

ACT 69

S.B. NO. 3117

A Bill for an Act Relating to Homelessness.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that the State has one of the highest rates of homelessness per capita in the nation. Additionally, the legislature finds that The Queen's Medical Center provides the majority of medical care to the State's homeless population. According to the Laulima Data Alliance, from January 2016 to September 2018, The Queen's Medical Center experienced approximately sixty per cent of all hospital visits by homeless persons on Oahu and forty-three per cent of all hospital visits by homeless persons in the State.

Recognizing the high needs of the State's most medically fragile homeless populations, the legislature established the emergency department homelessness assessment pilot program and the medical respite pilot program in Part II of Act 209, Session Laws of Hawaii 2018. Through contracts with the department of human services, The Queen's Medical Center was able to provide medical respite services and intensive care navigation services to patients experiencing homelessness and patients at risk of experiencing homelessness.

Through the emergency department homelessness assessment pilot program, the Queen's Care Coalition was able to identify homeless patients with high utilization of emergency department services and deliver short-term, post-discharge navigation services to special populations to reduce reliance on acute

care by connecting patients to community services. The Queen's Care Coalition provided one hundred thirty-one homeless adults with navigation services during the contract period of September 1, 2018, to June 30, 2019. Of the homeless adults served:

- (1) Ninety-four per cent were connected with community resources;
- (2) Sixty-five per cent were document-ready for housing; and
- (3) Ninety-two per cent of the individuals that were connected to permanent housing were able to maintain permanent housing after three months.

The emergency department homelessness assessment pilot program, as executed by the Queen's Care Coalition, was able to reduce the number of unnecessary emergency department visits by thirty-nine per cent, the number of hospitalized days by seventeen per cent, and the amount of ambulance utilization by fifty-three per cent.

The legislature further finds that the work of the Queen's Care Coalition resulted in significant cost savings to three major Med-QUEST managed care plans. Analysis on total cost of care pre- and post-Queen's Care Coalition demonstrates an average of thirty-nine per cent reduction in total cost of care.

The National Health Care for the Homeless Council recognizes medical respite as a needed service and response to the circumstances faced by people experiencing homelessness. Homeless individuals suffer profound disparities in health and mortality compared to the general population. After an acute care stay, recovery is extremely difficult on the streets and shelters generally are not equipped to support people who are sick or injured.

Thus, medical respite care for individuals experiencing homelessness is a critical part of the continuum of care for this population. Through a partnership with the Institute for Human Services, The Queen's Medical Center is able to provide medical respite to homeless patients who have been discharged and may need additional time to heal in a more appropriate level of care setting.

The legislature also finds that the emergency department homelessness assessment pilot program merits continuation because it has demonstrated positive results in delivering care coordination services by a multidisciplinary team, thereby mitigating the number of unnecessary emergency department visits by patients experiencing homelessness and patients at risk of experiencing homelessness. Additionally, the legislature finds that the medical respite pilot program merits consideration because it has demonstrated positive results in delivering medical respite services for eligible individuals experiencing homelessness by providing certain services, including meals; case management; and medical, nursing, and psychiatric care.

Further, the legislature finds that the department of human services supports the continuation of both programs and is in the process of transitioning the programs from the department's homeless program office to the department's Med-QUEST division.

Finally, the legislature intends that no lapse in resources occur for the emergency department homelessness assessment pilot program and medical respite pilot program, as these programs are transitioned to the Med-QUEST division.

The purpose of this Act is to:

- (1) Extend the duration of the emergency department homelessness assessment pilot program and the medical respite pilot program to June 30, 2021; and
- (2) Clarify the lapse date for encumbered resources for the pilot programs that were previously appropriated pursuant to Act 209, Session Laws of Hawaii 2018.

SECTION 2. Act 209, Session Laws of Hawaii 2018, section 7, as amended by Act 128, Session Laws of Hawaii 2019, section 1, is amended as follows:

1. By amending subsection (c) to read:

“(c) The department of human services shall work with the participating hospital under the emergency department homelessness assessment pilot program to collect and analyze data to be included in a report that contains a summary and explanation of the data regarding the efficacy of emergency department intervention by the multidisciplinary team in mitigating the number of unnecessary emergency department visits by patients experiencing homelessness or patients at risk of experiencing homelessness. The report shall contain findings and recommendations, including any proposed legislation, for continuation, modification, or termination of the pilot program. The department of human services shall submit the report to the legislature no later than twenty days prior to the convening of the regular ~~session~~ sessions of 2020[-] and 2021.”

2. By amending subsection (e) to read:

“(e) The emergency department homelessness assessment pilot program shall cease to exist on June 30, ~~[2020-]~~ 2021.”

SECTION 3. Act 209, Session Laws of Hawaii 2018, section 9, as amended by Act 128, Session Laws of Hawaii 2019, section 1, is amended as follows:

1. By amending subsection (c) to read:

“(c) The department of human services shall submit a report to the legislature of its findings and recommendations, including any proposed legislation, regarding the pilot program no later than twenty days prior to the convening of the regular ~~session~~ sessions of 2020[-] and 2021.”

2. By amending subsection (e) to read:

“(e) The medical respite pilot program shall cease to exist on June 30, ~~[2020-]~~ 2021.”

SECTION 4. Act 209, Session Laws of Hawaii 2018, is amended as follows:

1. By amending section 8 to read:

“SECTION 8. There is appropriated out of the general revenues of the State of Hawaii the sum of \$1,000,000 or so much thereof as may be necessary for fiscal year 2018-2019 for the department of human services to establish the emergency department homelessness assessment pilot program; provided that:

- (1) The department of human services shall reimburse the participating hospital for expenses directly related to the emergency department homelessness assessment pilot program;
- (2) No funds shall be disbursed to a participating hospital unless matched on a dollar-for-dollar basis by the participating hospital; and
- (3) All funds designated as matching funds by the participating hospital shall be funds expended by the participating hospital for the pilot program.

The sum appropriated shall be expended by the department of human services for the purposes of this part[-]; provided that funds appropriated or authorized by this section that are not expended or encumbered by June 30, 2019, shall lapse as of June 30, 2021.”

2. By amending section 10 to read:

“SECTION 10. There is appropriated out of the general revenues of the State of Hawaii the sum of \$1,000,000 or so much thereof as may be neces-

ACT 69

sary for fiscal year 2018-2019 for the department of human services to establish the medical respite pilot program; provided that:

- (1) The department of human services shall reimburse a participating hospital for expenses directly related to the medical respite pilot program;
- (2) No funds shall be disbursed to a participating hospital unless matched on a dollar-for-dollar basis by the participating hospital; and
- (3) All funds designated as matching funds by the participating hospital shall be funds expended by the participating hospital for the pilot program.

The sum appropriated shall be expended by the department of human services for the purposes of this part~~[-]; provided that funds appropriated or authorized by this section that are not expended or encumbered by June 30, 2019, shall lapse as of June 30, 2021.~~”

SECTION 5. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 6. This Act, upon its approval, shall take effect retroactively to June 29, 2019.

(Approved September 15, 2020.)