

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

January 29, 2020

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

The Honorable Senator Clarence K. Nishihara, Char  
Senate Committee on Public Safety, Intergovernmental, and Military Affairs

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2469 – RELATING TO HUMAN SERVICES**

Hearing: Wednesday, January 29, 2020, 2:45 p.m.  
Conference Room 016, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this bill and offers comments.

**PURPOSE:** The purpose of SB 2496 appropriates funds for the Department of Human Services to purchase, staff, and operate 2 mobile clinics to serve the homeless persons; provided that 1 of the mobile clinics shall be allocated to the county of Hawaii. Requires matching funds.

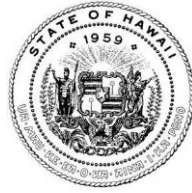
DHS acknowledges that homeless individuals may experience high disease burdens and mortality rates. Consequently, homeless individuals are more likely to be frequent users of emergency medical services.

DHS request clarifications regarding Section 2, (2), it is unclear what agency or entity will be responsible to secure the match funding. Regarding (3), services provided by health care professionals, DHS Homeless Programs Office (HPO) does not currently procure professional medical services, and defers to the Department of Health if the intent is to compensate health care professionals with general funds. However, if health care professionals were enrolled as

Medicaid providers of one or more of the QUEST Integration (QI) plans, it would be possible for providers to bill the individual's QI plans for allowed health care services delivered at the mobile clinic.

DHS HPO currently contracts homeless outreach services with providers statewide. Outreach services may include housing identification, linkages to supportive services, assistance with public benefits, and referrals to healthcare. This bill will complement additional services needed in both continua of care on Oahu and neighbor islands. Furthermore, diverting frequent users of the emergency medical services may result in some savings after evaluation of the cost of a mobile clinic.

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



**EXECUTIVE CHAMBERS**  
HONOLULU

**DAVID Y. IGE**  
GOVERNOR

January 29, 2020

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

The Honorable Senator Clarence K. Nishihara, Chair  
Senate Committee on Public Safety, Intergovernmental, and Military Affairs

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

SUBJECT: **SB 2469 – RELATING TO HUMAN SERVICES**

Hearing: Wednesday, January 29, 2020, 2:45  
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 appropriate funds for the Department of Human Services (DHS) to purchase, staff, and operate two mobile clinics to serve homeless individuals, provided that one of the mobile clinics is allocated to the County of Hawaii. The bill requires that matching funds must be provided on a dollar-for-dollar basis for the mobile clinic program.

The Coordinator notes that behavioral health and substance abuse treatment are among the services that may be provided through the proposed mobile clinics. The Hawaii Interagency Council on Homelessness (HICH), a 27-member advisory council chaired by the Coordinator, recently voted to prioritize support for behavioral health reforms and programs as part of its 2020 legislative priorities to address homelessness. The delivery of behavioral health services through a mobile clinic will complement and strengthen existing services, particularly in rural areas that lack access to public transportation and are not near a health center.

There is a clear and critical intersection between access to healthcare and homelessness, and research has demonstrated the impact that increasing access to treatment

for homeless individuals has in improving the overall health of the individual and reducing healthcare costs. 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.<sup>1</sup>

If this measure proceeds, the Coordinator respectfully requests that the Legislature clarify the potential source of matching funds for the proposed mobile clinics.

Thank you for the opportunity to testify on this bill.

