, providing literal and figurative vehicles for access to preventative health and human services.

Project Vision Hawai'i founded Hawai'i's first mobile hygiene program in 2018. The HiEHIE Hospitality Project brings hot showers and resources to people experiencing homelessness. Each trailer has three compartments, each with a private shower, sink and toilet; a utility room; and outdoor awnings to allow for a small gathering area. Trailers are ADA accessible and are powered with solar panels. HiEHIE connected with 650 people who were experiencing homelessness on O'ahu in 2018. This program is expanding with a second trailer to be deployed on Hawai'i Island in 2019.

In addition to providing the tangible benefit of hot showers, HiEHIE coordinates with organizations, churches, and agencies, providing resources and information to shower users. Similar to the mobile navigation concept, HiEHIE becomes a gathering place, connecting people with services in collaboration with over 30 partners. This helps open doors for conversation about the barriers to housing, toward the goal of helping people discover a path forward. HiEHIE collects qualitative and quantitative information related to the needs of people who are experiencing homelessness, what resources exist to meet these needs, and what it will take to mobilize resources. HiEHIE is integrating into the Homeless Management Information System (HMIS) and Coordinated Entry Systems (CES) to strategically triage consumer needs.

Data collected has indicated that a high number of guests to HiEHIE are shelter resistant. For example, in the month of January, despite consistent engagement with other outreach services, only 15% of guests to HiEHIE had entered a shelter in the past six months. Mobile navigation centers would provide an additional space outside of shelter to engage with people experiencing homelessness.

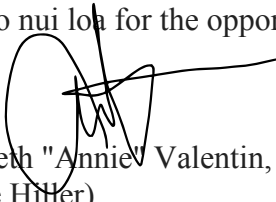
We support HB36 for the following reasons:

1. Through increased capacity, we believe that there are resources and mechanisms in place to do this task and provide this service in a cost effective manner. These existing resources eliminate the costs and time it would take to build them and could provide focus to bringing these resources together.
2. There are clear cost savings by using mobile clinics to divert non-emergency care from the hospital which is tantamount. The data coming from the health plans is staggering when we compare the thousands of dollars it costs to treat someone in the ER for a day versus providing street based or mobile care. Preventative medicine and care will save the hospitals and will help folks get connected to care on a more routine schedule. Untreated wounds are turning into amputations and death. Street based wound care can help people heal.
3. By bringing care to the community, it can eliminate the barriers of transportation, shame, frustrations with wait times, and missed appointments.

To comment, we believe that resources should be allocated towards bringing together existing community programs to create mobile navigation centers. This could leverage existing capacity within communities Statewide to provide trusted providers the opportunity to hui around assessment and triage of people's needs. Further resources could be utilized to fill gaps of services that are needed.

Project Vision Hawai'i is in support of HB36 because reaches individuals who otherwise might not be reached. It is cost effective and provides opportunities for cost saving and could build capacity within existing community resources to address barriers for people experiencing homelessness.

Mahalo nui loa for the opportunity to testify,



Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
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www.projectvisionHawai'i.org

HB-36

Submitted on: 2/13/2019 8:57:23 AM

Testimony for HSH on 2/14/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kawika Riley	Hawaii Commission on Fatherhood	Support	No

Comments:

Chair Buenaventura, Vice Chair Nakamura, and members of the committee, thank you for the opportunity to submit testimony on H.B.36.

I am writing testimony based off of my experience working with homeless shelters in Oahu. While working one-on-one with homeless families in our community I got a first hand look at how stressful life can be when you don't have a permanent place to lay your head. This can also lead to ignoring minor medical conditions until they become critical.

Many of the families I've met had at least one working parent and were still unable to afford covering all of their needs leaving them without a home. A simple laceration, if not cared for properly, can cost thousands in hospital visits. A staffed mobile clinic made available to those who are in need would provide the preventative care that many of us take for granted.

H.B.36 seeks to do more than treat a patient's physical needs; it can provide the opportunity for a mental health assessment as well. This mobile unit would also provide patients with medication that they may otherwise have had to travel miles to reach and provide a meeting location for social workers to schedule meet up with clients.

