

SB 2018 SD 1

Measure Title: RELATING TO HUMAN SERVICES.

Report Title: Housing; Homeless; Chronic Disease; Appropriation (\$)

Description: Establishes the housing program for homeless individuals with chronic disease. Appropriates funds for the program. (Proposed SD1)

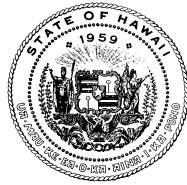
Companion:

Package: None

Current Referral: HMS/HOU, WAM

Introducer(s): ENGLISH

DAVID Y. IGE
GOVERNOR



State of Hawaii
DEPARTMENT OF HEALTH
1250 Punchbowl Street
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VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

**WRITTEN
TESTIMONY ONLY**

**Testimony COMMENTING on SB2018 SD1 PROPOSED
RELATING TO HUMAN SERVICES**

SEN. SUZANNE CHUN-OAKLAND, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES
SEN. BREENE HARIMOTO, CHAIR
SENATE COMMITTEE ON HOUSING

Hearing Date: February 16, 2016

Room Number: 016

Fiscal Implications: Unknown without further details.

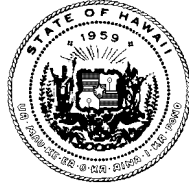
Department Testimony: The Department of Health (DOH) lauds the intent of SB2018 SD1 PROPOSED to provide comprehensive medical and social services to chronically homeless individuals and families.

DOH respectfully recommends that in lieu of SB2018 SD1 PROPOSED or in a complementary manner, the Legislature fund multiple requests in the Governor's Executive Budget Request such as the Department of Human Services' Housing First program that seeks to integrate public health and human services delivery under the coordination of the Governor's Coordinator on Homelessness.

The department also urges the Legislature to consider chronic disease, as defined in SB2018 SD1 PROPOSED, as part of an overall continuum of disease burden that includes mental health and substance abuse, rather than as a discreet threshold for housing programs.

The Department of Health (DOH) defers to the Department of Human Services on administrative matters pertaining to the establishment of a new program and issues relating to benefit services delivery.

Offered Amendments: N/A



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

February 16, 2016

TO: The Honorable Senator Suzanne Chun Oakland, Chair
Senate Committee on Human Services

The Honorable Senator Breene Harimoto, Chair
Senate Committee on Housing

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2018 SD1 – RELATING TO HUMAN SERVICES**

Hearing: Tuesday, February 16, 2016, 2:00 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) understands the intent of this measure, which proposes to allocate housing resources for homeless individuals who live with two chronic health conditions, as housing is a key component of health and healthcare. The Department offers the following comments: the Governor's Executive Budget contains an allocation of \$3 million for Housing First, an evidence-based practice that targets chronically homeless individuals/families for housing and necessary supportive services, and the Department asks for the Legislature's support of the Executive Budget request.

PURPOSE: The purpose of this Act is to establish a program within the department of human services to assist homeless individuals who live with multiple chronic diseases find housing opportunities in the community and to obtain federal moneys to implement and carry out the program.

The preliminary assumption that underpins this proposal is that there exists an inventory of available and willing "housing unit owners" who would apply to DHS to become a provider for a fixed rental subsidy paid on behalf of a homeless individual living with chronic health conditions.

As many previous references and studies have stated, Hawai'i has a shortage of low income housing and the Hawaii Public Housing Authority has a huge cost estimate and limited resources to refurbish and maintain the existing inventory of public housing units. Rather than create another administrative process and rental subsidy program, DHS respectfully asks the committee to continue to build upon the Housing First program of rental subsidies and supportive services, provide additional resources for the future sustainability of the Department of Health's Pathways Housing First Program, and fully resource the HPHA to maintain, renovate, and refurbish existing public housing units to increase the inventory of low income housing.

The Department currently operates the State's Housing First program, in which providers administer the common assessment tool, the VI-SPDAT: based on the family or individuals' needs, clients are offered permanent supportive housing resources (Housing First or Shelter Plus Care), rapid rehousing resources, or mainstream resources.

The Housing First program prioritizes those with the highest acuity (needs), which means that clients who live with chronic health conditions (including mental health needs, substance abuse, and conditions such as diabetes and high blood pressure) are already identified under current practice. These clients are offered housing subsidies, case management, and other support services necessary to maintain them in stable housing. To achieve improved health and housing outcomes, best practices recommend that housing the chronically homeless (whether or not they have been diagnosed with chronic health conditions) be coupled with robust social services.