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<sup>1</sup> See full report at: [http://uhfamily.hawaii.edu/publications/brochures/bb9f9\\_Hawaii\\_Pathways\\_Final\\_Report.pdf](http://uhfamily.hawaii.edu/publications/brochures/bb9f9_Hawaii_Pathways_Final_Report.pdf)

Harry Kim  
Mayor



Roy Takemoto  
Managing Director

Barbara J. Kossow  
Deputy Managing Director

## County of Hawai'i Office of the Mayor

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January 27, 2020

Senator Russell E. Ruderman, Chair  
Senator Karl Rhoads, Vice Chair  
Committee on Human Services

Senator Clarence K. Nishihara, Chair  
Senator Glenn Wakai, Vice Chair  
Committee on Public Safety, Intergovernmental and Military Affairs

Dear Chairs Ruderman and Nishihara, Vice Chairs Rhoads and Wakai, and Committee Members:

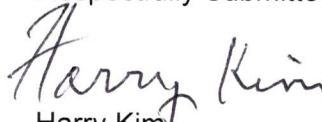
**RE: SB 2469, Relating to Human Services**

I support SB 2469, as well as any other initiative that can have a positive impact on the homeless population, make their lives a bit easier, and move them toward conventional shelter.

As a neighbor island Mayor, I appreciate the recognition that homelessness is a statewide problem. A year ago, when testifying on HB 36 and SB 526, I noted that the bills called for two mobile clinics, and that I hoped that one of the two could be earmarked for an 'ohana zone project on an island other than O'ahu. (It was my understanding that the Executive Committee of the Community Alliance Partners (CAP) was endorsing those bills while making a similar request.) I now cannot help but notice that SB 2469 specifies that one of the mobile clinics would have to be assigned to Hawai'i County. I thank the sponsors for this recognition of our efforts in dealing with the homeless, and I certainly believe that our geography, and our number of homeless, justify such a designation, but I also would understand if your Committees leave it to DHS to pick the neighbor island that could most benefit from having such a clinic.

In any event, I ask for a favorable vote on SB 2469.

Respectfully Submitted,

  
Harry Kim  
MAYOR



**Testimony to the Senate Joint Committee on Human Services, and Public Safety,  
Intergovernmental, and Military Affairs  
Wednesday, January 29, 2020; 2:45 p.m.  
State Capitol, Conference Room 016**

**RE: SENATE BILL NO. 2469, RELATING TO HUMAN SERVICES.**

Chair Ruderman, Chair Nishihara, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS THE INTENT** of Senate Bill No. 2469, RELATING TO HUMAN SERVICES.

The bill, as received by your Committee, would:

- (1) Appropriate \$1,000,000 in general funds for fiscal year 2019-2020, to be expended by the Department of Human Services (DHS) and the same sum for fiscal year 2020-2021, to purchase, staff, and operate two mobile clinics to serve homeless individuals;
- (2) Clarify that one mobile clinic be allocated to the county with the largest land mass;
- (3) Prohibit the use of the appropriation unless DHS obtains matching funds on a dollar-for-dollar basis to the amount appropriated by the State; and
- (4) Authorize DHS to staff each mobile clinic with one primary care provider, one nurse, one pharmacist, one psychiatrist, and other staff as needed, including a social work, an outreach worker, and students pursuing degrees in medicine or nursing.

By way of background, the HPCA represents Hawaii Federally-Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

**Testimony on Senate Bill No. 2469**

**Wednesday, January 29, 2020; 2:45 p.m.**

**Page 2**

Due to advances in technology, health care professionals are able to provide desperately needed services "in the field" and help populations that are greatly underserved. For the homeless and other marginalized groups, a simple cold or a scratch can linger and develop into more serious maladies requiring expensive treatments in the emergency room. These costs go unpaid and ultimately are borne by all of society through higher insurance premium rates, higher treatment costs and greater utilization of social services.

From that context, the use of mobile clinics is potentially a "game-changer" in health care. Professionals are able to go to where the patients are and treat injuries and sicknesses at an earlier stage to prevent them from getting worse and more costly to address.

**This approach is already being taken and used in various communities throughout the State. HPCA members currently utilize mobile clinics to provide primary care services to the underserved.**

While we applaud the intent of this measure, we have concerns on how the implementation of services by two State-run mobile clinics will be integrated with those that are already in use. There would be a need to ensure that areas serviced do not overlap or else other equally-needy communities are not left out from these services.

If the intent of this measure is promote the use of mobile clinics in underserved areas, this Committee may want to consider providing DHS the flexibility to contract with nonprofits that already do this to possibly expand service areas and the scope of services provided. Ultimately, that would facilitate the underlying goal of this measure.

With those concerns, the HPCA **SUPPORTS THE INTENT** of this measure and respectfully urges its approval for further discussion.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



Wednesday, January 29, 2020

Senate Bill 2469  
Testifying in Support

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

The Democratic Part of Hawai'i (The Party) **stands in support of SB2469 Relating to Human Services**, which appropriates funds for the Department of Human Services to purchase, staff, and operate 2 mobile clinics to serve homeless persons provided that 1 of the mobile clinics shall be allocated to the county of Hawaii. Funding pregnant women for an additional 12 months of substance abuse treatment facilities after giving birth gives both mother and child the best chance at success.

As noted in a Civil Beat article entitled, Death on the Streets: Lack of Health Care a Major Factor in Homeless Deaths, by Nick Grube, dated November 13, 2014, there are thousands of homeless people without medical care are struggling to survive on O'ahu. Clinics may be the only health care a homeless person receives for months, sometimes even years. This is a major reason why the homeless population on average die decades before people who are housed. Their average age of death is 50. The lack of medical care can be attributable to a number of factors, including but not limited to: (1) being of a transient population, (2) mobility issues getting to clinics, (3) mental illness, (4) severe psychosis, (5) chaos in just finding nutritious food and a place to sleep, (6) uninsured, (7) impoverished, (8) substance and alcohol abuse, and (9) the inability to manage their own lives as necessary to seek medical care.

Queen's Medical Center officials noted 4,000 – 5,000 emergency room visits from the homeless population in 2014. The Honolulu Emergency Services Department, 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.

SB2469 would fill this immediate need for two mobile clinics which will decrease the already taxed-demand for medical care by paramedics and emergency room doctors, and treat injuries or illnesses at their early stages when the prognoses are easier remedies to manage rather than later which are often the case.



Medical care must be provided to those who are unable to seek medical attention before an injury should fester. For example, a person with severe mental illness was hit by a vehicle two months before he was discovered with a badly infected wound where hundreds of maggots took up residence inside his leg, eating the dead and infected flesh. The rot could be detected from 10 feet away. Absent a Care-A-Van mobile clinic, a part of Waikiki Health, he may not have been found, an ambulance called, and transported to the hospital and survived.

Through SB2469, the two mobile clinics would provide not only non-emergency medical services but also provide tests for HIV, STD and hepatitis; provide services for family planning, child and family services, behavioral health, substance abuse, and mental health services; dental care; referral services; shower and laundry services; clean clothing; health insurance enrollment; pharmacy services; “street medicine” for those living on the streets, in parks, along river banks, on beaches, in abandoned buildings; and other assistance services, all of which partially satisfies very important and critical needs for our homeless populations on the counties of Honolulu and Hawai'i.

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.civilbeat.org/2014/11/death-on-the-streets-lack-of-health-care-a-major-factor-in-homeless-deaths/>

**SB-2469**

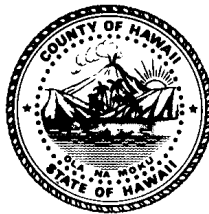
Submitted on: 1/27/2020 11:43:18 AM

Testimony for HMS on 1/29/2020 2:45:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tanya Aynessazian	Individual	Support	No

Comments:

REBECCA VILLEGAS  
Council Member  
District 7, Central Kona



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**LATE**

## HAWAI'I COUNTY COUNCIL

West Hawai'i Civic Center, Bldg. A  
74-5044 Ane Keohokalole Hwy.  
Kailua-Kona, Hawai'i 96740

January 27, 2020

TESTIMONY OF REBECCA VILLEGAS  
COUNCIL MEMBER, HAWAI'I COUNTY COUNCIL  
ON SB 2469, RELATING TO HUMAN SERVICES

Committee on Human Services  
Committee on Public Safety, Intergovernmental, and Military Affairs  
Wednesday, January 29, 2020  
2:45 p.m.  
Conference Room 016

Aloha Chair Ruderman, Chair Nishihara, and Members of the Committees:

I thank you for the opportunity to testify in **support** of SB 2469, relating to human services. My testimony is submitted in my individual capacity as a member of the Hawai'i County Council, and Chair of the Hawai'i County Council Public Safety Committee.

The purpose of this measure is to appropriate funds for purchasing, staffing, and operating two mobile clinics to serve homeless individuals, providing that one of the mobile clinics shall be allocated to the county with the largest land mass. Homelessness continues to grow and is one of the State's most significant and challenging social problems. Homeless individuals face a wide range of issues, including general health issues, mental illness, and substance abuse. These issues not only affect the homeless but also impact our general population through costs of social and health care services. Mobile clinics offer a variety of free health care services for local homeless resulting in significant cost savings when compared to emergency room visits. The island of Hawai'i is the largest land mass in the State of Hawai'i and a dedicated mobile clinic will assist greatly as this island has greater geographical distances, and many homeless individuals have limited access for health care needs.

For the reasons stated above I urge the Senate Committees on Human Services and Public Safety, Intergovernmental, and Military Affairs to support this measure as well. Should you have any questions, please feel free to contact me @ (808) 323-4267.

Mahalo for your consideration.

Rebecca Villegas, Hawai'i County Council Member



# Hawai'i Psychological Association

## *For a Healthy Hawai'i*

**LATE**

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### COMMITTEE ON HUMAN SERVICES

Senator Russell E. Ruderman, Chair

Senator Karl Rhoads, Vice Chair

### COMMITTEE ON PUBLIC SAFETY, INTERGOVERNMENTAL, AND MILITARY AFFAIRS

Senator Clarence K. Nishihara, Chair

Senator Glenn Wakai, Vice Chair

### Testimony in **Support** of SB 2469 **with Amendment**

Wednesday, January 29, 2020, 2:45 p.m., Conference Room 016

The Hawai'i Psychological Association (HPA) supports a modified version of SB 2469, which appropriates funds for establishing, staffing, and operating two mobile clinics to serve the homeless population.

HPA strongly recommends inclusion of a clinical psychologist in the mobile clinic minimum staffing requirements. The homeless population suffers from extremely high rates of mental illness and a more comprehensive approach to their care is required. There is a strong body of scientific evidence that clearly demonstrates that psychotherapy along with medication is more effective than pharmaceutical intervention alone. The combination results in a faster, more complete and enduring response to treatment. Given the critical shortage of psychiatrists in the State of Hawai'i, it may be difficult to recruit a psychiatrist for these mobile clinic positions and even if a psychiatrist is identified, it is unlikely that provider will have the time to provide more than medication management. Including a clinical psychologist on the team will allow for the provision of psychotherapy and will result in more effective treatment.

In addition, if at some point psychologists are authorized to prescribe, the Department of Human Services will be able to select from a larger pool of available providers, with the advantage that prescribing psychologists will be able to offer the full-range of behavioral health services (psychotherapy *and* medication).

Including a clinical psychologist as a required member of the mobile staff will significantly improve treatment outcome and success. We request the following amendment to Section 2(a)(3) (page 3, lines 7-11):

“The staff may include one primary care provider, one nurse, one pharmacist, one psychiatrist, one clinical psychologist, and other staff as needed, including a social worker, an outreach worker, and students pursuing a degree in medicine, behavioral health, or nursing: and”

We support the bill with this recommended modification.

Respectfully submitted,

Julie Takishima-Lacasa, PhD, President  
Chair, HPA Legislative Action Committee  
Hawai'i Psychological Association