

Written Testimony Presented Before the

Senate Committee on Housing

February 9, 2017 2:45pm

by

Dr. Linda Beechinor, APRN, FNP-BC

SB1223 RELATING TO HOMELESSNESS

Chair Espero, Vice Chair Harimoto, and members of the Senate Committee on Housing, thank you for this opportunity to provide testimony in strong support for SB1223, Relating to Homelessness, WITH SUGGESTED AMENDMENTS.

I am a family nurse practitioner, practicing in Honolulu for the past 20 years. I have worked with mobile clinics to reach out to the homeless at city and rural encampments on Oahu. Currently I am working with the homeless, mentally ill population in the city and county of Honolulu, for the purposes of addressing their immediate mental and physical needs while providing direct links with resources to assist them with their on-going healthcare and housing needs. I work with the population this bill seeks to affect.

I believe this bill endeavoring to establish, staff, and operate two mobile clinics to serve the homeless population, addresses the need to reach out and provide services where they are needed. As the bill states, emergency rooms in all of our acute care medical centers are inundated and indeed overwhelmed with responding to the needs of this population. Many of their healthcare needs can be met, and/or triaged as necessary to a higher level of care, through providing access to healthcare providers at homeless encampments.

My first suggestion for amending this bill is to respectfully request that the staffing requirements in Section 2 (1) “The staff shall include, at minimum, one doctor, one nurse, one pharmacist, and one psychiatrist and may include staff as needed, including students pursuing [sic] a degree in medicine or nursing...” be replaced with “The staff shall include, at minimum, one primary care provider, one nurse, one pharmacist, and one psychiatrist and may include staff as needed, including students pursuing [sic] a degree in medicine or nursing...”. Advanced practice nurses and other primary care providers in this state are fully licensed and experienced to staff these clinics in this capacity, in a cost-effective manner. Referring to or accessing care for patients by specialty physicians, pharmacists, dentists, psychiatrists, etc. is part of the role of the primary care provider.

In addition, although Section 3 of this bill does say that the services to be provided are “at minimum...”, I see an urgent need to add access to home-directed services to that list, such that direct links to temporary shelters, resources, and programs to end individual and family homelessness be provided to every contacted client.

Part III seems to contain more sections not included in HB527 relating to mobile clinics. I strongly support the establishment of puuhonoa safe zones for the homeless where, as a healthcare provider, I could find and deliver care to the individuals in this target population. Constantly moving the homeless works against goals to deliver consistent assistance to maintain health and safety, and to move individuals and families into more permanent housing.

I respectfully request that SB1223 pass out of these committees, WITH AMENDMENTS. Thank you for your continued support of the existing healthcare facilities in our community, by endeavoring to provide a more appropriate venue for care to the homeless, than our emergency rooms.

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HAWAII SUBSTANCE ABUSE COALITION

SB1223 HOMELESS APPROPRIATION: Part I: Appropriates funds for establishing, staffing, and operating two mobile clinics to serve the homeless population. Part II: Appropriates funds for establishing three specialty shelters to temporarily house and serve homeless individuals. Part III: Appropriates funds to the department of human services to study the impact and feasibility of creating an integrated database of certain information related to homeless individuals for providers of homeless services. Part IV: Requires the governor to establish puuhonua safe zones where homeless persons may reside. Appropriates funds. Part V: Appropriates funds for homeless outreach services and storage of homeless people's property. Part VI: Appropriates funds for outreach services to homeless persons with serious and persistent mental illness. Appropriates funds for services for homeless persons experiencing substance abuse. Part VII: Appropriates funds to assist the department of transportation with homelessness-related issues pertaining to security, health, and safety.

COMMITTEE ON HUMAN SERVICES: Senator Josh Green, Chair; Senator Stanley Chang, Vice Chair

- Wednesday, Feb. 8, 2017 at 3:00 p.m. Conference Room 016

COMMITTEE ON HOUSING: Senator Will Espero, Chair; Senator Breene Harimoto, Vice Chair

- Thursday, Feb. 9, 2017 at 2:45 p.m. Conference Room 225

HSAC Supports SB1223:

Aloha Chairs Green, Espero; Vice Chairs Chang, Harimoto; And Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than 30 treatment and prevention agencies across the State.

HSAC supports this bill and emphasizes that:

- **Part III Section 6 Integrated Data Base: Recommend that substance abusers involved in treatment and substance use disorder treatment agencies be included in the homeless data base since that population is often overlooked when gathering data.**
- **Part V Section 9: Homeless Outreach Services: Include staff who have technical backgrounds in a treatment environment so that they better understand substance use disorders when providing outreach services.**
- **Part VI Section 12 Serious Mental Illness (SMI): Include co-occurring disorders because many people with SMI also have chronic substance use disorders**
- **Part VI Section 13 Substance Abuse: Include treatment in addition to the aforementioned outreach, counseling and diversion services since chronic homelessness is more likely to have chronic substance use disorders than any other illness, even more likely than SMI. And many have co-morbidity, multiple illnesses.**

Recently, there have been several governmental reports that enumerate the huge costs for not treating chronic substance use disorders. The costs of drug abuse and addiction to our nation are staggering.¹

¹ Estimating the costs of substance abuse to the Medicaid hospital care program.

