

EXECUTIVE CHAMBERS
HONOLULU

June 29, 2020

TO: The Honorable Representative Sylvia Luke, Chair
House Committee on Finance

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

SUBJECT: **SB 3117 SD1 HD1 – RELATING TO HOMELESSNESS**

Hearing: Monday, June 29, 2020, 2:00 p.m.
Conference Room 329, State Capitol

POSITION: The Governor's Coordinator supports the intent of this bill, and respectfully offers written comments.

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.

There is a clear and critical intersection between healthcare and homelessness, and a review of data for the emergency department and medical respite pilot programs from September 1, 2018 through September 30, 2019 indicate promising results.¹ However, given the impact of COVID-19 on the State budget, there are concerns regarding the long-term feasibility of State funding to sustain the two pilot programs.

The Coordinator notes that the Department of Human Services (DHS) Med-QUEST Division and Queen's Medical Center staff are actively engaging in conversation regarding components of the emergency department assessment services that can be billed to Medicaid. In addition, CARES Act funding provided to the counties through the Community Development Block Grant or Emergency Solutions Grant programs may also be able to cover certain costs. A

¹ DHS (2019). Report in Accordance with the Provisions of Act 128, Session Laws of Hawaii 2019, Relating to the Medical Respite and Emergency Department Pilot Programs. Retrieved from:
<https://humanservices.hawaii.gov/wp-content/uploads/2020/01/Medical-Respite-E.D.-Pilot-Programs.pdf>

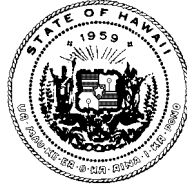
2017 policy brief from the National Healthcare for the Homeless Council identifies other potential long-term funding streams for medical respite, including direct funding from hospitals, private and philanthropic institutions, and the Health Resources and Services Administration (HRSA).²

If this measure proceeds, close consideration should be given to all alternative means of financing, as well as consideration for concerns expressed by DHS in its previous testimony regarding oversight as the health care standards required for the emergency department and medical respite programs are beyond the scope and subject matter expertise of the DHS Homeless Programs Office.

Thank you for the opportunity to testify on this bill.

² National Health Care for the Homeless Council (June 2017). Medical Respite Care: Financing Approaches. Retrieved from: <https://nhchc.org/wp-content/uploads/2019/08/policy-brief-respite-financing.pdf>

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June 28, 2020

TO: The Honorable Representative Sylvia Luke, Chair
House Committee on Finance

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 3117 SD1 HD1 – RELATING TO HOMELESSNESS**

Hearing: June 29, 2020, 2:00 p.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure and provides comments. The measure requires an effective date.

PURPOSE: This bill extends the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021. Appropriates funds. Effective 12/31/2059. (HD1)

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 (MQD) 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.

Given the COVID-19 pandemic and the resulting impact on available general funds, DHS takes no position on the appropriation amount. DHS remains concerned with its oversight responsibilities 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 of this bill.



To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
Members, Committee on Finance

From: Rowena Buffett Timms, Executive Vice President & Chief Administrative Officer, The Queen's Health Systems

Colette Masunaga, Director, External Affairs & Special Project, The Queen's Health Systems

Date: June 26, 2020

Hrg: House Committee on Finance Hearing; Monday, June 29, 2020 at 2:00 p.m. in Room 329

Re: **Strong support for SB3117 SD1 HD1, 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 SB3117 SD1 HD1, 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.

In addition to the much needed care navigation services that the QCC provides to our high need and medically fragile homeless patients, since the start for the COVID-19 Pandemic in Hawaii, the QCC has shifted navigation support to telephonic means to reduce exposure, conducted assessments for all hospitalized homeless patients at The Queen's Medical Center (QMC), and prioritizes homeless patients currently hospitalized but who no longer need acute care services, for housing. These efforts increased hospital's capacity to response to COVID-19. The QCC also expanded criteria to provide support for any homeless patient who would benefit from navigation, provided phones to homeless patients to maintain contact while limiting exposure, and provided shelf stable food to patients in need upon discharge in partnership with the Hawaii Foodbank. In addition to these efforts, the QCC team also

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.

provided added support to the QMC COVID-19 test result call back team to reach difficult to contact patients and addressed calls related to social needs.

The QCC team also worked with the DOH and other community partners to support the homeless quarantine unit and housing during COVID-19 response efforts. The QCC team also collected data on homeless patients who were screened and tested for COVID-19 and reported data daily to DOH and TQIC.

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. During this COVID-19 pandemic response, Queen's expanded our capacity for medical respite beds for homeless long stay patients and provided navigation services to assure appropriate level of care in the community.

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.