



EXECUTIVE CHAMBERS
HONOLULU

LATE

DAVID Y. IGE
GOVERNOR

February 1, 2019

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

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

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

SUBJECT: **HB 1451 – RELATING TO HOMELESSNESS**

Hearing: Friday, February 1, 2019, 8:30 a.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator supports this measure, and offers suggested amendments. The Coordinator defers to the Department of Human Services (DHS) regarding contracting and monitoring of programs to address homelessness, including the Emergency Department Homelessness Assessment Pilot Program and the Medical Respite Pilot Program.

PURPOSE: The purpose of the bill is to extend the Emergency Department Homelessness Assessment Pilot Program and the Medical Respite Pilot Program to June 30, 2020.

Homelessness remains one of the most pressing challenges facing Hawaii, and the State has adopted a comprehensive framework to address homelessness that focuses on three primary leverage points – affordable housing, health and human services, and public safety. The Coordinator works closely with multiple state agencies and homeless service providers to implement this framework through the delivery of housing-focused services like Housing First and Rapid Re-Housing, as well as outreach and treatment services for unsheltered homeless individuals experiencing severe mental illness and/or addiction. The coordinated efforts to implement the State's framework to address homelessness have made progress in reducing the

number of homeless individuals statewide. Between 2017 and 2018, the number of homeless individuals in Hawaii decreased by 690 individuals (9.6%). The decrease was one of the largest numeric decreases in homelessness in the country, only exceeded by decreases in California, Florida and Michigan.

The Coordinator recognizes the critical intersection between healthcare and homelessness, and notes that the Queen's Medical Center has an established Emergency Department Homelessness Assessment and Medical Respite program and has demonstrated the ability to provide a privately funded match for government funding. DHS is actively engaged in contract negotiations with the Queen's Medical Center to implement the two pilot programs described in this measure.

However, since the two pilot programs have not yet been initiated and to avoid the lapse of non-recurring funds appropriated by Act 209, SLH 2018 the Coordinator supports extending the sunset date for the pilot program for one year. If the sunset date for the pilot programs are not extended, there will not be enough time for the Queen's Medical Center to implement the pilots and DHS will be unable to sufficiently evaluate the effectiveness of the programs and make recommendations to continue, modify, or terminate either program.

If this measure proceeds, the Coordinator requests a similar amendment to Act 209, SLH 2018 to amend Part I, Section 4 (f) and extend the sunset date for the Ohana Zone pilot program by one additional year to June 30, 2022. An extension of the sunset date for the Ohana Zone pilot program will provide additional time to evaluate the program for a full three year pilot period, and to better assess the impact of the Ohana Zone model on the homelessness problem in Hawaii.

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

LATE

February 1, 2019

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

The Honorable Representative John M. Mizuno, Chair
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1451 – RELATING TO HOMELESSNESS**

Hearing: Friday, February 1, 2019, 8:30 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill and the proposed amendments of Act 209, session Laws of Hawaii 2018. DHS supports HB 1451 provided it does not incur additional costs.

PURPOSE: The purpose of HB 1451 is to extend the Emergency Department Homelessness Assessment Pilot Program and the Medical Respite Pilot Program to June 30, 2020. Appropriates funds.

DHS Homeless Programs Office (HPO) is in the process of executing contracts for the emergency homelessness assessment pilot and the medical respite pilot with the identified provider. The proposed expiration date of June 30, 2020 for the emergency department homelessness assessment pilot program and medical respite pilot program will be beneficial as additional time is needed for the pilots to become fully operational. Accordingly, the due dates for the reports will also benefit from an extension and provide more accurate data.

HPO has included in its contract the ability to continue services with a no cost extension of unexpended funds in anticipation of an amendment to Act 2019, SLH 2018.

At this time DHS is does not anticipate additional appropriations.

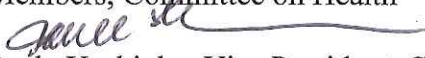
Thank you for the opportunity to provide testimony in support.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Nadine K. Nakamura, Vice Chair
Members, Committee on Human Services & Homelessness

The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Members, Committee on Health

From: 
Paula Yoshioka, Vice President, Government Relations and External Affairs, The
Queen's Health Systems
Dr. Daniel Cheng, MD, Assistant Chief, Emergency Department, and Medical Director,
Queen's Care Coalition, The Queen's Medical Center – Punchbowl
Alexandra Wroe, RN, ACM-RN, BSN, MBA, Director Care Coordination, UM & CDI,
The Queen's Medical Center - Punchbowl

Date: January 30, 2019

Hrg: House Committee on Human Services & Homelessness and Committee on Health Joint
Hearing; Friday, February 1, 2019 at 8:30 AM in Room 329