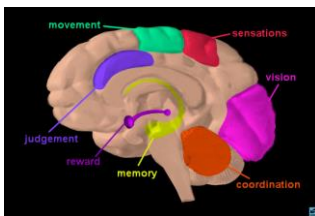
Fox K1, Merrill JC, Chang HH, Califano JA Jr. <http://www.ncbi.nlm.nih.gov/pubmed/7832261> Am J Public Health. 1995 Jan;85(1):48-54.

- Substance abuse is associated with almost 20% of all Medicaid hospital costs and nearly 25% of Medicare dollar spent on inpatient care. Over 14% of patients admitted to hospitals have alcohol/drug abuse and addiction disorders.

Drug abuse and addiction are major burdens to society; economic costs alone are estimated to exceed half a trillion dollars annually in the United States, including health, crime-related costs, and losses in productivity. However, staggering as these numbers are, they provide a limited perspective of the devastating consequences of this disease,” Dr. Nora Volkow, Director of the National Institute on Drug Abuse, Congressional Testimony, 3/1/07

- 70% of individuals in state prisons and jails have used illegal drugs regularly. Drug offenders account for more than one-third of the growth in state prison population and more than 80 percent of the increase in the number of prison inmates since 1985.
- The economic burden in the United States for addiction is twice that of any other disease affecting the brain, including Parkinson’s and Alzheimer’ Disease, as well as all the others.
- Alcohol and Drug-related hospital emergency (ED) visits increased 81 percent from 2004 to 2009 while ED visits involving the non-medical use of pharmaceuticals increased 98.4%.²

Science-Based Prevention and Treatment Works.³



- Substance abuse and/or addiction as well as their exorbitant costs are avoidable. Like any other disease, it is preventable, it is treatable, and it changes biology.

- Discoveries in the science of addiction have led to advances in drug abuse treatment that help people stop abusing drugs and resume their productive lives.

- Research has shown that every \$1 invested in addiction treatment programs, there is:

- o \$4 to \$7 reduction in the cost of drug-related crime,
- o \$3 - \$5 reduction in emergent medical care use (ER and Crisis Center) and
- o Among women – a \$4 reduction in welfare and child welfare costs
- o Among employed men, a \$7 increase in productivity (fewer absences and health claims)
- o Among returning Iraq veterans – a 35% reduction in family medical claims
- o And reductions in family violence problems

Not only is substance abuse a leading cause of preventable hospitalization, it is one of the primary cause of homelessness.

²Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies). *The DAWN Report: Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*. Rockville, MD, December 28, 2010. Available at: <http://www.oas.samhsa.gov/2k10/DAWN034/EDHighlights.htm>

³ William Dewey, Baord of Scientific Advisors, Friends of NIDA November 2008. http://www.cpdd.vcu.edu/Pages/Index/Index_PDFs/TransitionPaperOctober20081.pdf

With new processes and procedures to identify and coordinate care for high end users of care that have multiple chronic conditions of health issues, we can effectively coordinate care, treat multiple conditions, and improve the effectiveness of treatment outcomes. The proposed funding can validate the cost effectiveness of providing treatment for the chronic homeless population and provide justification for continued funding.

We appreciate the opportunity to testify and are available for questions.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 7, 2017 3:26 PM
To: HMS Testimony
Cc: victor.ramos@mpd.net
Subject: *Submitted testimony for SB1223 on Feb 8, 2017 15:00PM*

SB1223

Submitted on: 2/7/2017

Testimony for HMS/HOU on Feb 8, 2017 15:00PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Individual	Support	No

Comments:

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SB1223

Submitted on: 2/7/2017

Testimony for HMS/HOU on Feb 8, 2017 15:00PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Robyn Chun	Individual	Support	No

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SB1223

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Testimony for HMS/HOU on Feb 6, 2017 15:05PM in Conference Room 016

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Brian Murphy	Individual	Support	No

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Subject: Submitted testimony for SB1223 on Feb 8, 2017 15:00PM

SB1223

Submitted on: 2/8/2017

Testimony for HMS/HOU on Feb 8, 2017 15:00PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Zoe Cox	Individual	Support	No

Comments: Representative Josh Green, Chair Representative Stanley Chang, Vice Chair Representative Will Espero, Chair Representative Breene Harimoto, Vice Chair Committee on Human Services and Housing Relating to Homelessness Monday, February 6, 2017 Support for S.B NO 1223, I believe that there should be more staffing and more mobile clinics to help the homeless. There should also be more funding towards the homeless shelters, and there should also be more housing available to the homeless, especially the families. And there should be more advertisement to let the public know what they can do to help, in example, list all supplies that are needed to help out. The government should also set aside some parts of land and let the homeless set up their camps. If there is not enough room in homeless shelters it would help if there are "parks" where they could live. And also give help to the mentally ill people, and yes I know that you cannot help everyone, but even if you help some it makes a big difference. So I urge to pass S.B NO. 1223. Thank you for this opportunity to testify.

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