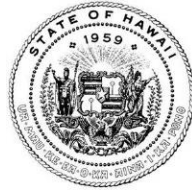
The Housing First program works with the Department of Health (DOH), the DHS Med-QUEST Division, and the Governor's Coordinator on Homelessness to explore additional resources for those living with multiple chronic health conditions. Currently, there appears to be a gap in services for individuals living with complex health conditions. The Departments and the Governor's Coordinator are actively working to identify the best tactics and strategies to address those gaps. Thus, the net additional resources needed for the longer-term objective are not fully understood at this time. For this reason, we support the Executive Budget request of \$3M to expand Housing First statewide while we assess the resource needs for robust social and health supportive services.

Also, the DOH currently administers the Hawaii Pathways Project, the SAMHSA-funded grant program that is implementing the Pathways Housing First program with fidelity. The current focus of the Hawaii Pathways Project is to provide housing first, then implement wrap-around treatment and life skill services necessary to help stabilize, improve quality of life, and maintain

housing, to homeless individuals struggling with substance use or substance use and mental illness. SAMHSA requires the state to develop a sustainability plan for the program after the life of the grant, and adding to funding for homeless individuals with chronic diseases is a positive strategy.

Regarding landlord recruitment, the DHS Housing First program is operated through a contract with a non-profit entity. That vendor recruits and maintains relationships with landlords and property managers who are willing to house the homeless.

Thank you for the opportunity to testify on this bill.



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

February 16, 2016

TO: The Honorable Senator Suzanne Chun Oakland, Chair
Senate Committee on Human Services

The Honorable Breene Harimoto, Chair
Senate Committee on Housing

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

SUBJECT: **SB 2018 SD1 – RELATING TO HUMAN SERVICES**

Hearing: Tuesday, February 16, 2016, 2:00 p.m.
Conference Room 016, State Capitol

POSITION: The Governor's Coordinator on Homelessness offers written comments, and defers to the Department of Human Services (DHS) in regards to specific details regarding program implementation, including cost implications. The Coordinator also notes that the program proposed within this bill is similar in nature to Housing First, and asks for the Legislature's support of the Governor's Executive Budget request of \$3 million to expand Housing First statewide.

PURPOSE: The purpose of the bill is to establish the housing program for homeless individuals with chronic disease. The bill also appropriates funds for the program.

While the Coordinator appreciates the intent of this bill, there is concern that this measure requires DHS and the Coordinator to be directly responsible for the identification of qualified homeless individuals, the assignment of these individuals to an eligible housing provider, approving and maintaining a list of eligible housing providers, annual inspections of housing units, and administration of ongoing payments for rent and repair and maintenance for the housing units. Neither the Coordinator nor DHS currently have the specialized knowledge or resources to directly deliver the services described.

However, the Coordinator notes that there is already a system in place for the state Housing First program, in which contracted service providers carry out many of the responsibilities that would be required.

The Housing First program provides both housing subsidies and supportive services to chronically homeless individuals, including individuals with chronic health conditions. Housing First is an evidence-based intervention, which has demonstrated much success in other communities across the country. Locally, the state's Housing First program has permanently housed 106 chronically homeless persons since July 2014, including individuals with serious and persistent mental illness and chronic health conditions. Homeless individuals are identified by homeless service providers, and are referred to the State Housing First program based on their level of need.

The State Housing First program has not only provided housing subsidies for these individuals, but by increasing the numbers of days in housing, Housing First has contributed to improving recipients' health conditions and it is estimated to have reduced healthcare costs. A preliminary analysis by the University of Hawaii Center on the Family of a subset of State Housing First clients found that estimated healthcare costs for clients dropped an average of 43% in the six months following housing placement – from an average of \$10,570 per client per month to \$5,980 per client per month. While the program is currently limited to Oahu, there is a need for Housing First statewide. Additional funding is required to enable statewide expansion of the program.

A key principle of Housing First is the pairing of housing along with appropriate supportive services that continue even after an individual is housed. While this measure appears to address the housing needs of homeless individuals with chronic health conditions, it does not address the supportive services component. Based on discussions with homeless service providers, there appears to be a need for supportive services to maintain housing after placement, particularly for individuals who do not meet current criteria for case management from the Department of Health or Medicaid health plans. If this measure moves forward, the Coordinator requests that the measure be amended to include an appropriation for supportive services, which could be paired with the State's

existing Housing First program, as long as the appropriation does not impact other requests in the Executive Budget.