Re: Strong support for H.B. 1451, Relating to Homelessness

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

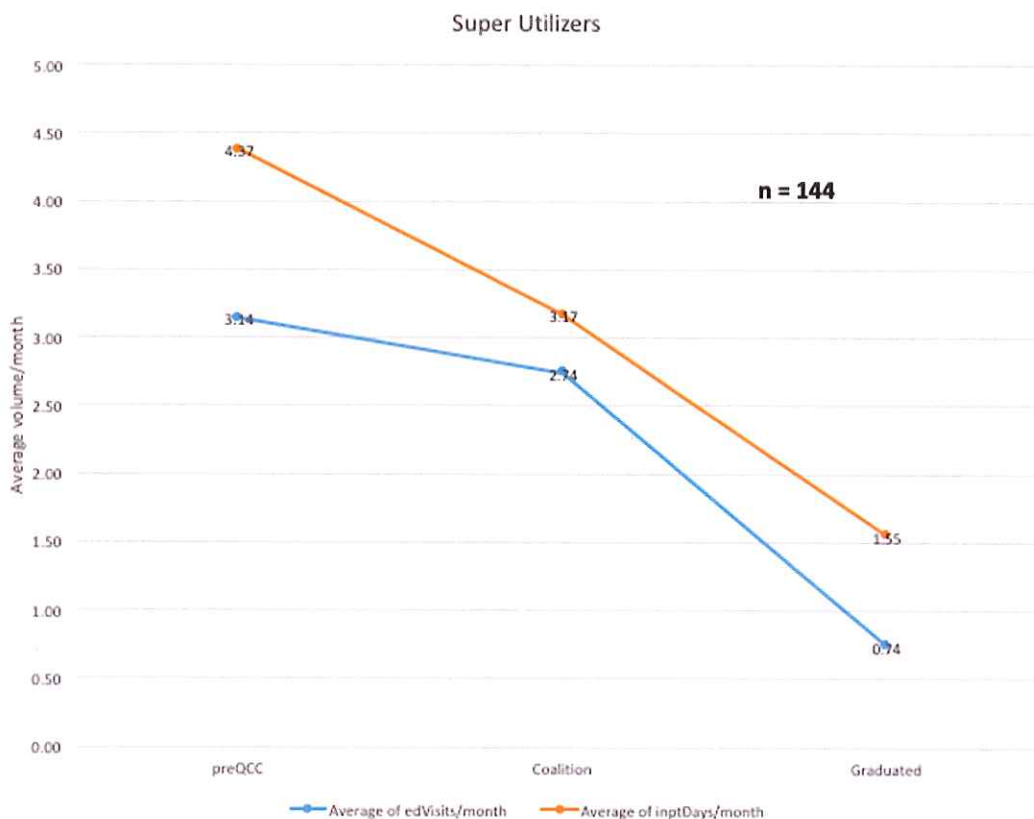
Queen's appreciates the opportunity to provide testimony in strong support of H.B. 1451, which provides for a no cost extension for the emergency department (ED) assessment and medical respite pilot programs currently being administered through Care Coordination at The Queen's Medical Center – Punchbowl. Last year, the 2018 Legislature passed Act 209, which established these pilot programs. Preliminary data has demonstrated their success in reducing strain on our health care system; our request for an extension to June 30, 2020 is to demonstrate the full value of these pilots. We would also request that the language in the bill relating to appropriating funds for these programs be removed since funds were already previously allocated and approved last year.

Hawai'i has the highest per capita rate of homelessness in the nation, with roughly 5,000 homeless individuals heavily distributed on Oahu and concentrated in Honolulu and on the

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

Waianae Coast.^{1,2} As an island state, our geographical and isolated position presents unique challenges in serving a homeless population that is densely concentrated. As the primary health system serving this population, by focusing resources for maximum access to this population, we are able to see over 400 unique homeless patients per month and provide them with the care they need.

The ED assessment pilot program is currently operating through the Queen’s Care Coalition (QCC). The QCC identifies homeless patients with the highest utilization of emergency services and works aggressively to provide care and the right resources. The QCC navigates approximately 225 homeless patients annually, providing them coordinated care and connecting them to community resources such as supportive housing services, social services, behavioral health, etc. to address underlying issues that may stem from their unique circumstances.



Since the start of the QCC in January 2018, the graph (above) illustrates a significant decrease in average volume per month by super utilizers coming to the Queen’s Emergency Department. The chart shows utilization per month, per super utilizer three months pre-intervention and three

¹ The Department of Housing and Urban Development, “The 2017 Annual Homeless Assessment Report (AHAR) to Congress”, December 2017

² State of Hawaii, Homeless Point-in-Time Count, January 22, 2017

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THE QUEEN'S HEALTH SYSTEMS

months post-intervention. As we continue to develop and deploy the QCC Team, there is the potential for efforts to be replicated on the neighbor islands for greatest reach and reduced costs and strain on the health care system. An upwards of 64% of all hospital visits by the homeless are at Queen's, where care is delivered at partial or no reimbursement. High utilization of Emergency Medical Services (EMS) and Emergency Department (ED) resources by homeless individuals also impacts Hawaii's Medicaid program.

Queen's is proud to partner with to the Institute for Human Services on Tutu Bert's House and Ka Uka Respite House. Both of these facilities provide a stable and transitional supervised environment for homeless patients who have been discharged from Queen's and may need additional time to heal in a more appropriate level of care setting. The need for Medical Respite care for individuals experiencing homelessness is a critical part of the continuum of care for this population. Once individuals experiencing homelessness are ready for discharge from a hospital, many times they do not have a place to go to complete their post-acute care recover. Medical Respite facilities not only provide emergency shelter, they also serve as a "place of healing". Eligible guests are able to recover from acute conditions of medical, surgical or psychiatric nature.

Thank you for the opportunity to provide testimony in strong support.

HB-1451

Submitted on: 1/31/2019 8:59:48 PM

Testimony for HSH on 2/1/2019 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Individual	Support	Yes

Comments: