

HOUSE HUMAN RESOURCES APPROPRIATIONS COMMITTEE

TESTIMONY

Committee Chair Nelson and Distinguished Members of the Committee, my name is Kandia Qual, Program Director for the Dacotah Foundation in Fargo. Our agency provides staffing, supervision, and emergency interventions to the permanent supportive housing project, Cooper House. I am here today to give testimony in opposition to the budget cuts made to mental health services offered in HB 1012.

Cooper House permanent supportive housing is a proven, cost-effective, person centered, and humane way to provide stable homes to individuals who have difficulty finding and maintaining housing due to their on-going struggles with severe mental illness, substance use, vulnerability, or previous traumas.

Supportive housing creates stability in the lives of its tenants, allowing individuals who have often spent years living on the streets to live full, rewarding lives integrated into our community. It allows them to engage in services that they previously may not have engaged in because they were always consumed with trying to find where they would safely lay their head that night or where their next meal was coming from. It allows service providers to locate individuals on a regular daily basis to provide engagement and build motivation for change through offering assistance with their mental health and physical health concerns. It allows individuals a safe and secure home to protect themselves from being taken advantage of, trafficked, assaulted, or victimized as often occurs with many homeless individuals.

Having staff present 24/7 in supportive housing projects contributes to the overall success in tenants maintaining their housing and moving towards larger goals of addressing their mental health or substance use concerns, obtaining employment or educational goals, and eventually moving out to mainstream housing through a variety of services and supports the staff provide.

Based on my professional involvement in Cooper House since it's origination in 2010, I can attest to the essential nature of the services provided by staff within the Cooper House program and how those services directly contribute to the success of the tenants.

The ability to have staff 24 hours a day 365 days a year at Cooper House plays an immense role in the safety of the tenants as well as engagement into services that enhance the quality of their lives. The proposed cuts to the Cooper House portion of HB 1012 would directly impact the ability to continue these essential services. This change in staffing would result in increased safety and welfare concerns for the tenants of Cooper House. It also potentially would decrease their engagement in other services intended to enhance the quality of their lives and promote their ability to move on to mainstream housing as staff often bridge the engagement into these services. A decrease in staffing hours would also result in a vastly increased demand for emergency services such as police and ambulance services as staff would no longer be present in the same capacity to intervene and assist before events reach the level those services are needed.

Staff monitor and regulate who enters the building so individuals who are vulnerable or that haven't developed assertiveness skills can remain safe and not put their housing at risk by having individuals that may cause issues manipulate or force their way into their home or take advantage of them. There have been several situations where a resident has allowed a non-resident visitor into their apartment

and the visitor has engaged in illegal activity, domestic violence has occurred, or the visitor simply refuses to leave and staff have been able to intervene in the situation. The staff are able to have the visitor removed from the apartment and prevent the individual from entering the building in the future. This monitoring by the staff protects the initial resident involved as well as other residents of the building from that visitor causing further issues that could result in evictions or safety concerns.

Due to the intensity of mental health, substance use, and physical health concerns with the population we serve, staff complete welfare checks on individuals that we haven't had regular contact with each day. There have been many instances over time, where the hospitals and emergency services have indicated that individuals would have died if staff hadn't been present to complete welfare checks and initiate emergency services. One of many possible examples I could share would be that of an individual with a seizure disorder. The staff completed an immediate welfare check after a neighboring tenant called down to staff reporting an odd noise from that unit. Staff discovered that the individual was having a seizure and bleeding profusely from a wound to their head. Staff performed immediate lifesaving first aid and accessed emergency services. The individual had an extended stay in the ICU but because staff were there and able to intervene as quickly as they did, that individual was able to have a successful recovery. They are now living independently in the community.

Another quite recent example is an individual that tested positive for COVID and deteriorated rapidly due to other compromising health issues. Because staff were present and monitoring the individual's condition, emergency services were initiated for this individual when their condition deteriorated. The individual's condition required them to be hospitalized and on a ventilator. They have since made a full recovery and are back at their home in Cooper House.

These situations likely would not have had the same end result had staff not been present to complete welfare checks, administer first aid, assess the need for emergency services, and initiate that response as rapidly as they did.

Staff are constantly building rapport and relationships with residents from the moment they move into Cooper House. Staff use those relationships to bridge residents into services with care providers. Staff build bridges to service providers in many ways such as coordinating with the on-site nurse if someone is having physical complaints or appears to be deteriorating in health. Staff work side by side with SEHSC to introduce residents to team members of SEHSC, build motivation with them to be open to or engage in services, and to outreach residents in their apartments when case managers haven't been able to reach them. Staff contact SEHSC case managers when they are seeing a deterioration of mental health or when incidents of concern have occurred so the case manager can get involved quickly to assist the resident. Staff also express concerns to case management if they see an increase in an individual's substance use. Staff promote resources, referrals and service linkage for individuals that may require county social services such as homemakers or cleaning services. Without staff present, and having developed those levels of trust, residents may not enter into some of the services that assist them to improve the overall quality of their lives.

Staff provide mental health support, at all hours of the day and night, to individuals that may be struggling with negative symptoms of their mental health such as extreme paranoia, delusional thinking, suicidal thoughts, cravings for substance use when they are working towards recovery, thoughts of violence towards others, and emotional support when trauma has occurred in a tenants life. Prior to being a resident at Cooper House, many of these scenarios would have resulted in the individual

presenting at the hospitals and ER's, attempting to end their life, relapsing in their chemical usage, or causing injury to others. Tenants have vocalized that having staff there in the moment to process these thoughts and feelings has assisted them to avoid the negative results or accessing higher levels of care.

As indicated, the 24/7 staffing provides many essential and critical services to the chronic and vulnerable population this program is intended to serve outside of just monitoring an entrance. Based on my observations and experiences working directly with the program and its target population, I feel that without having the funding for staffing present in its current capacity the safety of the residents, their quality of life, their engagement into services, and the building program as a whole would be at risk.

We know that there has been mention of 1915i being a supplement to the funding currently being proposed. However, this is a new funding source that will require eligibility and take time to enroll individuals. It is yet to be determined how it may be implemented and assist the Cooper House program. Many individuals served by Cooper House are not enrolled in Medicaid when they move in so they would have to establish eligibility for reimbursement of services. It takes time and engagement to build the relationship required to complete enrollment of residents into programs such as Medicaid as well as to assure they stay enrolled. We have also understood that 1915i will be tied to individual services provided and many of the routine services and safety interventions are procedures that intermingle with the building population as a whole and can't immediately be tied to a specific individual on a day to day basis for reimbursement purposes. While 1915i will be a beneficial source to augment and grow services within Cooper House on an individual basis, we are unsure how this will immediately transition towards covering all the essential services currently provided if the proposed decrease in funding were to occur.

We are requesting that consideration be given to maintain the current funding for Cooper House. We feel this is essential for the continued operation of Cooper House and the program's ability to serve the intensity of the target population in a safe and effective manner.

Thank you for your time and consideration of our request.