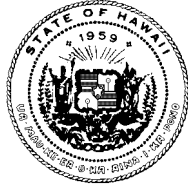


DAVID Y. IGE
GOVERNOR



PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

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

March 12, 2020

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

FROM: Pankaj Bhanot, Director

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

Hearing: March 13, 2020, 9:00 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the measure, provides comments, and requests that its passage does not replace or adversely impact the Governor's budget priorities. This Committee amended the House companion bill, HB 2525, by defecting the effective date and making 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 7/1/2050. (SD1)

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.

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 of this bill.



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 and Homelessness

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 11, 2020

Hrg: House Committee on Human Services and Homelessness Hearing; Friday, March 13, 2020 at 9:00 a.m. in Room 329

Re: **Strong support for SB3117 SD1, 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, 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 Queen's Health Systems

Page 2

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.

SB-3117-SD-1

Submitted on: 3/11/2020 10:21:12 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eryn Nakashima	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Eryn Nakashima

SB-3117-SD-1

Submitted on: 3/11/2020 10:21:37 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Tse	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a second-year medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As medical students, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services

also improve patient health outcomes and connect patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Christina Tse

SB-3117-SD-1

Submitted on: 3/11/2020 10:24:47 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sara McAllaster	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Sara McAllaster

SB-3117-SD-1

Submitted on: 3/11/2020 10:50:14 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Will Harris	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing [March 13, 2020](#)

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program [until December 31, 2021](#). As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

William Harris

SB-3117-SD-1

Submitted on: 3/11/2020 10:58:55 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bianca Calio	Individual	Support	No

Comments:

SB-3117-SD-1

Submitted on: 3/11/2020 11:11:17 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shelley	Individual	Support	No

Comments:

SB-3117-SD-1

Submitted on: 3/11/2020 11:15:45 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Max Pono Castanera	Individual	Support	No

Comments:

SB-3117-SD-1

Submitted on: 3/11/2020 11:23:25 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cori Sutton	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Cori Sutton

SB-3117-SD-1

Submitted on: 3/11/2020 11:37:25 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Madison Williams	John A. Burns School of Medicine	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Madison Williams

SB-3117-SD-1

Submitted on: 3/11/2020 11:42:21 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Woori Bae	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Woori Bae

SB-3117-SD-1

Submitted on: 3/12/2020 6:52:12 AM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jester Galiza	Individual	Support	No

Comments:

House Committee on Human Services & Homelessness

Hawaii State Capitol

Hearing March 13, 2020, 9am

RE: STRONG SUPPORT for SB3117

Dear Chair San Buenaventura, Vice Chair Nakamura, and members of the House Committee on Human Services & Homelessness:

My name is Jester Galiza, and I am a medical student at the University of Hawaii John A. Burns School of Medicine. I strongly support SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill.

Respectfully,

Jester Galiza

SB-3117-SD-1

Submitted on: 3/12/2020 8:27:15 AM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tyler Thorne	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Tyler Thorne

SB-3117-SD-1

Submitted on: 3/12/2020 8:52:50 AM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maiya Smith	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing [March 13, 2020](#)

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program [until December 31, 2021](#). As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also

improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Maiya Smith



Environmental Caucus of The Democratic Party of Hawai‘i

Friday, March 13, 2020

LATE

Senate Bill 3117, SD 1

Testifying in Support

Aloha Chair San Buenaventura, Vice Chair Nakamura, and Members of the Committee on Human Services and Homelessness,

The Environmental Caucus of the Democratic Party of Hawaii stands in support of SB 3117, SD 1. This measure extends the emergency department homelessness assessment pilot program and medical respite pilot program to December 31, 2021, and appropriating 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.

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, (please see, link below), there are thousands of homeless people struggling to survive on O`ahu, where dozens of families have pitched tents along the streets, and many individuals struggle to survive for long stretches without medical care. 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, 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.

SB 3117, SD 1, would fill these immediate needs by extending the services provided by the emergency department homelessness assessment pilot program and medical respite pilot program to from June 30, 2020, 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 SB 3117, SD 1, the services provided by the emergency department homelessness assessment pilot program and medical respite pilot program, connected the homeless population with community resources; satisfied their requirements to achieve document-ready status for housing; and assisted 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 reduced the number of unnecessary emergency department visits; reduced the number of hospitalized days; and reduced the amount of emergency utilization.

For these reasons, we urge you to vote favorably on this bill. Given that the emergency department homelessness assessment pilot program and medical respite pilot program have made a positive impact on the homeless population and have reduced the number of emergency room visits and hospitalized days, extending the time in which to provide such services to December 31, 2021, would be paramount to the health, safety, and welfare of the homeless population while reducing taxpayer cost of ER visits.

Mahalo for the opportunity to testify,

/s/ Melodie Aduja

Melodie Aduja
Co-Chair, Green New Deal
Environmental Caucus
Democratic Party of Hawaii
Email: legislativepriorities@gmail.com

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

LATE

SB-3117-SD-1

Submitted on: 3/12/2020 10:16:05 AM
Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jared Dang	Individual	Support	No

Comments:

LATE

SB-3117-SD-1

Submitted on: 3/12/2020 11:26:55 AM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mattia Walter	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness
Hawaii State Capitol
Honolulu, Hawaii 96813
Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Mattia J. Walter
MD Candidate, Class of 2023
University of Hawai'i - John A. Burns School of Medicine

LATE

SB-3117-SD-1

Submitted on: 3/12/2020 2:32:24 PM
Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Britney Q	Individual	Support	No

Comments:

To the House Committee on Human Services & Homelessness

Hawaii State Capitol

Honolulu, Hawaii 96813

Hearing March 13, 2020

STRONG SUPPORT for SB3117

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you for allowing me to provide testimony on this bill,

Kanoe



EXECUTIVE CHAMBERS
HONOLULU

LATE

DAVID Y. IGE
GOVERNOR

March 13, 2020

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

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

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

Hearing: Friday, March 13, 2020, 9:00 a.m.
Conference Room 329, 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. Since 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 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

LATE

SB-3117-SD-1

Submitted on: 3/12/2020 6:10:26 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aiko Murakami	Individual	Support	No

Comments:

LATE

SB-3117-SD-1

Submitted on: 3/12/2020 8:11:02 PM

Testimony for HSH on 3/13/2020 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicholas Tran	Individual	Support	No

Comments:

I am a medical student who strongly supports SB3117 to continue and fund the emergency department homelessness assessment pilot program and the medical respite pilot program until December 31, 2021. As a medical student, we study the latest evidence and studies related to health and we also manage a mobile homeless clinic to serve underserved patients on Oahu.

As you might know, we are impacted by the incredibly high rate of homelessness in the State of Hawaii. Many of these patients present to the Queen's Medical Center Emergency Department for acute medical conditions and then are discharged back to the streets. Unfortunately, there is no safe place for the patients to recover and many of these patients return back to the Emergency Department. This creates a vicious cycle of poor health and over-utilization of hospital services. We are now in need of respite care to provide homeless individuals with housing and services for a more complete recovery and stabilization from illness.

Current research shows that respite services reduce hospital readmissions, inpatient days, and has the potential to reduce Emergency Room utilization. Respite services also improve patient health outcomes and connects patients to permanent housing. It shows a clear benefit for the community.

Thank you,

Nicholas Tran

MD Candidate, class of 2020

John A. Burns School of Medicine at the University of Hawaii, Manoa.