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March 30, 2017

TO: The Honorable Senator Rosalyn H. Baker, Chair  
Senate Committee on Commerce, Consumer Protection, and Health

The Honorable Jill N. Tokuda, Chair  
Senate Committee on Ways and Means

FROM: Pankaj Bhanot, Director

SUBJECT: **HB527 HD1 SD1 – RELATING TO MOBILE CLINICS**

Hearing: Thursday, March 30, 2017, 9:30 a.m.  
Conference Room 211, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this measure and recognizes the health care needs of homeless individuals, especially in rural areas. DHS provides comments that the measure as drafted adversely affects priorities set forth in the Governor's Executive Budget request and the State's plan to address homelessness. DHS respectfully requests that the Legislature support the \$1.5 million in additional funding for homeless outreach.

**PURPOSE:** The purpose of the bill is to appropriate funds to establish, staff, and operate two mobile clinics to serve the homeless population. DHS appreciates the amendments to the measure:

- House Committees on Human Services and Health:
  - (1) Amending the appropriation to an unspecified amount;
  - (2) Changing the reference to "doctor" in the description of the mobile clinic staff to "primary care provider";
  - (3) Changing its effective date to July 1, 2075, to encourage further discussion;and
  - (4) Making technical, nonsubstantive amendments for clarity and style.

- Senate Committee on Human Services provided additional suggestions recommendations and comments:
  - That the appropriated funds may be used for repairing and renovating existing vehicles as mobile clinics;
  - That the development of a mobile clinic pilot project for Hawaii County may be a worthy endeavor for consideration in the future;
  - That to effectively operate and provide services through mobile clinics, it is critical to include a psychiatrist and pharmacist as members of a mobile clinic staff.
  
- The Senate Committee on Human Services amended the measure by:
  - (1) Including a social worker and outreach worker as suggested staff of a mobile clinic;
  - (2) Including, as well as defining, street medicine as a service that may be provided by mobile clinics; and
  - (3) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.

DHS Homeless Programs Office (HPO) currently contracts homeless outreach services with providers statewide, which may include health services. The primary purpose of outreach providers is to connect unsheltered homeless individuals to assistance with basic needs and to access medical care.

While two mobile clinics may be worthy additions to the array of homeless services, the proposed \$1.4 million appropriation would adversely impact the Governor's budget request of \$1.5 million for homeless outreach services. While statistics for state fiscal year (SFY) 2016 are pending, in SFY 2015, state-funded outreach programs served 8,030 homeless people statewide. The current goal is to increase outreach services as outreach is essential to meet unsheltered homeless households in the community and to build rapport that connects them to housing and services, such as Housing First, Rapid Rehousing, or shelter. Outreach workers provide a comprehensive array of services, including completing applications for housing and services, housing search, and obtaining identification and other necessary documents. Without the assistance of homeless outreach, many homeless individuals are unable to access care and unable to navigate Hawaii's system of homeless services.

Additionally, the proposal contemplates the delivery of medical services and identifies a minimum staff of a doctor, nurse, pharmacist, and a psychiatrist. Senate

Committee on Human Services added a social worker and an outreach worker as potential staff members.

While DHS HPO does procure services of outreach workers, that may include social workers, DHS HPO does not procure professional medical services, and the committee may want to consult with the Department of Health, health care, and community providers who would be better able to provide the relevant administrative information. DHS is willing to work with the community to develop a plan and strategy.

A 2007 report from the National Health Care for the Homeless Council detailed 33 mobile health care projects that used a variety of models, and vehicles to provide a variety of health services to people with unstable housing. The top three criteria for program success were identified as: selection of service sites, collaboration with partners, and staff effectiveness at building trusting relationships. Some of the obstacles to initiate and maintain the program were: lack of financial capacity, for items such as to purchase maintain, and upgrade the mobile units, pay for clinician hours; vehicle or equipment problems, clinical information management, and staffing. Other obstacles were insufficient space and patient follow up. A copy of this report is accessible at <http://www.nhchc.org/wp-content/uploads/2012/02/mobilehealth.pdf>

Without detail as to how many clients a mobile clinic could serve in a year or the information about associated operational and the professional administrative costs, DHS currently has reservations, and we respectfully ask for the Legislature's support of the Governor's executive budget request of \$1.5 million for statewide outreach services.

Thank you for the opportunity to testify on this bill.