

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

March 20, 2019

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

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 526 SD2 – RELATING TO HUMAN SERVICES**

Hearing: Wednesday, March 20, 2019, 8:45 a.m.
Conference Room 329, 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 the Department of Human Services to purchase, staff, and operate 2 mobile clinics to serve homeless persons; provided that 1 of the mobile clinics shall be allocated to the county of Hawaii. Requires matching funds. Effective 7/1/2050. (SD2)

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, linkage 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 individual QI plans for allowed health care services delivered at the mobile clinic.

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



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

March 20, 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: SB 526 SD2 – RELATING TO HUMAN SERVICES

Hearing: Wednesday, March 20, 2019, 8:45 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 homeless individuals, provided that one of the mobile clinics is allocated to the County of Hawaii. The bill requires that matching funds must be provided on a dollar-for-dollar basis for the mobile clinic program.

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 new programs include DHS emergency department assessment and medical respite pilot programs

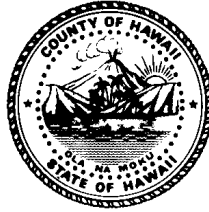
¹ See full report at: http://uhfamily.hawaii.edu/publications/brochures/bb9f9_Hawaii_Pathways_Final_Report.pdf

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 several 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.

Thank you for the opportunity to testify on this bill.

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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March 18, 2019

Representative Joy A. San Buenaventura, Chair
Representative Nadine K. Nakamura, Vice Chair
Committee on Committee On Human Services and Homelessness

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

RE: SB 526, SD2 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 SB 526, SD2, 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 am in favor of SB 526, SD2, 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 appreciate the recognition that homelessness is a statewide problem, and I am pleased that one of the two mobile clinics in this bill has been earmarked for an island other than O'ahu. (It is my understanding that the Executive Committee of the Community Alliance Partners (CAP) is endorsing this bill and making a similar request.) Whether that earmark should be specifically for Hawai'i County, or more generally for any neighbor island, I leave to your judgment, although we appreciate being singled out and pledge to make good use of the clinic if we are fortunate enough to receive it.

Respectfully Submitted,

Harry Kim
MAYOR



March 18th, 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 SB526, offers comments, and suggests an amendment. .

As a mobile service provider Statewide for over 10 years, Project Vision Hawai'i has found mobile outreach as an effective method to serve 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 February 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 serviced 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.

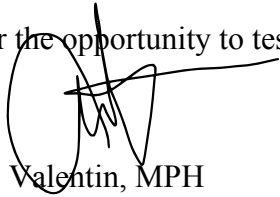
We support HB36 for the following reasons:

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. Please find suggested amendment addressing these comments.

Project Vision Hawai'i is in support of HB36 because reaches individuals who otherwise might not be reached. It is cost effective, provides opportunities for cost savings 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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SUGGESTED AMENDMENT

The purpose of this Act is to appropriate funds for ~~purchasing,~~ staffing and operating two mobile ~~clinics~~ navigation programs to serve homeless people; provided that one of the mobile ~~clinics~~ navigation programs shall be allocated to the county of Hawaii.

SECTION 2. (a) There is appropriated out of the general revenues of the State of Hawaii the sum of \$400,000 or so much thereof as may be necessary for fiscal year 2019-2020 and the same sum or so much thereof as may be necessary for fiscal year 2020-2021 to purchase, staff, and operate two mobile ~~clinics~~ navigation programs to serve homeless individuals; provided that:

(1) One mobile ~~clinic~~ navigation program shall be allocated to the county of Hawaii;

(2) No funds appropriated pursuant to this section shall be made available unless the department of human services obtains matching funds on a dollar-for-dollar basis to the amount appropriated by the State;

(3) The staff may include one primary care provider, one nurse, one pharmacist, one psychiatrist, and other staff as needed, including a social worker, an outreach worker, and students pursuing degrees in medicine or nursing; and

(4) The mobile ~~clinics~~ navigation program may provide, ~~at minimum depending on community need and capacity,~~ the following services:

- (A) Non-emergency medical services for chronic, acute, and episodic conditions;
- (B) Testing for sexually transmitted disease, human immunodeficiency virus, and hepatitis;
- (C) Family planning;
- (D) Child and family services;
- (E) Behavioral health and substance abuse services;

- (F) Mental health services;
- (G) Dental care;
- (H) Referral services;
- (I) Shower and laundry services;
- (J) Clean clothing;
- (K) Health insurance enrollment;
- (L) Pharmacy services;
- (M) Street medicine; provided that for the purposes of this subparagraph, "street medicine" means the practice of directly delivering health care and related services to persons found on the streets, in parks, along river banks, on beaches, and in abandoned buildings; and
- (N) Other assistance services;

provided further that the department of human services may procure the mobile ~~elinie~~navigation program services pursuant to chapters 103D and 103F, Hawaii Revised Statutes.

(b) The sums appropriated shall be expended by the department of human services for the purposes of this Act.

SECTION 3. This Act shall take effect on July 1, 2050.

Report Title:

DHS; Mobile Clinics; Homelessness; Appropriation

Description:

Appropriates funds for the Department of Human Services to purchase, staff, and operate ~~2 mobile clinics~~ mobile navigation program to serve homeless persons; provided that 1 of the mobile ~~elinies~~ navigation programs shall be allocated to the county of Hawaii. Requires matching funds. Effective 7/1/2050. (SD2)

LATE



Hawai'i Psychological Association

For a Healthy Hawai'i

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Committee on Human Services & Homelessness

Rep. Joy A. San Buenaventura, Chair

Rep. Nadine K. Nakamura, Vice Chair

Testimony in Support of SB526 SD2 with Amendment

Wednesday, March 20, 2019, 8:45 a.m., Conference Room 329

The Hawai'i Psychological Association (HPA) supports a modified version of SB 526 SD2, which appropriates funds for establishing, staffing, and operating two mobile clinics to serve the homeless population.

HPA 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 Hawai'i, it may be difficult to recruit a psychiatrist for these mobile clinic positions and even if a psychiatrist is identified, it is unlikely that provider will have the time to provide more than medication management. 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 2(a)(3) (page 3, lines 7-11):

“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, behavioral health, or nursing: and”

We support the bill with this recommended modification.

Respectfully submitted,

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

Tuesday, March 20, 2019
Senate Bill 526
Testifying in support

To: The Hawaii State Senate, Honorable Senator Donovan M. Dela Cruz, Chair Honorable
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Aloha, I'm Shanelle Borges, student at the Myron B. Thompson school of social work at the University of Hawaii at Manoa. Thank you for including SB 526 in the committee agenda. I am testifying in favor of Senate Bill 526, which is a bill for an act relating to human services. 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.

Individuals and families have nowhere stable to stay, the cost of homelessness can be quite high, particularly for those with chronic illnesses. 38% of all public costs for those who are unsheltered are health care costs. A study of hospital admissions of homeless people in Hawaii revealed that 1,751 adults were responsible for 564 hospitalizations and \$4 million in admission costs.

I am testifying in favor of bill SB 526 due to my personal experience with homelessness. I stand today, grateful for the five years of sobriety. Prior to, I was a young woman homeless in Waikiki with nowhere to turn to. There were times when I needed medical attention but was too afraid to go to a hospital or didn't have a means of transportation. When I did, the symptoms were much more severe. Thankfully, I was blessed with an opportunity to receive help by a treatment facility and today I'm a proud mother, student, family member, and productive member of my community. I couldn't have done this alone, and that is why I'm in strong support of SB 526.

We must come together as a community to help one another, specifically people in need. Let us work together to help reduce homelessness as well as the safety and well-being of our communities within our state by supporting SB 526.

Thank you for the opportunity to testify!