



House Appropriations | Human Resources Division  
*Representative Jon Nelson, Chairman*

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**Housing and its role in Economic Health and Wellbeing**  
*February 3, 2021*

NORTH  
**Dakota**  
Be Legendary.™

| Human Services

# DHS 2021-2025 KEY PRIORITIES



## Strong Stable Families

- Maintain family connections
- Improve stability and prevent crises
- Promote and support recovery and well-being



## Early Childhood Experiences

- Support workforce needs with improved access to childcare
- Help kids realize their potential with top quality early experiences
- Align programs for maximum return on investment



## Services Closer to Home

- Create pathways that help people access the right service at the right time
- Engage proactively with providers to expand access to services



## Efficiency Through Redesign

- Embrace process redesign to find efficiencies in our work
- Leverage technology to support greater efficiency, quality and customer service



## High-Performing Team

- Develop a One DHS Team culture
- Engage team with opportunities for learning and development
- Implement fiscal scorecard to drive efficiency and effectiveness

## Reinforce the Foundations of Well-being

Economic Health | Behavioral Health | Physical Health



# DHS AUTHORITY ESTABLISHED IN NDCC 50-06

## Administration of human services programs related to:

- Children and families
- Individuals with developmental disabilities
- Aging services
- Behavioral health
- Economic assistance
- Medical service
- General assistance
- Child support

### CHAPTER 50-06 DEPARTMENT OF HUMAN SERVICES

#### 50-06-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Behavioral health" means the planning and implementation of preventive, consultative, diagnostic, treatment, crisis intervention, rehabilitative, and suicide prevention services for individuals with mental, emotional, or substance use disorders, and psychiatric conditions.
2. "Behavioral health provider" means any licensed or accredited behavioral health provider in this state.
3. "Department" means the department of human services.
4. "Human services" means:
  - a. A service or assistance provided to an individual or an individual's family in need of services or assistance, including child welfare services, economic assistance programs, medical services programs, and aging services programs, to assist the individual or the individual's family in achieving and maintaining basic self-sufficiency, including physical health, mental health, education, welfare, food and nutrition, and housing.
  - b. A service or assistance provided, administered, or supervised by the department in accordance with chapter 50-06.
  - c. Licensing duties as administered or supervised by the department or delegated by the department to a human service zone.

#### 50-06-01.1. Department of human services to be substituted for public welfare board of North Dakota and social service board of North Dakota, members of board, and executive director.

When the terms "public welfare board of North Dakota", "social service board of North Dakota", "executive director of the public welfare board", "executive director of the social service board", "member of the public welfare board", or "member of the social service board", or any derivative of those terms which, when used in context indicates an intention to refer to those persons or that board, appear in the North Dakota Century Code, the term "department of human services", or the term "executive director of the department of human services", as the case may be, must be substituted therefor. It is the intent of the legislative assembly that the department of human services must be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the public welfare board of North Dakota or by the social service board of North Dakota.

The threads that run through every person's life

# Foundations of Wellbeing are Interconnected



## Economic Health

Having the resources you need to meet basic needs contributes to stability and is a foundation you can build on

## Behavioral Health

Having good mental health and a healthy relationship with substances boosts your ability to weather life's storms

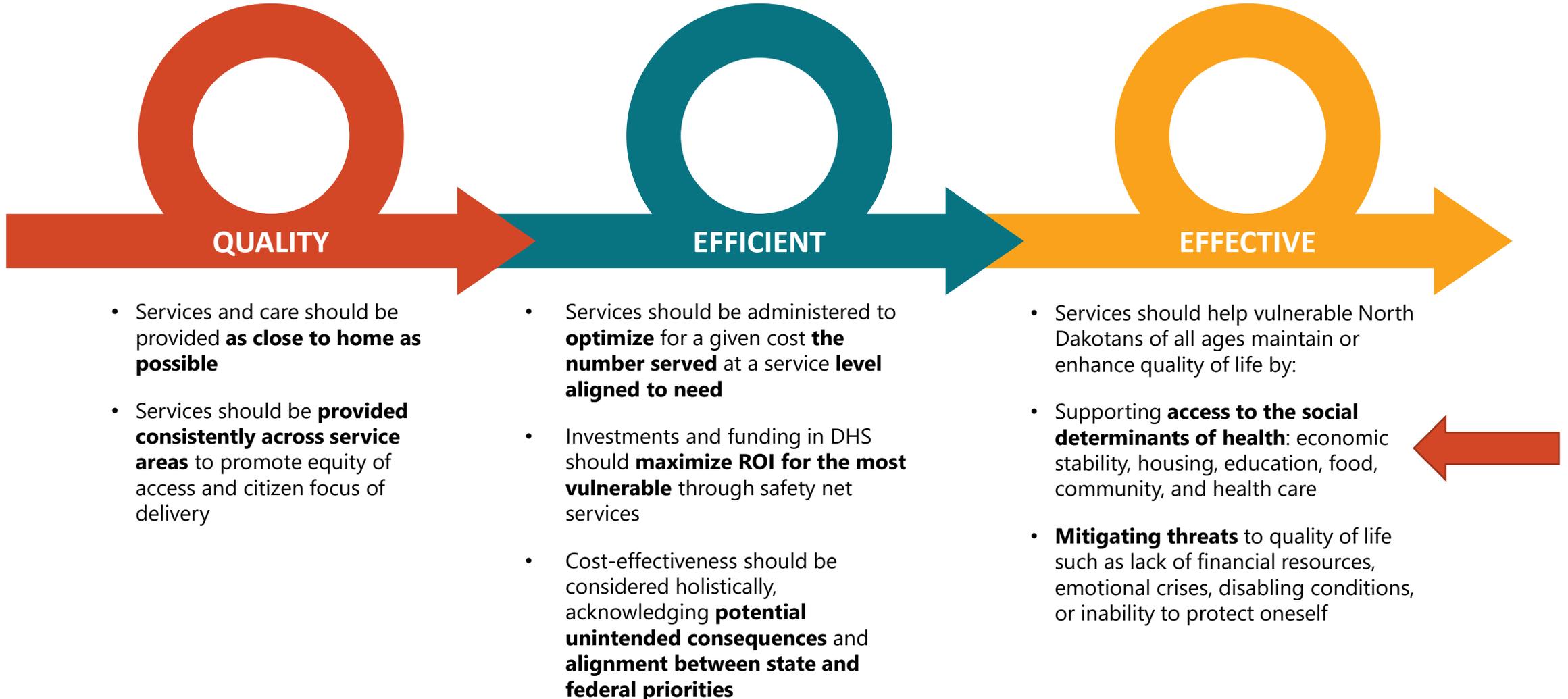
## Physical Health

When you are in good physical health you can better navigate the activities of daily and community life

The stability that comes from good **economic** health can **improve behavioral** health.  
The stability that comes from good **physical** and **behavioral** health **enables economic** health.

# DHS Mission and Operating Principles

Provide quality, efficient, and effective human services, which improve the lives of people

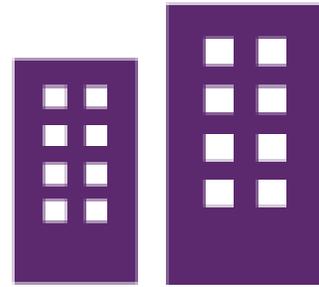


# SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland



# Jason needs a place to live.

## **Can I find a place that meets my needs?**

In the community where I want to live  
Right size for my household  
Accessible

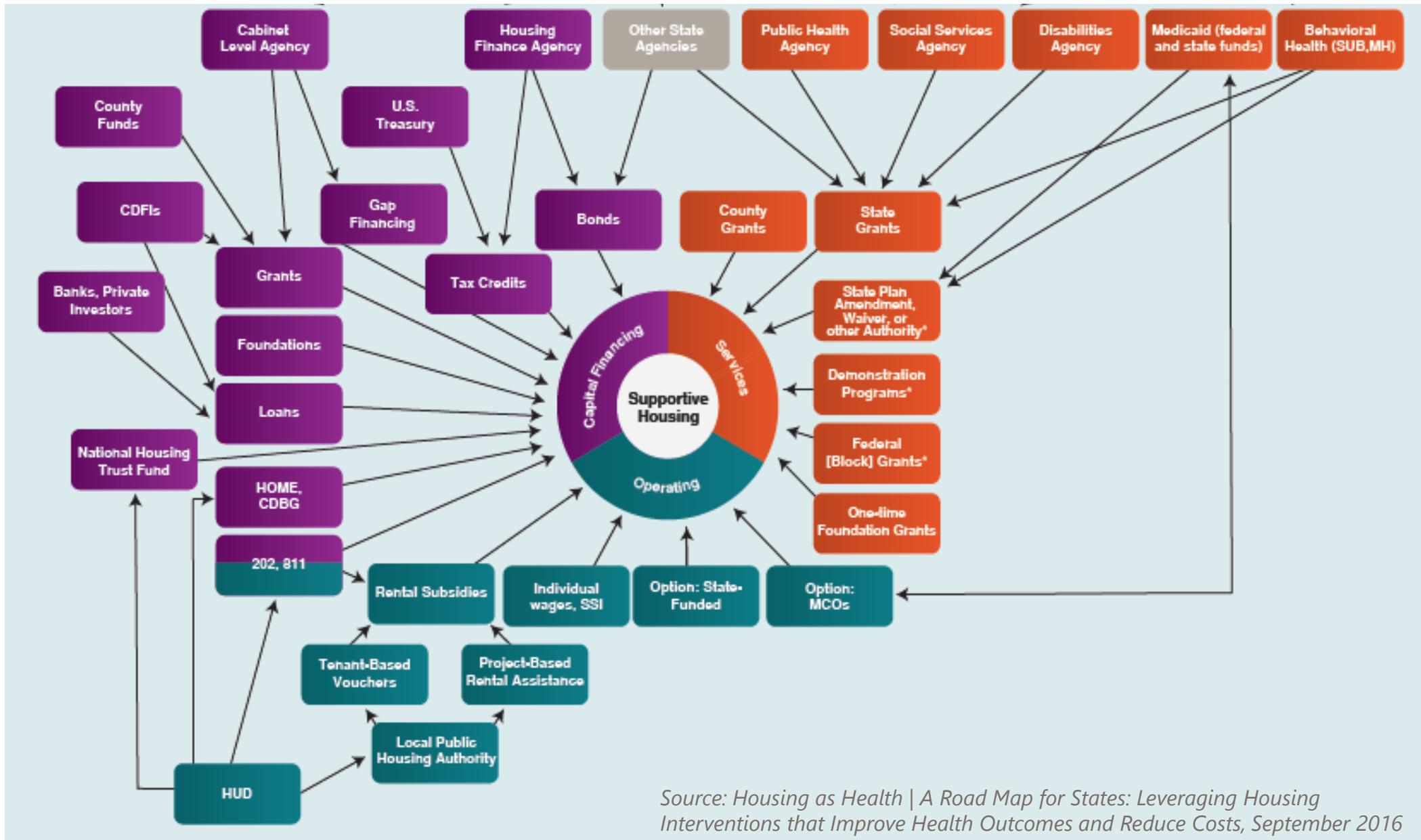
## **Can I afford to pay the cost of my housing?**

Rent or Mortgage  
Utilities  
Taxes  
Repairs

## **If things aren't going well, can I get help if I need it?**

Help with activities of daily living  
Personal care assistance  
Help managing your affairs  
Financial / budget / benefit counseling

# Example of Partnerships involved in creating Supportive Housing



Source: *Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs*, September 2016

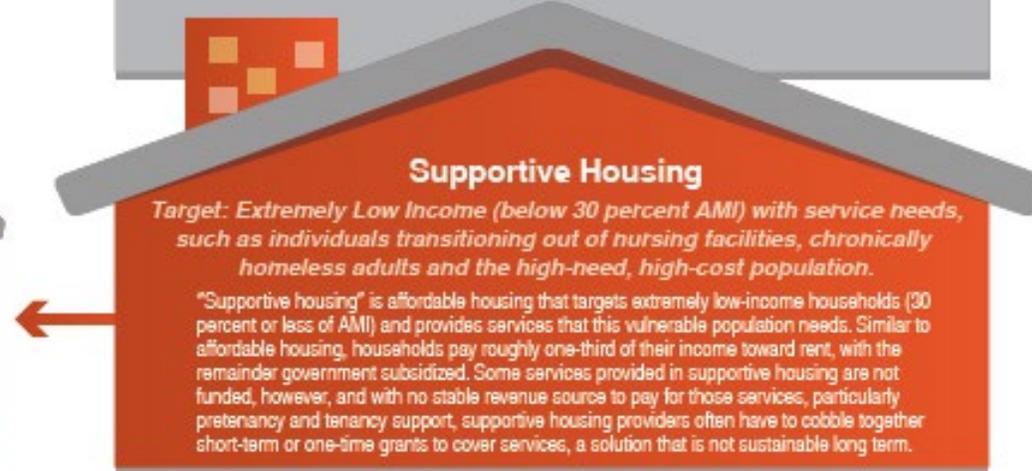
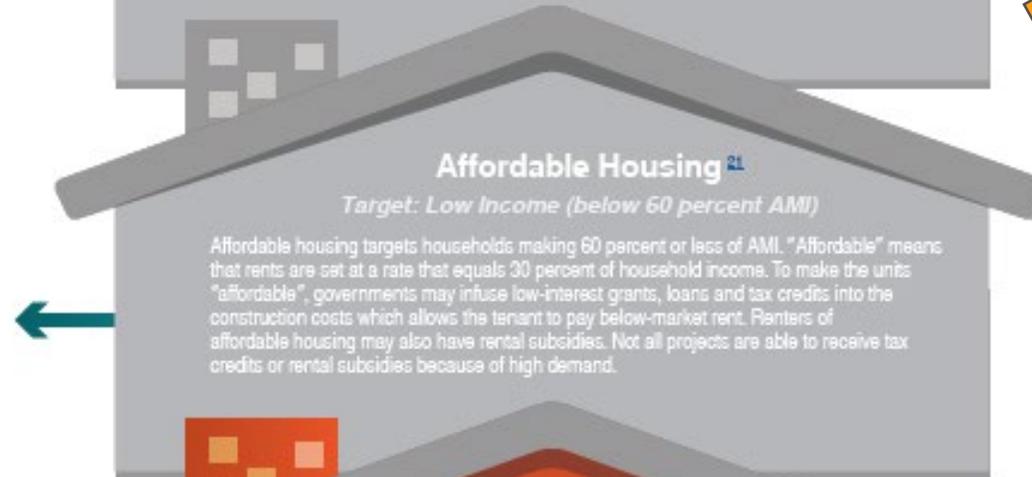
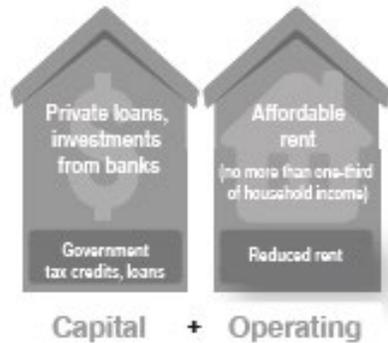
# The Elements of Supportive Housing



**The Challenge of Supportive Housing: Unlike Other Housing Models, Supportive Housing Must Encompass Services**

*Source: Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, September 2016*

# Three Housing Models



\*AMI: Area Median Income

Note: Capital costs only apply to single-site supportive housing.

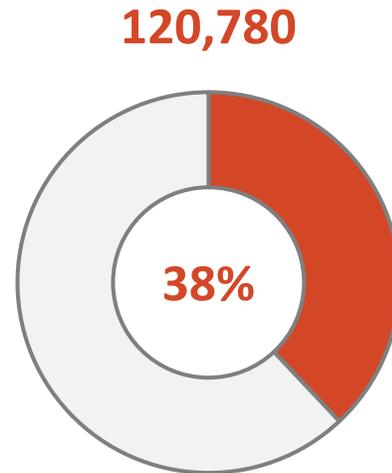
Source: *Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs*, Sept 2016

# HOUSING SNAPSHOT - NORTH DAKOTA

**\$714-\$972**

## 40<sup>th</sup> percentile rents

Fair market rent (FMR) for a 2-bedroom apartment in ND varies from \$714 - \$972 (by region, 2018)



## 2 in 5 households

38% of North Dakotans are renters

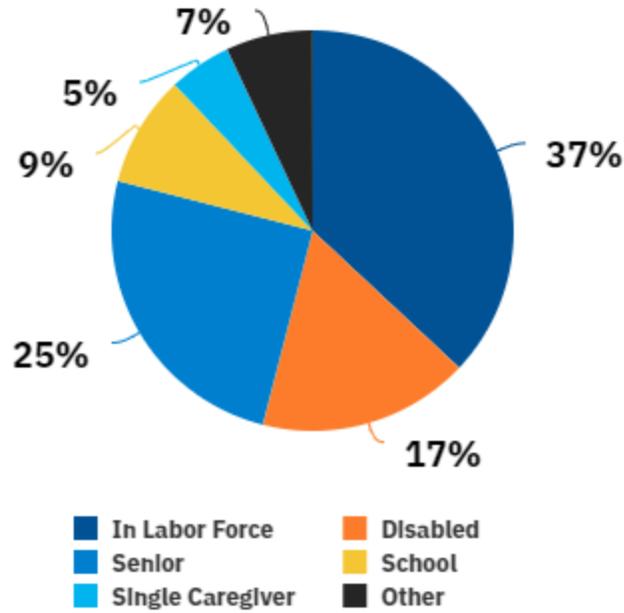
**\$26,140**

## 30% of AMI

22% of renter households are considered extremely low income (30% AMI – state level)

Which means a 4-person household earns a max of \$26,140 (equal to a single wage of \$12.56/hour)

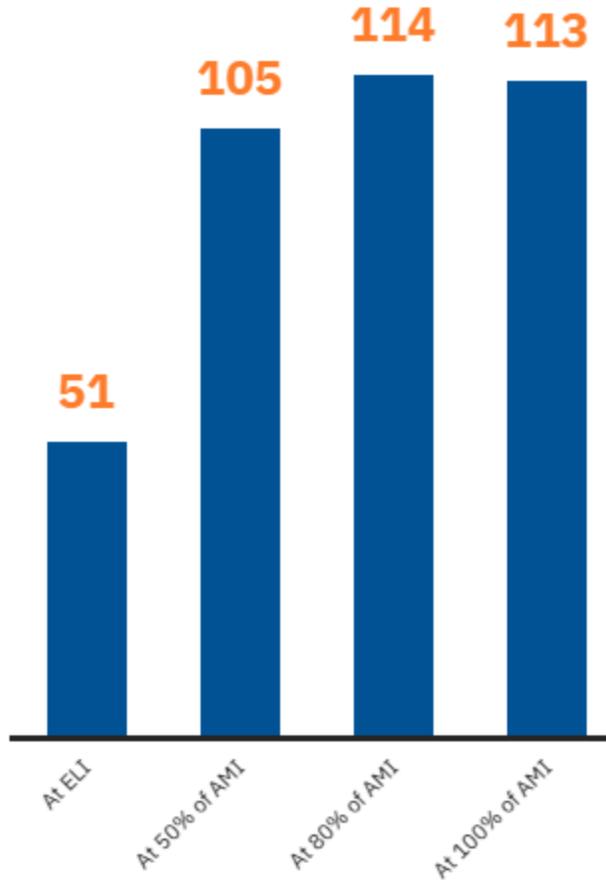
### EXTREMELY LOW INCOME RENTER HOUSEHOLDS



**Note:** Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or a person with a disability, and other. Fifteen percent of extremely low income renter households include a single adult caregiver, more than half of whom usually work more than 20 hours per week. Eleven percent of extremely low-income renter households are enrolled in school, 48% of whom usually work more than 20 hours per week.

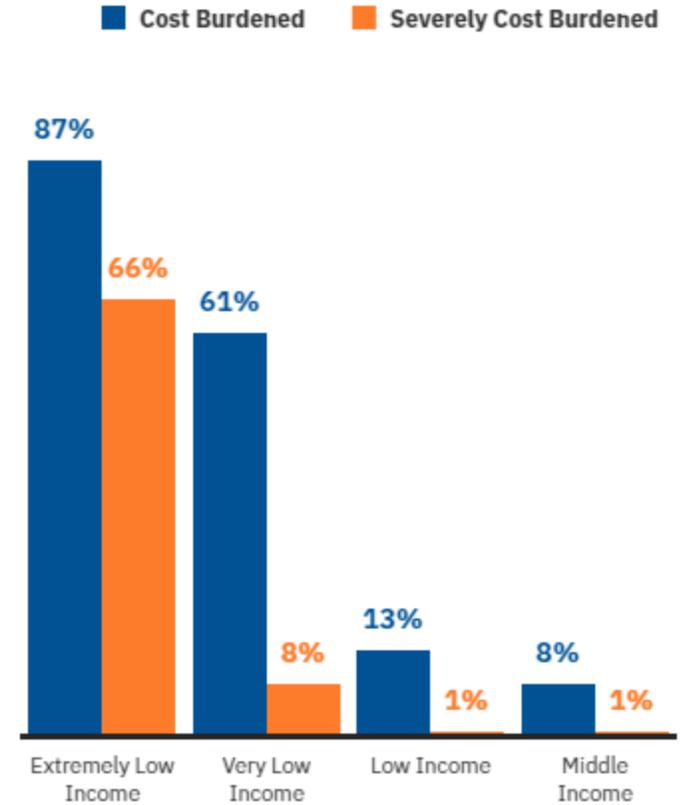
**Source:** 2018 ACS PUMS.

### AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS



**Source:** NLIHC tabulations of 2018 ACS PUMS

### HOUSING COST BURDEN BY INCOME GROUP



**Note:** Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.

**Source:** NLIHC tabulations of 2018 ACS PUMS

# ECONOMIC ASSISTANCE

## State Median Income for ND households 2020

Many federal assistance programs are designed to help individuals and families who earn less than 60% of State median income (SMI).

60% SMI is roughly equivalent to 200% of the federal poverty level.

Household Size	30% SMI		60% SMI		100% SMI	
	Annual Income	Hourly Wage	Annual Income	Hourly Wage	Annual Income	Hourly Wage
1	\$ 15,720	\$ 7.56	\$ 31,440	\$ 15.12	\$ 52,400	\$ 25.19
2	\$ 20,562	\$ 9.89	\$ 41,124	\$ 19.77	\$ 68,540	\$ 32.95
3	\$ 25,398	\$ 12.21	\$ 50,796	\$ 24.42	\$ 84,660	\$ 40.70
4	\$ 30,234	\$ 14.54	\$ 60,468	\$ 29.07	\$ 100,780	\$ 48.45
5	\$ 35,070	\$ 16.86	\$ 70,140	\$ 33.72	\$ 116,900	\$ 56.20
6	\$ 39,912	\$ 19.19	\$ 79,824	\$ 38.38	\$ 133,040	\$ 63.96
7	\$ 40,818	\$ 19.62	\$ 81,636	\$ 39.25	\$ 136,060	\$ 65.41
8	\$ 41,724	\$ 20.06	\$ 83,448	\$ 40.12	\$ 139,080	\$ 66.87

*Hourly wage based on assumption of 2,080 hours of work / year (full time equivalent)*

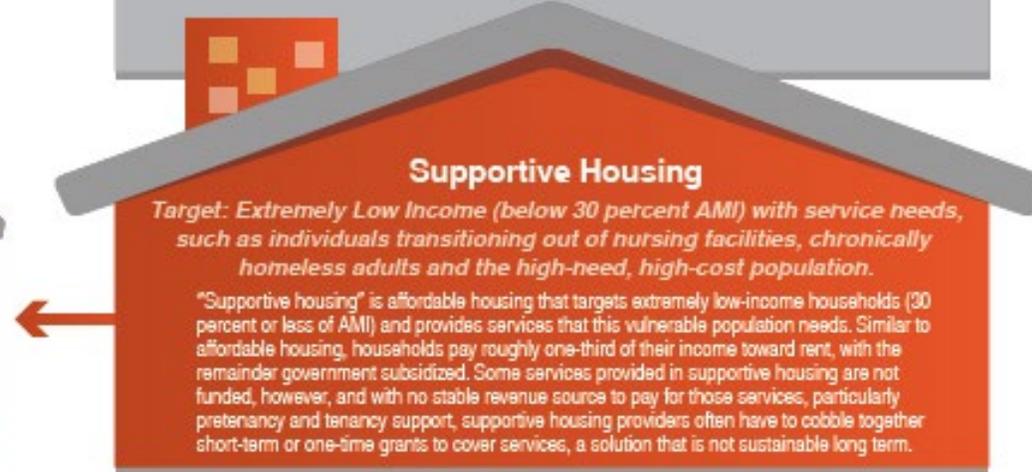
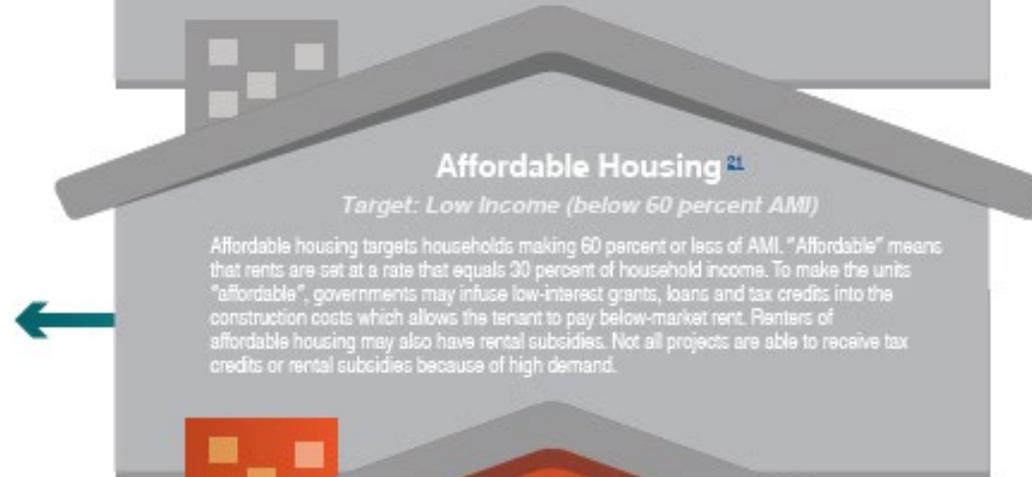
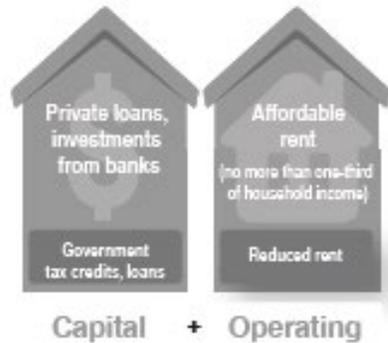
# EVERY OCCUPATION HAS A DIFFERENT EARNING PROFILE, WHICH HELPS US UNDERSTAND WHO MAY BE ELIGIBLE FOR ASSISTANCE

## Sampling of occupations by average wage (2019)



Less than \$12 / hr	\$12 - \$20 / hour	\$20 - \$28 / hour	\$28 - \$35 / hour
Waiter/Waitress	Pharmacy tech	Carpenter	School counselor
Child care worker	Home health	Loan processor	Rotary drill oper
Dishwasher	PT assistant	Legal secretary	HR specialist
Bartender	Hair stylist	Correctional officers	Accountant
Cafeteria worker	Retail	Auto service tech	Real Estate Sales
Short order cook	Farmworker	Surgical tech	PR specialist
Cashiers	Restaurant cook	Roofer	Counselor
Clerical assistant	Data entry	Lic Practical Nurse	Registered Nurse
Personal care aide	EMTs & paramedics	Dental assistant	Computer network specialist
	Carpet installers	Firefighter	Construction supervisor
	Maintenance workers	Surgical assistant	Dental hygienist
	Nursing assistant	Clergy	Architecture occ
	Laborer	Social worker	Speech pathologist
	Substitute teacher	Police	
	Office/accounting clerk	Hotel manager	
	Light truck driver	Roustabout	
	Extraction helper	Heavy truck driver	

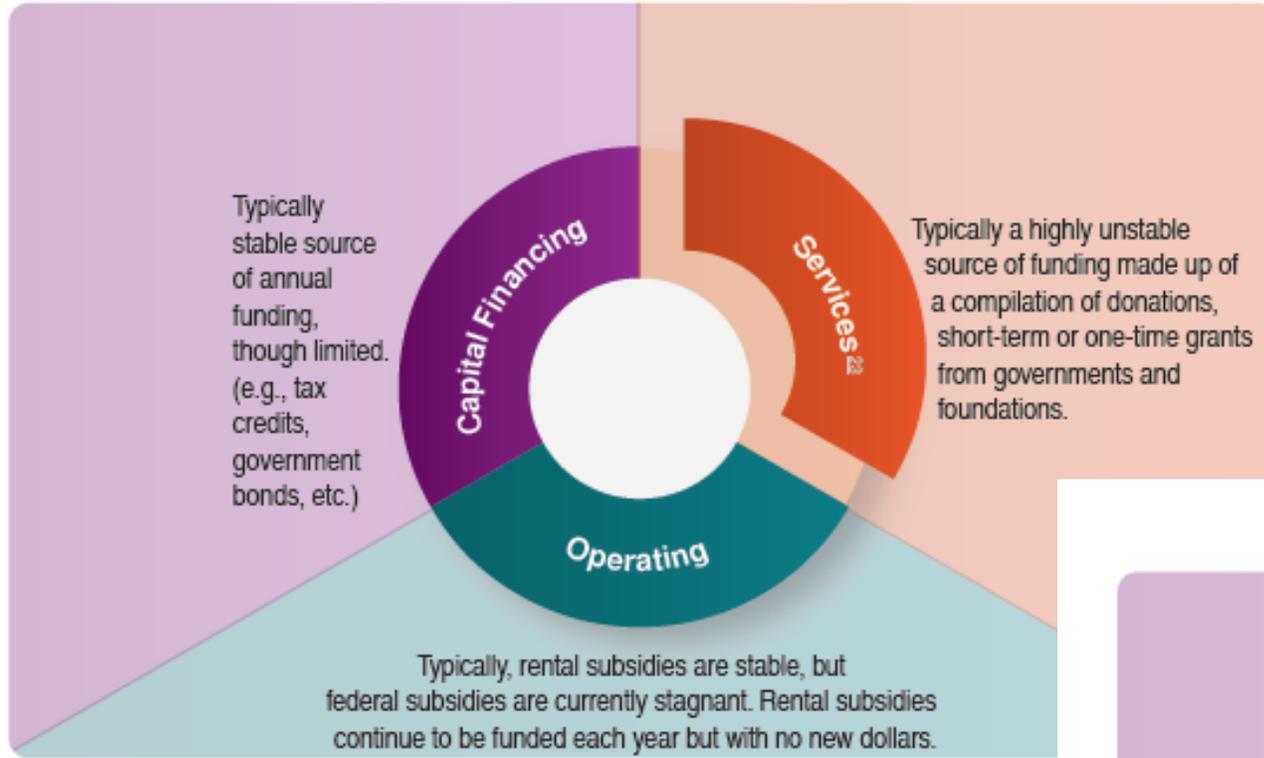
# Three Housing Models



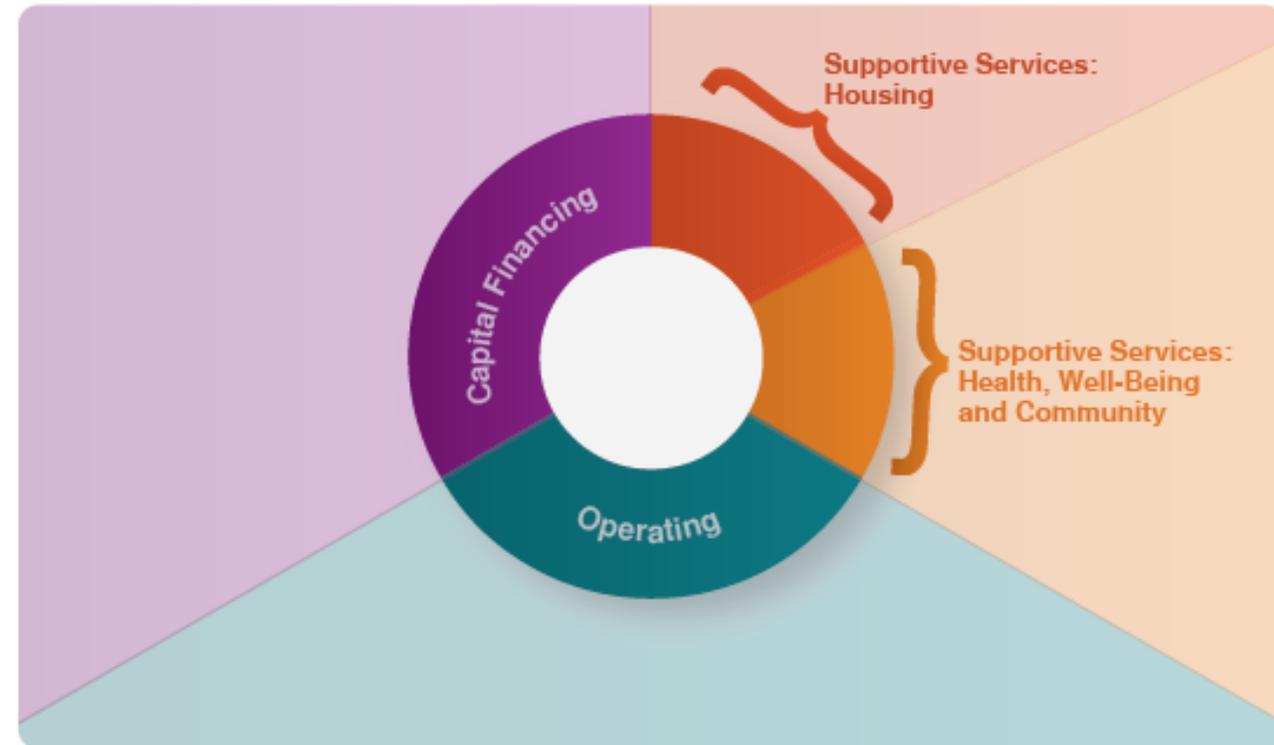
\*AMI: Area Median Income

Note: Capital costs only apply to single-site supportive housing.

## Supportive Housing Without Medicaid



## Supportive Housing With Medicaid



# What are Supportive Services?

## Supportive Services Housing <sup>18</sup>

### Tenancy Support

- Intake;
- Income eligibility;
- Health insurance eligibility;
- Needs assessment;
- Development of housing plan;
- Housing search;
- Housing applications;
- Landlord engagement;
- Deposits;
- Eviction prevention;
- Obtaining furniture, household items;
- Case management/care coordination;
- On-site monitoring; and
- Housing respite.



Medicaid can pay for tenancy support but most states have not currently exercised those options.

## Supportive Services Health, Well-Being and Community <sup>19</sup>

### Health Care

- Medical respite
- Referrals to or provision of:
  - Primary care;
  - BH;
  - Substance use services;
  - Medication management;
  - Vision; and
  - Dental.
- Documentation and application for:
  - Disability; and
  - Health insurance.
- Accompanying tenant to appointments:
  - Transportation to medical appointments;
  - Pain management; and
  - Palliative care.
- Case management/care coordination.



Many Medicaid programs pay for supportive services related to physical health and BH as well as referrals to community-based services, but most do not reimburse for tenancy support.

### Behavioral Health

- Assertive Community Treatment for high mental health MH/SUD-needs populations;
- Intensive case management for mild to moderate MH/SUD needs populations;
- Mobile crisis services including peer-based crisis;
- Peer support services;
- Psychosocial rehabilitative services (e.g., supported employment, skill building interventions, community supports);
- Nonemergency medical transportation;
- Medication services including medication management and reconciliation;
- SUD services (e.g., medication-assisted treatment for opioid dependence);
- Individual and group therapies (e.g. integrated dual disorders treatment, illness management and recovery); and
- Case management/care coordination.



### Referrals to Social Support

- Employment supports;
- Apprenticeships;
- Education supports;
- Nutrition education, including grocery shopping;
- Legal services;
- Budgeting and finances;
- Documentation and application for food stamps;
- Family counseling, mediation;
- Crisis management;
- Transportation (job-related);
- Access to child care;
- Activities of daily living; and
- Case management/care coordination.



Source: *Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs*, Sept 2016

\*Note: This list is not exhaustive but rather intended to serve as an example of the most commonly offered services. For more information on supportive housing, see: <https://www.usich.gov/solutions/housing/supportive-housing>

# Incorporate key elements of Behavioral Health Services that are integral to housing intervention



Source:  
*Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, September 2016*

# Two Different Supported Housing Models

## Scattered Site

- Rental units located throughout the community;
- Apartments or single-family homes;
- Case managers may be mobile and provide services in the home, or patients can receive care at FQHCs or other partner facilities;
- Patients also referred to providers in their community;
- Little or no up-front capital investment; and
- Works well in communities well supplied with MH, BH and other service providers needed to effectively treat this population.

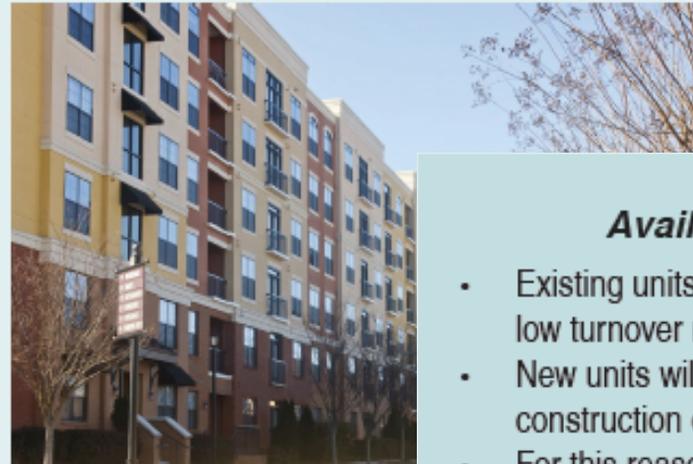


### ***Availability of Units:***

- Lease existing units immediately from landlords willing to participate, or identify tax-credit units about to come online.
- Most federally sponsored subsidies require that units meet Fair Market Rent guidelines and Section 8 inspection standards.

## Single Site or Mixed Single Site

- Units located in a single building;
- Many services provided onsite by hired staff, through partnerships with providers or onsite at a provider facility;
- Depending on financing:
  - 100% units reserved as supportive housing
  - Percentage of units set aside as supportive housing, remainder reserved as market-rate housing for the general population
- Good option for cities with a shortage of affordable rental units to meet Fair Market Rent guidelines.



### ***Availability of Units:***

- Existing units are likely to be filled, with a low turnover rate.
- New units will need to be created through construction or rehabilitation.
- For this reason, scattered site complements single site nicely.

# KEY TERMS | DOJ SETTLEMENT

## Most Integrated Setting

*A living environment* that allows individuals with disabilities to interact with non-disabled persons to the fullest extent possible.

*December 2020 U.S. Dept of Justice  
Settlement with State of North Dakota*

### For Example

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Single Family Home  
Apartment  
Townhome  
Condominium

Farm or Ranch  
Adult Foster Care  
Living with family

# SETTLEMENT AGREEMENT BETWEEN U.S. DOJ & STATE OF ND

Purpose is to ensure that the State will meet the ADA requirements by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

## **Effective December 14, 2020**

*Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.*



# KEY TERMS | DOJ SETTLEMENT

## Community Integration Mandate

Public entities are required to provide **community-based services** when:

- Community-based services are **appropriate** for the individual; and
- The individual **does not oppose** community-based treatment; and
- Community-based treatment can be **reasonably accommodated**, taking into account:
  - Resources available to the entity and
  - Needs of others receiving disability services.



# KEY TERMS | DOJ SETTLEMENT

## Permanent Supported Housing

Affordable, permanent housing coupled with housing supports and other community-based services. Individual lives in a private home alone, with family, significant other, or roommates of their choosing.

*December 2020 U.S. Dept of Justice  
Settlement with State of North Dakota*

### Notes

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- Tenants must have access to community provider for intermittent on-call, planned and back up community-based services
- Must be scattered site housing

# KEY TERMS | DOJ SETTLEMENT

## Integrated Housing

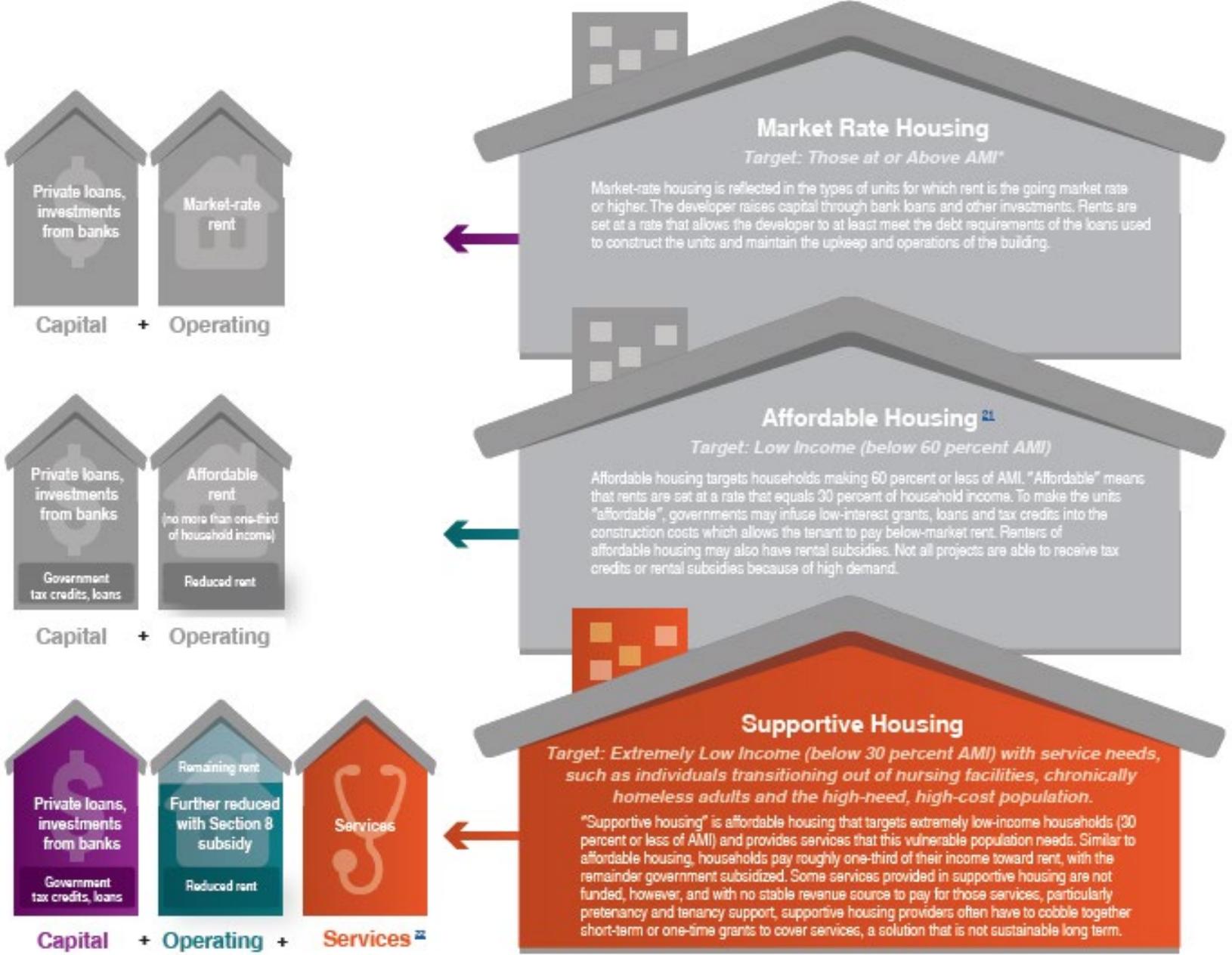
Housing **cannot be provided in** group homes, nursing facilities, boarding homes, residential care facilities or assisted living residences; or any building where more than 25% of the occupants are TPM.

Requires state to **provide** funding for **rental assistance** including reasonable expansion of existing capacity by funding and providing rental assistance to support permanent housing for TPM.

Requires state to **provide** for **assistance** with **identifying** housing, **coordinating** housing modifications, applying for subsidized housing, as well as help **preserving** tenancy if temporarily admitted to a Nursing Home.

# A Fourth Model

Integrated Housing Supports

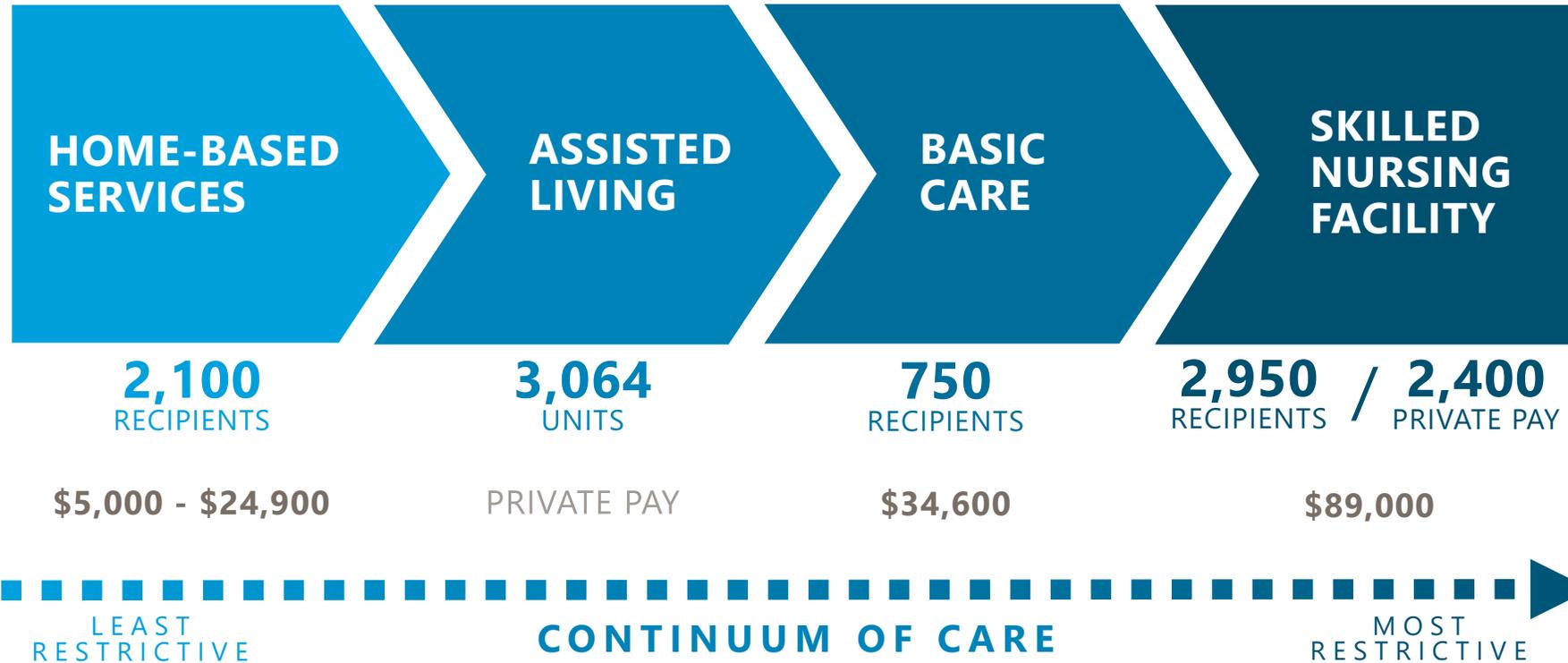


\*AMI: Area Median Income

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# CONTINUUM OF CARE | DOJ SETTLEMENT

Long-term care services & supports

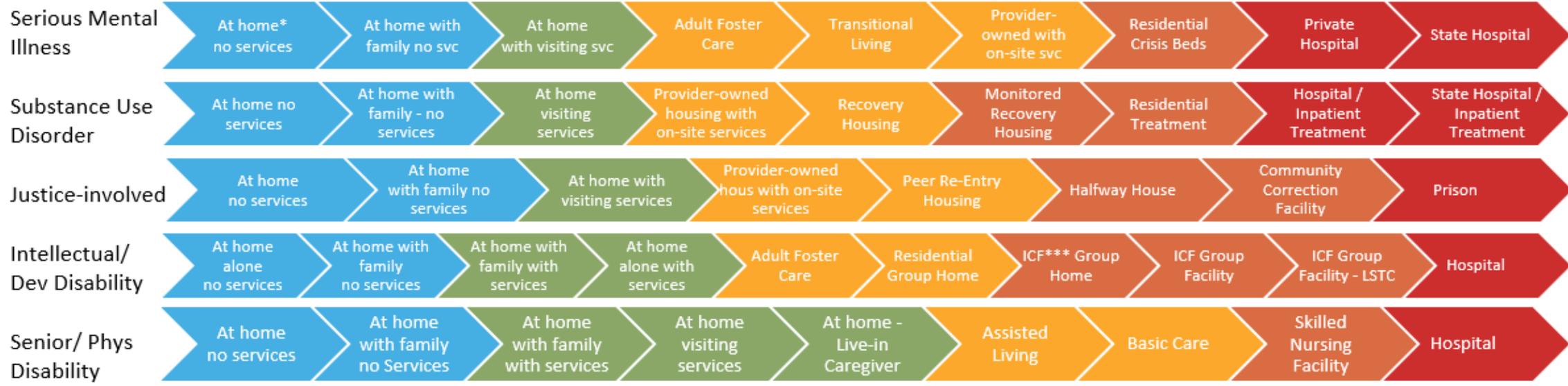


# The Service Continuum - Adults

A critical concept defined



## ADULTS

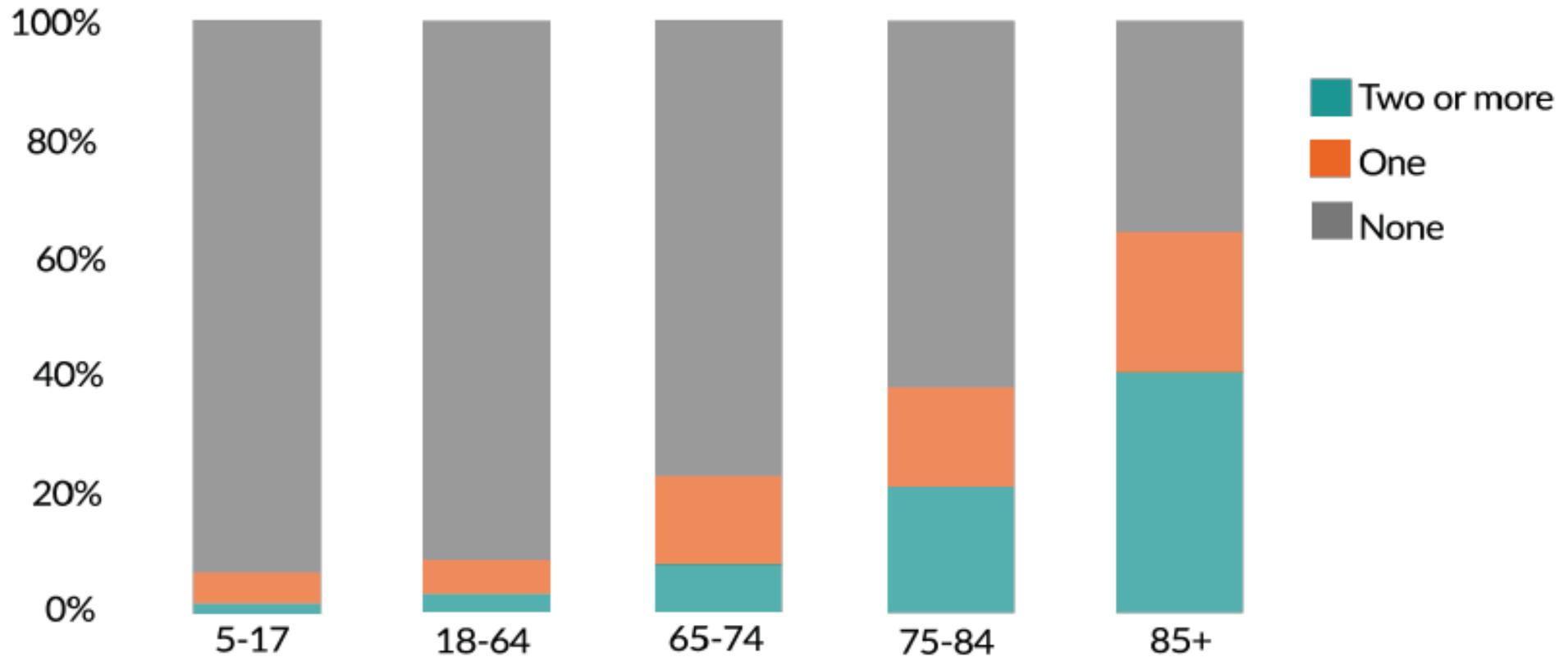


\*Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

\*\*Family = includes birth family, kin-caregiver, adopted family

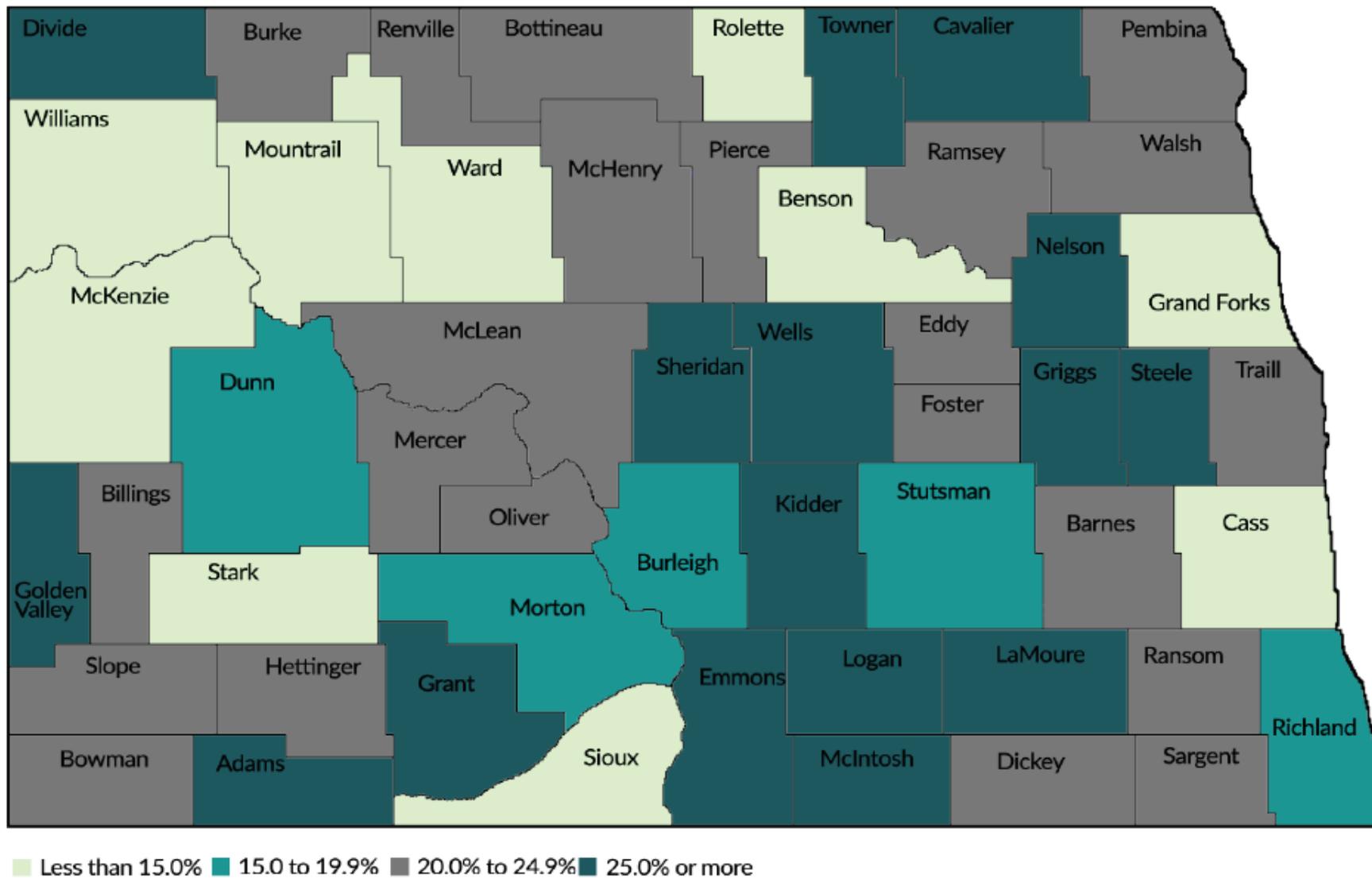
\*\*\*ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

## Individuals by Detailed Age and Number of Disabilities <sup>18</sup>



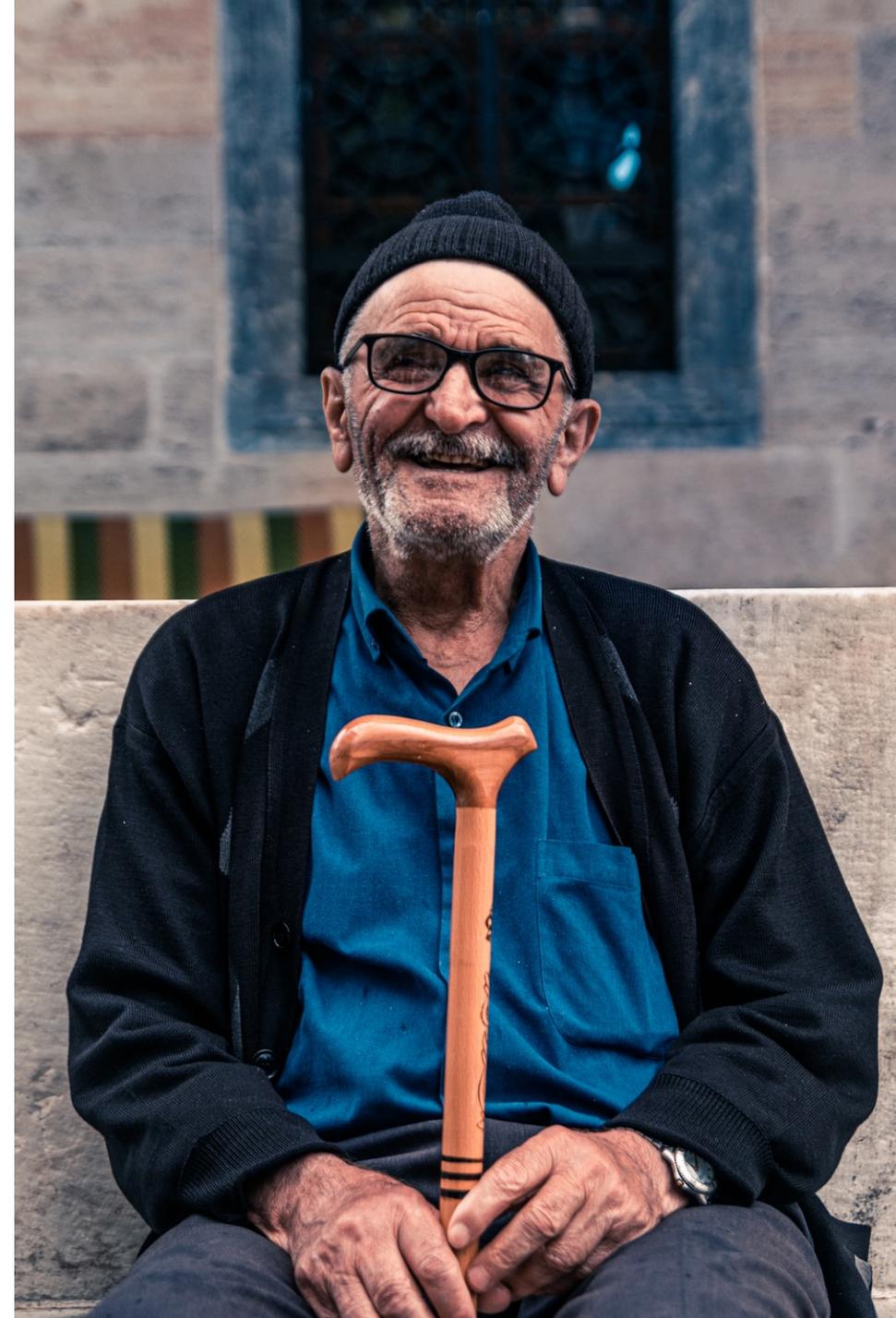
Source: "The Current State of Housing in North Dakota", 2020, p.18

## Percent of Population Age 65+ <sup>19</sup>



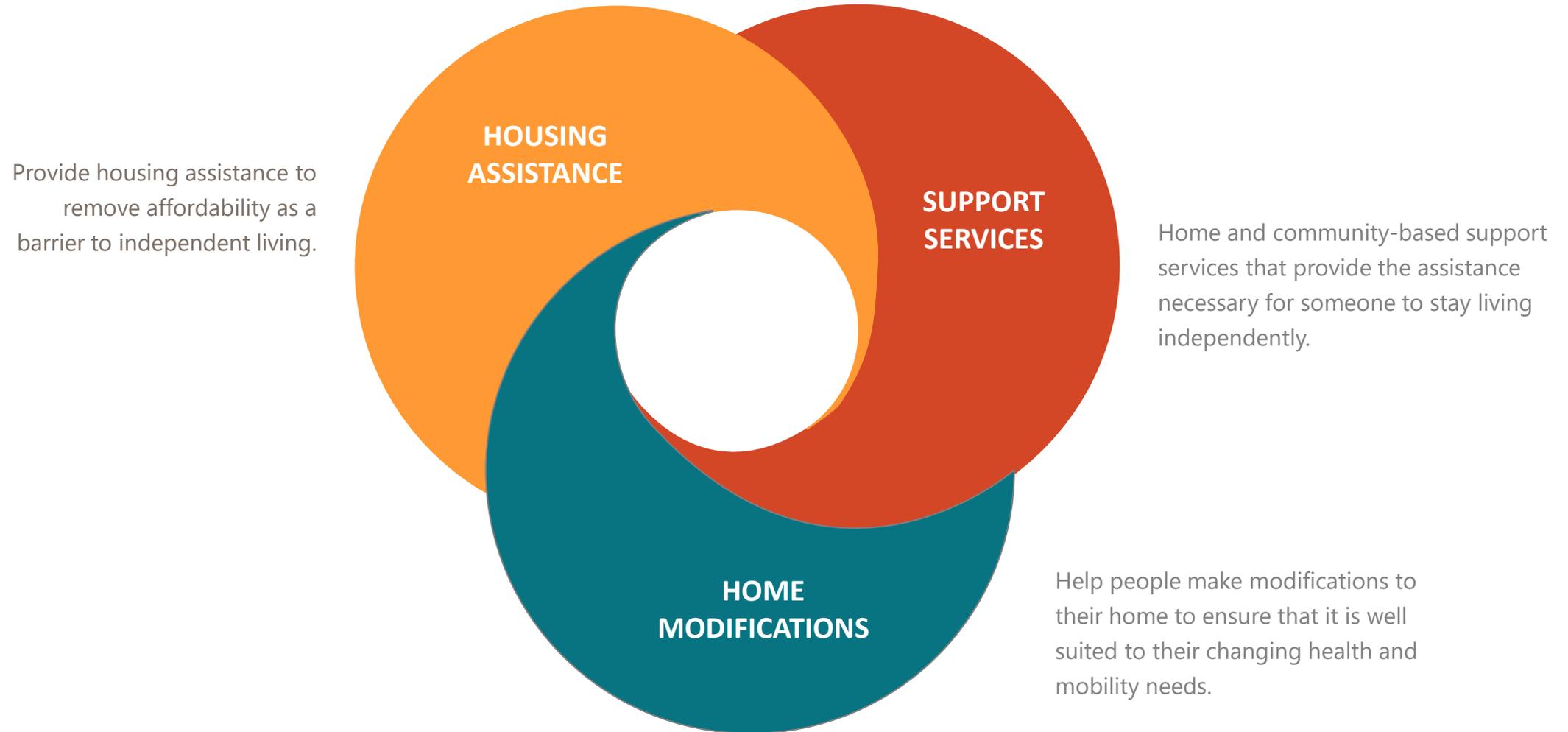
Source: "The Current State of Housing in North Dakota", 2020, p.18

What do we need to do to help someone make an informed choice about how they may want to access services in the most integrated setting that is right for them?



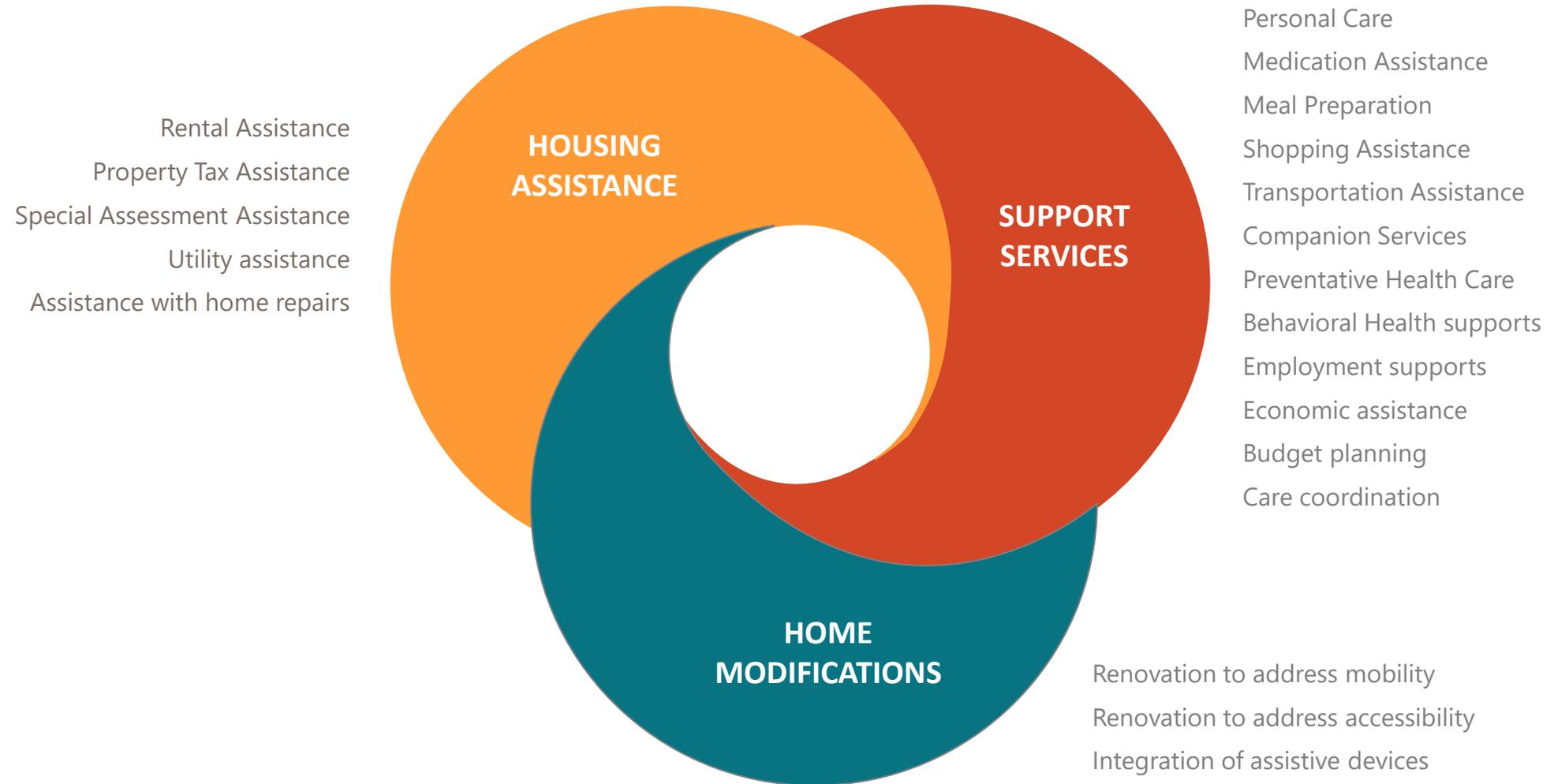
# Improve ability to live as independently as possible

Intersecting approaches can help preserve possibilities and assure choice



# Improve ability to live as independently as possible

Intersecting approaches can help preserve possibilities and assure choice

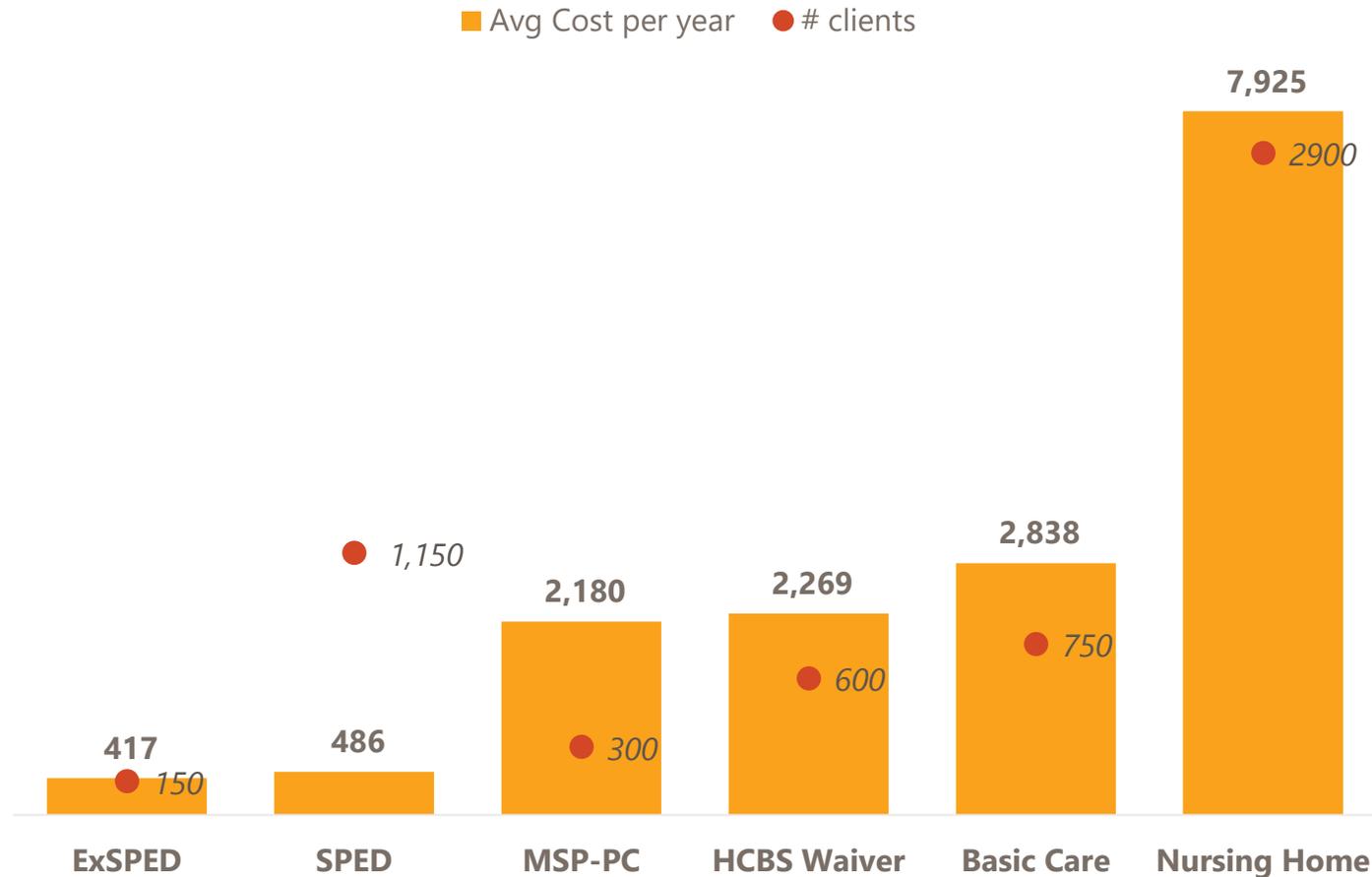


What do we  
need to do to  
make sure we  
are delivering  
the right service  
in the right  
place at the  
right time?



# AGING & ADULT SERVICES

## Cost per month per person per type of service – SFY20

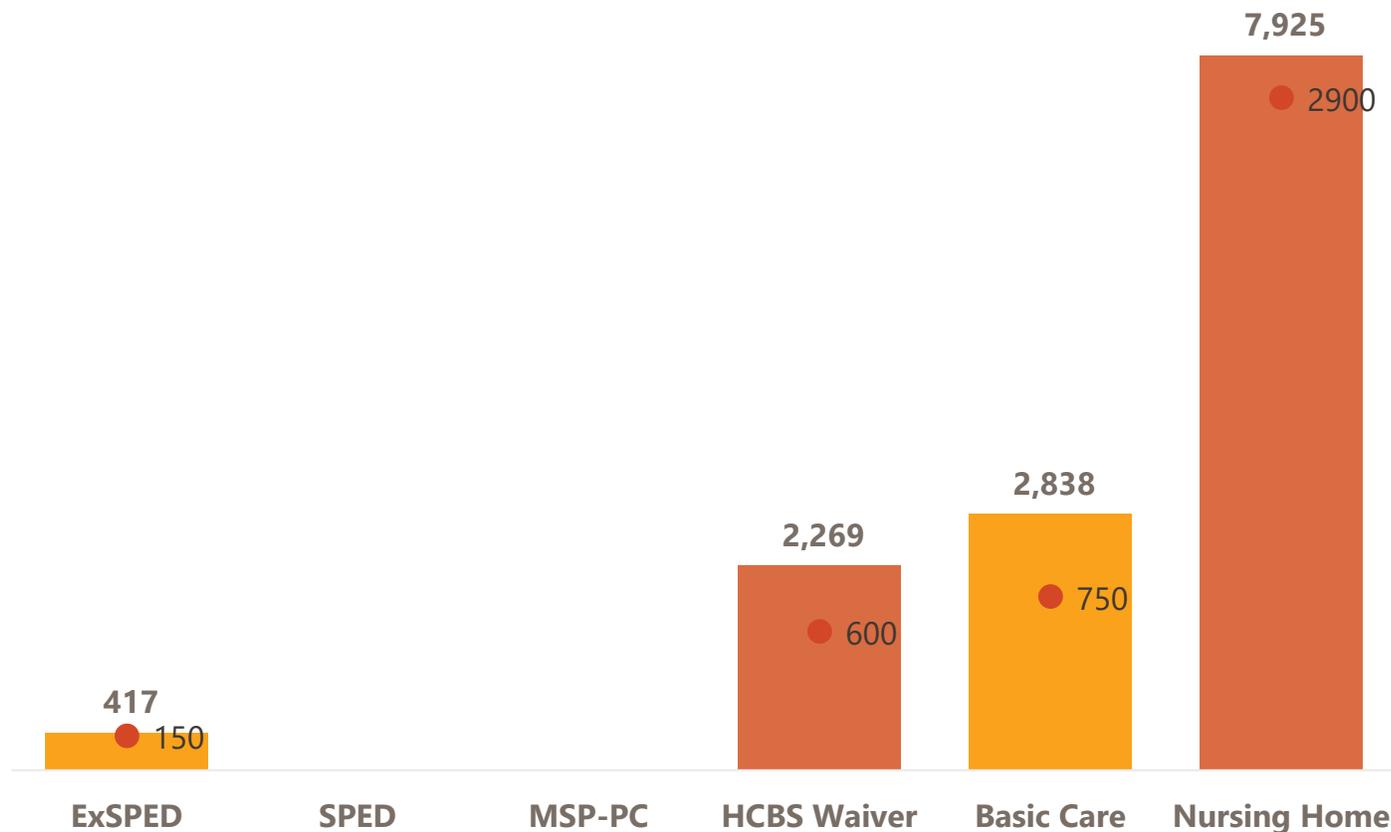


### Program Descriptions / Detail

- **Service Payments for the Elderly and Disabled (SPED):** Provides services for people who are older or physically disabled, have limited assets, and who have difficulty completing tasks that enable them to live independently at home.
- **Expanded SPED (Ex-SPED):** Pays for in-home and community-based services for people who would otherwise receive care in a licensed basic care facility.
- **Home and community-based services (HCBS) waiver:** This waiver from the federal government allows the state to use Medicaid funds to provide services enabling eligible individuals who would otherwise require nursing home services to remain in their homes or communities.
- **Medicaid State Plan personal care (MSP-PC):** Personal care services available under the Medicaid state plan and enable persons with disabilities or chronic conditions accomplish tasks they would normally do for themselves if they did not have a disability.
- **Basic Care:** Room and board and personal care services for persons eligible for Medicaid.

# AGING & ADULT SERVICES

## Cost month per person per type of service – SFY20



**Types of Care with same criteria for eligibility** (*level of care, assets, income*)

**Expanded SPED = Basic Care**

\$417 / mo v \$2,838 / mo

DIFFERENCE IN COST : \$2,421

DIFFERENCE IN SVC :

Rent, Meals, Supervision

**HCBS Waiver = Nursing Home**

\$2,269 / mo v \$7,925 / mo

DIFFERENCE IN COST : \$5,656

DIFFERENCE IN SVC :

Rent, Meals, Supervision, 24/7 Nursing

# The Service Continuum - Adults

A critical concept defined



## ADULTS



\*Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

\*\*Family = includes birth family, kin-caregiver, adopted family

\*\*\*ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

What do we need to do to help someone find their way through a situation that threatens to push them into crisis, and instead help them find their way to stability.



# DHS 19-21 BIENNIUM ACCOMPLISHMENTS & WORK IN PROGRESS

Improved access to effective services



## Process Improvement & Redesign Efforts

- Long term care eligibility team
- Child Protective Service Redesign
- Human Service Zones
- Centralized approach to childcare licensing
- Move to functional teams for child support
- Electronic Visit Verification & case management systems



## Treatment & Recovery Supports

- Medication Assisted Treatment
- Expanded use of SUD voucher
- Behavioral health crisis services



## In-Community Services

- Peer supports, Companionship, and Adult Foster Care
- Social Determinants of Health via Medicaid (1915i)
- Centralized connection point for home & community-based svc (ADRL)
- Extended Free Through Recovery

Return  
On  
Investment



NORTH  
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| Human Services