Thank you for the opportunity to comment on this bill.

**TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION TO S.B. NO. 2018 S.D. 1**

Date: Tuesday, February 16, 2016

Time: 2:00 pm

Room: 016

To: Chairs Suzanne Chun Oakland and Breene Harimoto and the Members of the Senate

Committee on Human Services, and Committee on Housing:

My name is Bob Toyofuku and I am presenting testimony on behalf of the Hawaii Association for Justice (HAJ) in OPPOSITION to S.B. No. 2018, SD 1, relating to Human Services.

HAJ has agreed to limitation of liability provisions in several important measures this session where there is at least a requirement of good faith compliance and prohibition of unreasonable conduct. HAJ will not oppose a similar requirement in this measure, such as found in SB 2181 (Right to Try non-approved treatment for terminally ill), SB 2879, SD1 (Foster Children), or SB 2392 (Opioid Antagonists). This can be accomplished by adding the words: “where there was good faith compliance with this chapter and conduct was not unreasonable, grossly negligent, malicious or intentional” to the end of page 5, line 20.

The Hawaii Association for Justice generally opposes any limitation of civil liability which reduces protection for consumers and limits or lessens the incentive for everyone to act responsibly to reduce or eliminate harm to others. HAJ recognizes that this measure is well intended and addresses an important option for those who are homeless and suffer from chronic disease. The proposed amendment will at least require good faith compliance with the measure and prohibit unreasonable conduct.

Thank you very much for allowing me to testify regarding this measure. Please feel free to contact me should you have any questions or desire additional information.

From: mailinglist@capitol.hawaii.gov
To: [HMS Testimony](#)
Cc: NuWayveUnl@gmail.com
Subject: *Submitted testimony for SB2018 on Feb 16, 2016 14:00PM*
Date: Saturday, February 13, 2016 2:34:09 AM

SB2018

Submitted on: 2/13/2016

Testimony for HMS/HOU on Feb 16, 2016 14:00PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
James Terrell Trice	NuWayve Unlimited	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Senator Suzanne Chun Oakland, Chair
Senator Gil Riviere, Vice Chair
Committee on Human Services

Senator Breene Harimoto, Chair
Senator Brickwood Galuteria, Vice Chair
Committee on Housing

Ailea Apana

Tuesday February 16, 2016

Support for S.B. No. 2018, S.D. 1, Relating to Human Services

I am a first year medical student at the John A. Burns School of Medicine and through my community health elective in the Hawaii's Homeless Outreach Education Program (HOME); I have been working closely with the homeless population. The mission of HOME Project is to improve quality and access to health care for Hawaii's homeless, while increasing student and physician awareness and understanding of the homeless and their healthcare needs. This project serves different areas of Oahu, providing free medical services to anyone in need. I strongly support S.B. No. 2018, S.D. 1, Relating to Human Services, which would assist homeless individuals who suffer from two or more chronic illnesses find safe housing opportunities in the community and to obtain federal dollars in support of this program, as well as the management of chronic illness.

Homelessness has been on the rise across the state, causing Hawaii to have the nation's highest rate of homeless per capita. Unfortunately, victims of homelessness are often in poor health, and found to be suffering from multiple chronic disorders. Plagued with diseases such as diabetes mellitus, heart disease, infectious diseases, and mental illness; the chronically ill become trapped in a vicious cycle that reinforces poverty and homelessness. Every person should have the right to basic needs, including access to medical services, education, and housing. More programs that provide this access to obtain these needs must be developed and implemented.

Although other housing programs are in development as part of a solution to the homelessness problem in Hawaii, it is the chronically ill that suffers the most in this environment. Enactment of this bill will provide a start to committing essential care to a subpopulation of homeless people that will greatly benefit from this program.

In expanding the options for Hawaii's homeless population, we want to create opportunities for them to re-assimilate back into society. We need to take a stand and help to end homelessness, before the crises becomes unmanageable. I therefore encourage the committee to pass S.B. No. 2018, S.D. 1. Thank you for this opportunity to testify.

Aiyana Kanakaole
aiyana@hawaii.edu
2585 Dole St. Apt. A104
Honolulu, HI

To: House Conferees: Chair Suzanne Chun Oakland, Vice Chair Gil Riviere, Chair Breene Harimoto, and Vice Chair Brickwood Galuteria

From: Aiyana Kanakaole, MSW Student of the Myron B. Thompson School of Social Work

RE: SB2018 SD1 - In Support

House Conferees, I am submitting this testimony in support of SB2018 SD1.

My name is Aiyana Kanakaole and I am currently a graduate student at the University of Hawaii at Manoa, studying social work. My motivation for submitting this testimony stems from a class I am enrolled in covering policies and how we as community members can be involved in the legislative process.

Housing in Hawaii is a big issue especially for our homeless population. Homelessness can result from various other issues one of them being chronic disease which may prevent an individual from being able to work and keep a home. This appropriation could improve individuals experience a chronic disease and homelessness as a result. Housing programs would help these individuals not only by providing them with shelter but it would give them the opportunity to maintain or improve their health. Homelessness can be a huge stressor for an individual and could exacerbate their symptoms. Being able to establish housing programs for homeless individuals with chronic disease would help address multiple areas of their lives. Again, I am in support of SB2018 SD1.

Thank you,

Aiyana Kanakaole

February 12, 2016

Dear Human Services and Housing Committee,

Thank you for the opportunity to testify in **Support** of SB 2018, which is the establishment of a program within the department of human services to assist homeless individuals who suffer from multiple chronic diseases. In addition, find housing opportunities in the community and to obtain federal moneys to implement and carry out the program.

As a native Hawaii Islander I have observed and witnessed from my childhood to adulthood the on-going homeless progression in the state of Hawaii. I understand that there has been numerous efforts to minimize homelessness and the journey has been a perpetual endeavor. With that being said, I believe in SB 2018 that an emphasis on homeless individuals living with unfortunate chronic diseases should be addressed. I believe that addressing the homeless population in a categorical systematic approach may be beneficial in addressing homelessness as a whole.

Thank you for the opportunity to testify in support of SB 2018. Also my appreciation for our system of government and my belief that your committee will truly address this bill in regards to the obvious matter of homeless individuals living with chronic diseases.

Sincerely,

Crystal Chong Wong

MSW Graduate Student

Date: Tuesday, February 16, 2016
Time: 2:00pm
Place: Conference Room 016
State Capitol
415 South Beretania Street

To: Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Housing
Senator Breene Harimoto, Chair

Re: Support of SB2018 Relating to Human Services

Dear Chair Chun Oakland, Chair Harimoto, Vice Chair Riviere, Vice Chair Galuteria, and Members of the Senate Committees on Human Services and Housing,

Thank you for the opportunity to provide testimony. My name is Traci Nakamoto, and I am writing in support of SB 2018.

I am a social work student at the University of Hawai'i at Manoa, in the Distance Learning program here in Kona. Last year, I worked a practicum doing community case management. During this time, I got to know some of the homeless here in my community. There are a growing number of people in Kailua-Kona who spend their nights at the beach or in one of the undeveloped lots in town. Some of them suffer from multiple chronic medical conditions which are exacerbated by their lack of housing. If we are able to place these people into housing units, their quality of life would improve as would their health.

Serious and chronic medical conditions can be difficult to manage for anyone, but for those without housing, appropriate medical management can be impossible. People who are homeless often move from one sleep site to another frequently. In those moves, they can lose the medications which they need, along with other personal belongings. They also do not have refrigeration that is necessary for some medications. Diabetes, for example, usually requires insulin to be refrigerated. A stable housing unit would improve these situations, providing a consistent place for a person to keep everything necessary.

Two people come to mind as ones who this bill would benefit. "Ann" is in her fifties, with cancer and diabetes, while "Frank," in his seventies, has digestive issues and diabetes. Both would love to be in housing, and I think both would stabilize physically as well as mentally.

One concern I have with the current bill is the \$2,000,000 appropriation. This amount allows a maximum of only 126 units, provided that all monies go directly towards rent. When other possible program expenditures are considered, even fewer people would be able to be housed statewide. So while this is at least a start, additional appropriations would be needed in the future.

I urge you to vote in favor of this bill. Mahalo for your consideration.

Traci A. Nakamoto
Kealahou, Hawai'i Island, Senate District 3 (Josh Green)
tracinak@hawaii.edu