Thank you for reading my testimony.

Sincerely,

Morgan Barrett

Date: February 13, 2019

To: Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair
Members of the House Committee on Human Services & Homelessness

From: John Jian Hong Wu

Re: Strong Support for HB36, Relating to Human Services

Hrg: Thursday, February 14, 2019 at 9:00 am at Conference Room 329

Thank you for the opportunity to submit testimony in **SUPPORT** of HB36, which appropriates funds for outreach programs, rental assistance programs, rapid re-housing program, as well as other essential initiatives to assist the homeless in Hawai'i.

Being apart of a family of first generation Chinese immigrants, and growing up in Chinatown, I've witnessed the impacts of homeless on individuals and the horrendous conditions in which they live in. I am familiar with the anger and resentment that arise from the stress of homelessness, I hear it resound from the cracked voices of shouting on the streets at night, I see how it twists a person and breaks them, I witness how it destroys families. As a child living in a apartment across the the street from Aala Park and looking down, I was only grateful that I was so fortunate. But now, as an adult, and a Master of Social Work student, I understand the effects of the trauma of living on the streets. Now, I understand that homelessness can be a reality for anybody.

Ohana zones are a step in the right direction in addressing our homeless crisis. However, we as a community not only have an obligation to provide a space for those less fortunate, but also to provide services for them to thrive and strive. Life on the streets is a reality of hazardous unsanitary conditions that not only enhances illness and conditions but provide the grounds for them to fester. In order for ohana zones to succeed the issue of maintaining the health and mental health of our less fortunate community members is critical. The mobile clinics will be an important component to help fostering a healthy community in our ohana zone initials.

With Hawai'i having the highest rate of homelessness and housing costs in Hawai'i continuing to rise, new innovative programs are critical to the future of Hawaii's families. Many of Hawai'i's representatives affirm that the homeless crisis is a priority of our state. The support of this bill is a commitment to those promises.

Mahalo for taking the time to read my testimony,

John Jian Hong Wu

Written Testimony Presented Before the
House Committee on Human Services and Homelessness
Hearing: February 14, 2019, 9:00 AM

By Dr. Linda Beechinor, APRN, FNP-BC
Stacy Kracher, PMHNP-BC, APRN-Rx, CSAC

HB36 RELATING TO HUMAN SERVICES

Chair Joy San Buenaventura, Vice Chair Nadine Nakamura, and members of the House Committee on Human Services and Homelessness, thank you for this opportunity to provide testimony in strong support for HB36, Relating to Human Services and Homelessness, with one suggestion.

We are Advanced Practice Registered Nurses working with the mentally ill, homeless population who are arrested for petty misdemeanor offenses such as violation of park rules, intoxication in public, disorderly behavior, and a myriad of substance use offences. We are on the front lines working with these individuals and witness daily the results of the gaps in our healthcare systems resulting in negative outcomes for this population and our community. Currently, we collaborate with the Crisis Line of Hawaii to identify individuals who are mentally ill or abusing substances to provide resources and re-linkage to mental health and addiction services, as well as liaison information to any community mental health case manager assigned to the individual for this purpose. Emergency rooms at area hospitals are used to address their acute healthcare needs prior to entering holding cells to await processing to court. We see the same individuals repeatedly due to the lack of follow up and poor integration of services.

This bill would appropriate funds for the Department of Human Services to purchase, staff, and operate two mobile clinics to serve the homeless persons residing in ohana zones. Indeed, mobile clinics to serve homeless in the ohana zones would be a great resource for us to refer and liaison with in providing out-of-the ER care. We need better integration of services to fill in the gaps and better address the needs of these individuals and our community.

We respectfully request that HB36 pass out of this committee, with consideration of this one suggestion: with the shortage of psychiatrists, inclusion of a “mental health care provider” that would include physicians, advanced practice nurses, etc. whose specialty is mental healthcare, would be more doable.

Thank you for your continued support for measures that address the needs of the mentally ill, homeless population in our community.

Contact information:

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