

## SENATE APPROPRIATIONS COMMITTEE

### TESTIMONY

Committee Chair Holmberg and Members of the Committee, my name is Kandia Qual, Program Director for the Dacotah Foundation in Fargo. I am here 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 residents, allowing individuals who have often spent years living on the streets to live full, rewarding lives integrated into the community. Supportive housing allows residents to engage in services that previously they may not have engaged in due to being overwhelmed with trying to find where they would safely lay their head that night or where their next meal would come from. It allows service providers to locate individuals on a regular basis to provide engagement and build motivation for change through offering assistance with their mental health and physical health concerns. It provides individuals a safe and secure home, protecting them 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 resident's ability to maintain their housing and supports the movement 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 that our staff provides.

Based on my professional involvement with Cooper House since its 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 residents.

The 24/7 staff provides a vast array of services to support the safety and well-being of the residents that live at Cooper House. These services occur 24 hours a day, and can not be safely restricted to just certain hours of the day. The residents seek support or need interventions at all hours of the day and night. Some of the specific services the 24/7 staff provide are as follows:

- Welfare checks in the apartments
  - If a resident has not been seen for 24 hours or if there is a concern voiced staff go to the resident's apartment and enter the apartment to check on the well-being of the resident, and provide mental health or medical interventions if necessary
- Front door security and check-in of residents
  - Staff monitor everyone that enters the building for the safety of all. This assures that individuals that are not allowed on the property do not gain access to the building. Staff also conduct belongings searches to assure weapons, drugs or contraband aren't being brought in by residents.
- Managing visitors and interventions with disruptive visitors
  - Staff monitor visitors entering the building to assure they aren't bringing in alcohol or contraband and that they are allowed in the building. If a visitor is disruptive or unruly or putting a resident's housing at risk through their actions the staff intervene and ensure they leave the building.

- Referral and linkage to outside agencies for service options
  - Staff are familiar with and make referrals/contacts to community-based service agencies. Staff also facilitate person-to-person introductions and a warm hand-off to service providers from agencies the resident isn't familiar with. This assists in better engagement and participation in supportive services that will decrease the intensity of their emergency services usage and improve the overall quality of their lives
- Emergency medical interventions
  - Many individuals have complex medical concerns or physical issues that cause falls or injuries. Staff are aware of these concerns and watch for deterioration or falls/injuries, and assist in accessing emergency services if necessary, provide basic first aid when necessary, and coordinate with the part-time on-site nursing as needed.
- Mental health crisis interventions
  - Staff provides on-site, in the moment, mental health support to individuals struggling with the negative symptoms of their illness. Staff are able to model, coach, and prompt coping skills, remind individuals what their recovery plans indicate they should do in a crisis, and assist in accessing outside clinical supports when needed. These interventions often drastically decrease the use of emergency services and placement in higher levels of care.
- De-escalation interventions for aggression and/or violence
  - Situations arise where individuals aren't getting along for various reasons and aggression or violence escalates. During these situations, staff intervene with therapeutic intervention techniques to de-escalate the situation if possible and involve emergency services when needed.
- Coordination to withdrawal management services
  - As part of the harm reduction model Cooper House follows, we assist in coordinating transfer and admission to withdrawal management services when individuals are attempting to obtain sobriety or having substance withdrawal concerns
- Assist in managing noise or disruptive behavior concerns in the building
  - Individuals in this population often do not realize when their behaviors are disrupting to the peaceful living of others, such as loud music, knocking on doors in the middle of the night, shouting down hallways, etc. Staff intervenes when there are situations reported or observed and coaches individuals on appropriate behaviors when living in multi-person housing situations.
- Allocate and distribute donated food items
  - There are several food services such as donated food bank food items, meals on wheels, and community-provided meal nights at Cooper House. Staff assists with coordinating these events when they occur, monitoring the events for disruption, dispersal of donated food items, and dispersal of meal on wheels meals.
- Safety planning with outside entities for residents struggling with symptoms of mental health
  - Cooper House collaborates with many other entities in the Human Services, Social Services, and Medical fields to formulate safety plans and engage individuals in their safety plans for their mental health or physical health concerns. These plans contribute to the overall safety and well-being of each resident.
- Psychosocial support activities
  - Staff facilitate recreational groups to best support each individual's recovery plan or harm reduction steps

- Informal skills training for daily living skills and mental health symptom management
  - As individuals express symptoms, fears, desires, wants, or needs to staff in day-to-day interactions, the staff provide support for those ideas, goals, and coping skills. Staff do this through mentoring, education, and role-playing. They approach this from a skills integration perspective to better prepare residents to meet their goals for social situations, employment, and mainstream housing.
- Support a harm reduction model for substance use
  - Staff educates individuals on the concepts of harm reduction, working together to create plans that support safer living choices while they contemplate their substance usage options.

Cooper House serves a population that is known to be highly vulnerable due to their cognitive disabilities, mental illness, substance use concerns, and or the trauma they have endured at various points throughout their lives. Most individuals have been chronically homeless due to being evicted from previous residences multiple times due to symptoms of their mental health, behaviors from chronic intoxication, a lack of assertiveness skills where others have exploited them, or have even been sex trafficked in their own homes.

This population requires the services of 24/7 staff in the building for the many safety reasons mentioned above. Staff needs to be available 24/7 to provide person-centered services ‘in the moment’ that will allow residents to maintain their housing despite these reoccurring behaviors and concerns while they learn and develop the skills necessary to transition to and maintain housing in the mainstream community.

The proposed cuts to HB 1012 would directly impact the ability to continue these essential services as we would not be able to sustain the 24/7 staffing pattern that is currently in place. Currently, Cooper House has 1 staff on per shift, 24/7, through utilizing the full DHS budget we are allotted. That 1 individual staff person performs all the duties noted above throughout their shift to provide services and safety to 42 residents. A change in staffing would leave the building without a front door staff for periods of time during the day which would result in increased safety and welfare concerns. It would also potentially decrease resident engagement in other supportive services intended to enhance the quality of their lives. Staff are often the bridging factor to residents accessing and utilizing these services. They often introduce service providers and build engagement and trust towards providers through the staff’s relationships with the residents. Staff also remind residents to stay home for in-home appointments if they are attempting to leave the building around an appointment time and staff reach out to the resident when a service provider can't make contact with them. This would not be possible without the staff present to see and engage with the residents on a continuous basis. A decrease in staffing hours would also result in 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.

We know 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 residents. It is yet to be determined how it may be implemented and assist the Cooper House Program although we have been recently reviewing the service opportunities and eligibility requirements specifically for Cooper House residents.

Within our current population of 42 residents, there are only 10 individuals that meet the WHODAS scoring of 50 or greater that is required to be eligible for services. There are 21 individuals that have a WHODAS score of 25-50, so 74% of the overall population at Cooper House has moderate to high intensity service needs based on WHODAS scoring, but few actually qualify for the services 1915i would provide. The 10 individuals that would potentially be eligible for services would have a limit of 156 hours per calendar year of service time and every service must be dosed and performed for that specific resident so 1915i wouldn’t cover most of the day-to-day general safety and procedure tasks the 24/7 staffing completes.

There is also the concern of the resident needing to be willing to participate in the 1915i services. Housing first models such as Cooper House can not require service participation to obtain the housing. Many residents that enter permanent supportive housing programs require intensive engagement strategies even long after they move in to build trust and motivation to engage in services. Even once eligibility and service authorizations have been established, the attendance of the residents at their services would likely be very sporadic based on their mental health, physical health, and substance usage concerns at the time. Most individuals entering this level of supportive housing are in engagement or pre-contemplative stages of change which contributes to why they score as high as they do on the WHODAS. They often aren't considering changes yet and simply want safe housing or they are just beginning to think about making changes. It takes time to build motivation and help them move through to active stages of change where they have the internal desire and commitment to following through on services regularly. With 1915i reimbursement, there is only reimbursement allowed if a resident is present and participates in the prescribed services. It is predictable, based on clinical stage of change and current follow through at other required appointments concerning their housing and medical, there would likely be a high no-show or cancellation rate which would then prohibit any reimbursement for that scheduled staff time.

For example, an individual may be prescribed 2 hours of care coordination 3 times per week based on their WHODAS scoring and the areas of functional needs. That individual could be scheduled for a 2 hour session on Monday, Wednesday and Friday in a particular week. On Monday, the individual left early in the morning to run errands and because of their traumatic brain injury, by noon they didn't remember they had a session so they didn't return to Cooper House until that evening and missed their session. Tuesday night that resident used substances and weren't feeling well on Wednesday and refused to meet when staff came to the door. Friday that individual was home and met with the staff but due to their symptoms of mental health, they became paranoid about the questions being asked while working on their care plan and they ended the session after 30 minutes. For that individual, the staff are able to bill for reimbursement of 30 minutes of services out of the 6 hours that they were scheduled for. This would be a fairly typical example of service or appointment attendance for the population residing at Cooper House and the typical stage of change most individuals that require this intensity of support are in.

1915i will be a very positive support for the expansion and growth of service opportunities for individuals within the program and the long-term benefits and opportunities to residents overall. The added service options will allow more individuals to build skills through intense 1:1 services which would allow them to transition more easily to mainstream housing. However, it is questionable how it will apply to the majority of the Cooper House population or be a secured steady reimbursement for the funds that are proposed to be eliminated from the current funding. Without full funding for 24/7 staffing, which only covers 1 staff person on duty 24/7, the safety, security, and intentions of the program would be immensely compromised.

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.