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March 12, 2020

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

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 2525 HD2 – RELATING TO HOMELESSNESS**

Hearing: Monday, March 16, 2020, 3:10 p.m.
Conference Room 016, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the bill, provides comments, and requests that its passage does not replace or adversely impact the Governor's budget priorities.

This Committee passed the Senate companion, SB 3117, unamended. The House Committee on Human Services and Homelessness defected the effective date and made technical amendments; the House Committee on Finance, changed the appropriations to unspecified sums and made additional technical amendments.

PURPOSE: This bill extends the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021. Appropriates funds. Effective December 31, 2059. (HD2)

DHS notes a clear link between healthcare and homelessness. The pilots have demonstrated preliminary success in achieving better health and social outcomes for the individuals that receive services. DHS agrees that Hawaii would benefit from putting these services on a sustainable pathway by including them as part of the Med-QUEST Division's QUEST Integration program.

DHS has already begun working with Queen’s Medical Center to see what services provided under the emergency department homelessness assessment pilot may be provided under the QUEST Integration program in the long term.

Unfortunately, DHS does not have authorization from the Centers of Medicare and Medicaid Services (CMS) to provide reimbursement for medical respite. DHS requested CMS authorization of medical respite services in its recent Section 1115 Demonstration renewal, but CMS noted it was denying requests from all states for medical respite. DHS will continue to work with CMS in the future to explore how DHS might be able to offer medical respite and similar services. However, absent federal approval, DHS will not be able to support the medical respite program through QUEST Integration using federal matching funds.

As to the proposed appropriation, DHS recommends that the Legislature consider the appropriations be made through a Grant in Aid per Chapter 42F, HRS, versus the current sole source procurement process through the DHS Homeless Programs Office. DHS is concerned with oversight as the health care standards required for the emergency department and medical respite pilot program are beyond the scope and subject matter expertise of the Homeless Programs Office.

Thank you for the opportunity to provide testimony on this bill.

DAVID Y. IGE
GOVERNOR



EXECUTIVE CHAMBERS
HONOLULU

March 16, 2020

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

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

SUBJECT: **HB2525 HD2 – RELATING TO HOMELESSNESS**

Hearing: Monday, March 16, 2020, 3:10 p.m.
Conference Room 016, State Capitol

POSITION: The Governor's Coordinator supports this bill provided that its passage does not replace or adversely impact budget priorities.

PURPOSE: The purpose of this bill is to extend the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021, and appropriate funds for the continuation of the pilot.

The Coordinator notes the clear and critical intersection between healthcare and homelessness. Through Act 209, Session Laws of Hawaii (SLH) 2018, the Department of Human Services (DHS) has contracted with Queen's Medical Center (QMC) to administer both the emergency department homelessness assessment and medical respite pilot programs. A review of data collected by DHS indicates promising preliminary results for the emergency department assessment pilot for the period between September 1, 2018 and September 30, 2019. The emergency department assessment pilot reported that 63% of clients served were "housing document ready," and average emergency medical services utilization per client per month declined by 53%.

The Hawaii Interagency Council on Homelessness (HICH), a 27-member advisory council chaired by the Coordinator, recently voted to prioritize support to sustain and scale promising programs, such as the emergency department assessment pilot, as part of its 2020 legislative priorities to address homelessness. The delivery of assessment and navigation services in the

emergency department works to complement and strengthen existing services, as well as reducing healthcare costs for individuals who frequently utilize emergency department services.

In addition, both the emergency department assessment and medical respite pilot programs reported nearly one-fifth of clients served (17% for the emergency department assessment pilot, and 19% for medical respite) exiting directly to permanent housing. The focus on permanent housing placement also serves to reduce healthcare costs for individuals experiencing homelessness. 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

The Coordinator notes that discussions are ongoing between DHS Med-QUEST Division and Queen's Medical Center staff regarding whether components of the emergency department assessment services can be billed to Medicaid.

Thank you for the opportunity to testify on this bill.

¹ See full report at: http://uhfamily.hawaii.edu/publications/brochures/bb9f9_Hawaii_Pathways_Final_Report.pdf



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Russell E. Ruderman, Chair
The Honorable Karl Rhoads, Vice Chair
Members, Committee on Human Services

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems
Colette Masunaga, Manager, Government Relations & External Affairs, The Queen's Health Systems

Date: March 12, 2020

Hrg: Senate Committee on Human Services Hearing; Monday, March 16, 2020 at 3:10 PM in Room 016

Re: **Strong support for HB2525 HD2, Relating to Homelessness**

The Queen's Health Systems (Queen's) is a nonprofit 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 and more than 1,500 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** for HB2525 HD2, Relating to Homelessness. This bill would extend the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021 as well as appropriate funds. This would ensure no lapse in resources for the emergency department homelessness assessment pilot program as it is transitioned to the Med-QUEST division.

There is a high utilization of Emergency Department (ED) resources by homeless individuals for non-emergent needs. Many of our homeless patients are Super Utilizers of the ED and suffer from mental health and substance abuse issues. The ED homelessness assessment pilot program is operated through the Queen's Care Coalition and has proven that coordinated care services for our homeless patients and connecting them to community resources is an effective and cost-saving approach.

Queen's believes that community partnerships between medical and human services providers for the delivery of medical respite is critical in the healing process for our homeless patients, who require additional time to recover in a more appropriate level of care setting. Those who experience homelessness deserve to have access to community resources and the care they need. The Medical Respite pilot program has demonstrated positive results in delivering medical respite services for eligible individuals experiencing homelessness by providing services such as, but not limited to, meals, case management, and medical, nursing, and psychiatric care and merits continuation.

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.

The Department of Human Services is in the process of transitioning the Queen's Care Coalition from the Homeless Program Office to the Med-QUEST Division. We sincerely appreciate the continued support of these two proven programs that have greatly benefited our community.



Monday, March 16, 2020

House Bill 2525 HD 2
Testifying in Support

Aloha Chair Ruderman, Vice Chair Rhoads, and Members of the Committee on Human Services,

The Democratic Party of Hawai'i (the Party) **stands in support of HB2525 HD2** Relating to Homelessness. This measure extends the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021, and appropriates funds for these pilot programs. Extending the emergency department homelessness assessment pilot program would greatly reduce the need for emergency medical care by paramedics and emergency room doctors.

The number of homeless deaths last year represented a 46% increase from the 87 homeless people who died on Oahu in 2017, according to an analysis by new acting Chief Medical Examiner Dr. Masahiko Kobayashi. In her initial analysis of homeless deaths, Kobayashi said in a statement that, "Many of the reported cases had a drug history, unclear circumstances surround the death, or no physician to sign the death certificate. Although we have not completed analysis on the 2019 cases yet, the number of homeless who died in a homicidal manner increased from three to ten. Drugs, especially methamphetamine, continually take their lives. The average age is 54 years old (ranging from 19 to 88 years), and we have seen many homeless deaths at an old age." The national average age of death of homeless is 78.6 years.

In addition, the homeless presents a "double risk" of getting and spreading coronavirus as they often do not have places to wash their hands, struggle with health problems and crowd together in grimy camps. That is what makes homeless people particularly vulnerable to the coronavirus. Almost 200,000 people live in these conditions in the United States, yet few communities that are trying to contain the spread of the COVID-19 virus have rolled out plans to protect the homeless and give them a place to recover in isolation, which would prevent them from passing it on.

"They are double risk. One is a risk to themselves, the other is a risk to society," said Chunhui Chi, director of the Center for Global Health at Oregon State University in Corvallis. This should be treated as an emergency policy, not as a permanent solution to homelessness, but more of framing it as solution for containing the spread," Chi said.

"The homeless population in our community would be in a very difficult position of following all the health care advice that's coming out right now," said Jimmy Jones, executive director of the agency Community Action. "If you're in a homeless camp, it's very difficult to wash your hands. It's very difficult to stay clean. It's very difficult to practice good hygiene."

Queen's Medical Center officials noted 4,000 – 5,000 emergency room visits from the homeless population in 2014. The Honolulu Emergency Services Department, under the direction of Jim Ireland, Director, in an effort to cut taxpayer costs for EMS services to the homeless, started sending paramedics directly to make “home visits” before known homeless “frequent fliers” call for EMS services and treat them on the field rather than at the hospital. It is estimated that these frequent homeless callers cost our taxpayer-funded health care system at least \$3 million a year for ambulance response and trips to the ER. However, based on the transient nature of the homeless population, it may be very difficult to locate these frequent fliers for follow-up visits.

HB 2525, HD 2, would fill these immediate needs by extending the services provided by the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021. This extension of services through these pilot programs will decrease the already taxed medical care by paramedics and emergency room doctors by providing short-term, post-discharge navigation services to special populations to reduce reliance on acute care by connecting patients to community services.

Through HB 2525, HD 2, the services provided by the emergency department homelessness assessment pilot program and medical respite pilot program, connects the homeless population with community resources; helps satisfy their requirements to achieve document-ready status for housing; and assists in their maintaining permanent housing status after three months, all of which satisfies very important and critical needs for our homeless populations throughout the state. Furthermore, these pilot programs reduce the number of unnecessary emergency department visits; reduce the number of hospitalized days; and reduce the amount of emergency utilization and the medical respite pilot program provides meals; case management; and medical, nursing, and psychiatric care and merits continuation.

For these reasons, we urge you to vote favorably on this bill.

Mahalo for the opportunity to testify,



Josh Frost
Co-Chair, Legislation Committee
Democratic Party of Hawai'i



Zahava Zaidoff
Co-Chair, Legislation Committee
Democratic Party of Hawai'i

<https://www.staradvertiser.com/2020/01/16/hawaii-news/deaths-of-homeless-people-continue-to-climb-on-oahu/>

<https://www.staradvertiser.com/2020/03/07/breaking-news/homeless-at-double-risk-of-getting-spreading-coronavirus/>

HB-2525-HD-2

Submitted on: 3/12/2020 1:31:56 PM

Testimony for HMS on 3/16/2020 3:10:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
John Honda	Individual	Support	No

Comments: