

Testimony of Jill Elliott, Chief Deputy, Fargo Housing & Redevelopment Authority
In opposition to HB1012 and requesting full funding of Dacotah Foundation
for supportive services at Cooper House in Fargo

January 25, 2021

North Dakota House of Representatives

Appropriations Committee

Human Resources Division

Good Afternoon, Chairman Nelson, committee members, and guests,

My name is Jill Elliott, and I serve as Chief Deputy Director for the Fargo Housing & Redevelopment Authority. I have had the pleasure of “living my mission disguised as a job” with the FHRA since 1978. I’m humbled when I’m referred to as the mother to Cooper House, as I’ve been part of the planning, development, and management of Cooper House for almost two decades.

Thank you for reconsidering the severe cuts to the Dacotah Foundation Supportive Services budget for Cooper House. I thank you for fully funding the 24/7 front door staff for Cooper House, since it opened in 2010 up to this point. It is indeed the “secret sauce” that makes this project work. I feel that without 24-hour service we could not safely house our most vulnerable tenants as we do now. This service is imperative to continue housing chronically homeless, dually diagnosed individuals that really have no other options. I believe we will go back 15 years without this needed service.

As a brief background to my testimony, the Fargo Housing & Redevelopment Authority witnessed countless homeless persons causing chaos downtown and suffering unimaginable circumstances on the streets. Every year we would add many names to the list that had succumbed outside in the elements. We knew as a state and community we could do better. In 2001, our community began researching ways to meet the needs of chronically homeless, dually diagnosed individuals. We had an active group called Street Smart comprised of Downtown Business owners, our local police, Sanford Hospital, the City of Fargo, our Housing Authority, and area human service agencies. Jessica Thomasson, Fargo’s City Planner at the time, was an integral leader for our team visiting different sites in the region during the development of a long-term plan to address the growing need to address homelessness. Out of this determined group came Cooper House that was built in 2010. It serves only chronically homeless, disabled persons that score the highest on the vulnerability index, called VI-SPDAT. Simply put: the index identifies those individuals most likely to die on the street.

Our tenants have survived years or even decades of homelessness, suffer from one-to-three disabling conditions, have suffered sexual and physical abuse, and have lost their vital connections to most family and friend years ago. These are not choices, they are the inevitable result of these many factors in their unique and individual lives. But there is hope if the structures are in place and supported.

Cooper House is based on a harm reduction model. Severe chronic health issues are handled right away with the onsite part time nurse. Long standing diabetes, liver failure, kidney failure, head injuries, dental decay, blood pressure and amputation issues are treated compassionately with our nurse paid thru homeless health and a Continuum of Care grant. Service providers are connected if the tenant is willing.

Tenants are assisted in signing up for Eligible benefits such as traditional Social Security, SSI, Medicaid, food stamps. A meal is served daily. Prior to the COVID pandemic, we had on site help groups for mental health, an "Ask a Cop" program, and an active resident council – opportunities impossible to access without an address.

I have always determined worthy housing projects as appealing to both the head and the heart. The heart: All people deserve to live in a safe environment out of the elements where they can address long standing issues. The Head: Homelessness is extremely expensive to city, state and federal funds with no real move to a solution. This population are very high-end users of Emergency Rooms, hospitals, police, detox centers, ambulances, and court systems. After the first year opened, the Fargo Housing & Redevelopment Authority, police, Sanford, BSI and Department of Human Services completed an impact study of the impact of housing 66 Cooper tenants. These tenants were tracked on actual ER visits and hospitalizations, police intervention, jail stays, detox stays, and emergency shelter stays. We were not able to get statistics from the court system but know this would add much. The following year we hired Eide Bailly to complete this report. I have attached the results with a resounding savings to taxpayers.

Cooper House is the smart way to do the right thing. Leaving the funding as proposed is inconsistent with other established priorities and programs, like Governor Burghum's Main Street North Dakota initiative. Leaving our most vulnerable folks unhoused will certainly hurt the ideals and goals that he's established and fighting for.

All Cooper House tenants and guests must check in through the front office staff and are checked in a logbook. Let me repeat that: no one has access to their apartment except through the 24-hour front desk staff. This is one person for 42 residents 24/7. It is a very economical way to serve a very difficult population. Since May, and due to the ongoing pandemic, we have not allowed guests. At one point early last spring, Cooper House had a 62% COVID positivity rate. Two residents died from the virus, despite a part-time nurse and detailed COVID protocols. Since banning guests, however, the positivity rate has been exceptionally low.

Homeless folks all seem to have a code that once homeless you are bound to help your homeless friends and allow them to stay with them against all house rules. Cooper has visiting hours and all guests are escorted out at 8 pm. Many evictions are caused by actions of guests who have nothing to lose with bad behavior. Tenants often remark that I really didn't want them here but I could not say no. I am so appreciative that the staff escorted them out before they caused any more trouble. Front staff watch numerous cameras on every floor and watch for tenant issues that may need intervention.

Cooper House could not continue serving this tremendously vulnerable population with 24/7 front desk staff. I have heard the justification that 1915i program would fill in the void. We are all thrilled with the approval of the 1915i program, however that is a tenant-based program matching a case manager to a tenant. Their services are billed in 15-minute increments for very specific services that are approved by the state. No 1915i funds could be diverted to staffing the front entry system and cameras for a facility. There are no hours that the front office desk cannot be staffed. No one could enter the building then. Or if left unstaffed with the building unlocked we would have mass chaos. I do not believe this building could be managed without this team. That will turn the most vulnerable out to the streets. Nursing Homes typically reject them as patients, landlords reject them as tenants. State hospital stays are not the best route to live out your life and extremely expensive. Please reconsider these cuts to send us back into early 2000. As Paul Wellstone often said, "We all do better, when we all do better."

Perhaps even more to the point, one of our residents once said to me, after sharing his story of his years of troubles, "Cooper House is the only place I've ever had hope."

That hope remains a possibility only if places like Cooper House have your support, so I ask that you restore full funding to Dacotah Foundation's critical supportive services.

Thank you.