



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 8, 2019

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

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

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

Hearing: Friday, February 8, 2019, 3:00 P.M.
Conference Room 016, 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 8, 2019

TO: The Honorable Senator Russell E. Ruderman, Chair
Senate Committee on Human Services

FROM: Pankaj Bhanot, Director

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

Hearing: Friday, February 8, 2019, 3:00 p.m.
Conference Room 016, 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.

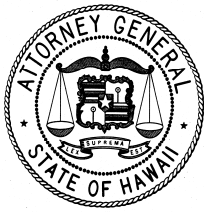
DHS acknowledges that homeless individuals may experience high disease burdens and mortality rates. Consequently, homeless individuals are more likely to be frequent users of emergency medical services.

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:

S.B. NO. 526, RELATING TO HUMAN SERVICES.

BEFORE THE:

SENATE COMMITTEE ON HUMAN SERVICES

DATE: Friday, February 8, 2019

TIME: 3:00 p.m.

LOCATION: State Capitol, Room 016

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

Chair Ruderman 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)(3), 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 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.

LATE

SB-526

Submitted on: 2/7/2019 3:30:01 PM

Testimony for HMS on 2/8/2019 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
andy levin	Testifying for county of hawaii, Mayor's office	Support	No

Comments:

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, 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 SB 526, 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 SB 526 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 O'ahu. 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,

Mayor Harry Kim

SB-526

Submitted on: 2/5/2019 5:41:24 PM

Testimony for HMS on 2/8/2019 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	No

Comments:



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
Senator Russell E. Ruderman, Chair
Senator Karl Rhoads, Vice Chair

Testimony in Support of SB 526 with Amendment

Friday, February 8, 2018, 3:00 p.m., Conference Room 016

The Hawai'i Psychological Association (HPA) supports a modified version of SB 526, 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



February 7th, 2019

Testimony of Project Vision Hawai'i

Honorable Chair Senator Ruderman, Honorable Vice Chair Senator Rhoads, Members of the Senate Committee on Human Services

Project Vision Hawai'i stands in support of SB526.

As a mobile service provider Statewide for over 10 years, we have 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.

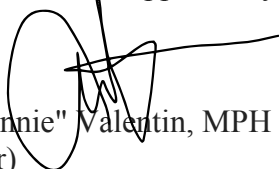
Data collected has indicated that a high number of guests to HiEHiE are shelter resistant. For example, in the month of January, despite consistent engagement with other outreach services, only 15% of guests to HiEHiE had entered a shelter in the past six months. Mobile navigation centers would provide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

We support SB526 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.

Project Vision Hawai'i is in support of SB526 because reaches individuals who otherwise might not be reached. It is cost effective and provides opportunities for cost saving and builds capacity within existing community resources to address barriers for people experiencing homelessness.

Mahalo nui loa for the opportunity to testify,

A handwritten signature in black ink, appearing to read 'Elizabeth Valentin', written over a circular stamp or seal.

Elizabeth "Annie" Valentin, MPH
(Annie Hiller)

Executive Director
PROJECT VISION HAWAI'I
PO Box 23212
Honolulu, HI 96823
(808)-282-2265
www.projectvisionHawai'i.org

SB-526

Submitted on: 2/7/2019 2:06:11 PM

Testimony for HMS on 2/8/2019 3:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments: