

HOUSE HUMAN RESOURCES APPROPRIATIONS COMMITTEE

TESTIMONY

Committee Chair Nelson and Members of the Committee, my name is Doreen Eichele, Chief Operations Officer for the Dacotah Foundation. I am here today to give testimony in opposition to the budget cuts made to mental health services offered in HB 1012.

We support the efforts of the Department of Human Services and the local human services centers. We understand that finding funds to provide service is not an easy task and that this committee carries a great burden to meet the needs of the citizens of this State. We believe that funding supportive housing provides a tool to provide supports that effectively impact individuals while giving them dignity in housing and offers options and support to address their basic needs. We feel that not funding these services stops the efforts and progress that has been made toward stabilization, working toward recovery and addressing chronic homelessness in our State.

You heard in the field services testimony that chronic disease robs individuals of health, home and community. The proposed budget cuts would affect the delivery of supportive housing services which have historically been a means of stability to persons with severe behavioral health conditions. Supportive housing services have provided and enabled individuals to engage in services like case management, medical services, and medication stabilization. It is also a means to ending a cycle of chronic homelessness.

The Department of Human Service testimony identified that from March, 2019 through November, 2020 they have served 22,972 individuals through the human service centers. Of those individuals, 47% of their caseload consists of individuals that have a primary diagnosis of serious mental illness and 42% who have a co-diagnosis of mental illness and substance abuse. You also heard that their model for service is based on quality services, proven results, person centered and services provided closer to home. It was also identified that housing was part of the behavioral health re-design. We feel that supportive housing fits that model.

When an individual does not have stable housing options, they are more likely to seek higher levels of services such as hospital admissions, find themselves in unsafe environments, involved with law enforcement, incarcerated or accessing other emergency services. These levels of service have a much larger fiscal impact. Cooper House is a 42 bed permanent supportive housing facility. The first half of the current biennium we received reimbursement of \$272,200 for this service or approximately \$6481/person. If you compare this cost to the US Interagency Council on Homeless figures which identifies the cost to taxpayers for chronically homeless persons being as much as \$30,000 to \$50,000 per year you understand our concern of the impact to our state if we do not continue to fund these services.

We would like to share a couple stories of individuals that would be impacted by the loss of services. This male tenant has lived at Cooper House since 2018. Prior to moving to Cooper House he had been staying at Churches United, a local homeless shelter. He had multiple misdemeanor drug/paraphernalia, simple assault and criminal trespass charges. He stated that the biggest benefit of having housing is that

he is now able to prepare his own food and "eat a little every day". "I am able to stay in one place and no one bothers me like when I was homeless, sometimes I even had to sleep on the bus". When asked about the importance of having staff in the facility to provide supervision he stated, "If there was no staff here the neighbors would eat me alive. Staff keeps me safe if anyone gives you a hard time you tell staff." He further stated in response to the question regarding what it would be like without staff in the building, "It would be very dangerous if staff weren't here. Staff help by checking them out before they come in". Since moving into Cooper House, the tenant is no longer engaging in use of illegal substances and does not consume any alcohol. He has had no new criminal charges. His intensive case management team is able to do outreach with him as they are able to find and assist in his coordination of care regarding his physical, medical and mental health needs.

This 69 year old female has lived at Cooper House since 2012. She expressed how living in permanent supportive housing has been beneficial to her not only for safety but also the assistance of staff in meeting her basic needs. She also expressed concern about non tenants staying in Cooper and the fear of crime in the building if there were not staff in the building monitoring the activity. She stated, "You have to look out for vulnerable people of my age who don't drink and need a place, who aren't ready for nursing homes." This tenant struggles stabilizing her mental health. She responds to her delusions or hallucinations which has caused her to be evicted from other housing options. The tenant works with the Copper House Mental Health Technician staff on emotional coping support, coping skills and distress tolerance. She is seen regularly by Case Management from Southeast Human Services. This is the longest the tenant has been able to maintain housing.

Also identified in the budget cuts is a 10 bed harm reduction, long-term supportive housing program for persons with persistent mental illness and/or chemical dependency located in Bismarck, Gerridee's Place. Individuals receiving services and supports at this location have an extensive history of use of emergency services, engagement with law enforcement and the judicial system. It was opened in 2014 to accommodate a request for a need by West Central Human Services. This program serves individuals at any stage of recovery and implements services that would allow more individuals access to fewer barriers to services and housing while maintaining safety. This service meets the individual where they are in their recovery, provides secure shelter, gives encouragement to remain sober and works with their Case Manager on recovery skills to remain sober, reduce harm and remain healthy. In addition, this facility has 4 independent living apartments which allow individuals to still receive support in their recovery process while maintaining their independence. Individuals that have or are currently receiving services have experienced a significant reduction in hospitalization and encounters with law enforcement.

An original tenant that entered this program in 2014 has since moved into independent living in the community. They receive 2 hours per week from Community Case Aide services and Case Management supports and have maintained their recovery. Another original tenant has transitioned into an apartment within the facility and receives medication monitoring from the program. When they are experiencing a lapse in recovery, they still have availability of supports through the Mental Health Staff at Gerridee's. Based on current wait lists for housing vouchers, past criminal history and/or past landlord issues, most individuals will have difficulty finding other housing options and will still need intensive supports.

It is our understanding that the 1915i State plan for Home and Community Based Services has been mentioned as a possible source of funding for some of the supportive services. We feel that this will be a very beneficial avenue for funding and contribute to client stability. The information provided regarding reimbursement for services through the plan would require direct service tied to a specific individual and not support the indirect or group services. Staff can assist individuals to become eligible 1915i when and wherever possible. While this may augment the current services, we feel that it may not support all services currently provided or needed.

We also know that with all new programs and funding sources there is always a transition period that identifies opportunities but also sometimes does not meet the overall needs of the program as expected. As we walk through this process with the Department of Human Services, we request that the current funding for supportive housing services be maintained. We understand that budgets are a concern as we live by them as well but we also know that we serve a very vulnerable population that if not served only impact other services.

We are in support of the mission of the Department of Human Services of "Timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery". We just need time to transition and get there with them.

Thank you for your time and consideration of our request.