

North Dakota House Appropriations Committee - Human Resources Division
In Support of SB 2012 - DHHS Budget - Behavioral Health and Medical Services

March 10, 2023

Good morning, Chairman Nelson and members of the committee,

My name is Katie Jo Armbrust and I work for the Grand Forks Housing Authority. I'm here to support the Behavioral Health Division budget within SB 2012, specifically the Permanent Supportive Housing (PSH) Grant, as well as recommend changes to the Medicaid 1915(i) State Plan Amendment (SPA).

Behavioral Health Division

As the primary provider of affordable housing in Region 4, the Grand Forks Housing Authority (GFHA) has become increasingly familiar with the need for home and community-based services over the last several years to assist folks with an array of support services, of utmost importance to our agency, housing supports to help them obtain housing and remain in housing. With community collaboration and support, our organization was a co-developer of LaGrave on First which opened in August of 2018, and today we manage the property, the voucher administration, and services on-site both with our own staff and community partners.

LaGrave on First is a 42 unit apartment complex in Grand Forks for individuals who were experiencing chronic homelessness. The one-bed/one-bath apartments are on the second through fourth floors with the entire first floor designated for resident amenities including office space for services provided on-site, community room, free laundry, kitchen and dining, computer room, exercise room, and even an incentive closet. LaGrave on First utilizes Housing First, an approach endorsed by the federal government to end homelessness by reducing barriers such as requiring tenants to be sober prior to moving in or having a good credit score, and uses the Coordinated Entry System to receive referrals when a unit opens up, which ensures we are serving the most vulnerable population of individuals experiencing chronic homelessness. LaGrave on First offers Permanent Supportive Housing: permanent meaning there are no restrictions on the length of tenancy, we utilize standard 12-month leases that you and I would have; supportive meaning there are voluntary services offered on-site and coordinated for off-site to help tenants meet their goals and keep them housed; rents are affordable to each tenant through Federally funded Project-Based Vouchers, each tenant pays approximately 30% of their monthly income towards rent.

Our organization is committed to the wellbeing of tenants at LaGrave on First, we have surveys and studies on an ongoing basis and we reflect on what services are needed for tenants as time goes. The Behavioral Health Division's PSH Grant was created during the last session and has been instrumental in helping provide the best support for the people who live at LaGrave on First. The PSH Grant has supported our Housing Support Specialists, the 24/7 staff that are key for tenants: they provide a wide variety of services from helping tenants understand letters from

the landlord, to providing de-escalation and intervention when situations arise, to simply listening to tenants that need help when it's 3:00am and suggesting additional services. When acquiring or developing service delivery that meets the needs of our tenants, it can be difficult to begin with due to the later hours that some tenants are more active. This grant has enabled us to secure different positions such as LACs, mental health counselors, and wellness coaches coming during off-hours, outside of Monday to Friday 8-5, and it has been wonderful to watch the process of tenants slowly becoming engaged, building trust with professionals who don't judge and are there to meet our tenants where they are at - both in a physical sense and in the sense of where they're at in relation to their behavioral health condition. Last year we partnered with the UND Occupational Therapy (OT) department to have their students intern on-site; the notable improvements have demonstrated the benefit of OT for tenants in many ways and we're currently in the process of hiring a full time Occupational Therapist.

In summary, we've done our best to secure funds to provide fully comprehensive services that meet tenants needs, this grant is exactly what we needed. The Behavioral Health Division has been doing things the right way over the last several years by encouraging the use of evidence-based practices and demonstrating the need for resources to cover the full continuum of care from prevention to recovery, and the PSH Grant is a great example of a program to be supported within that continuum.

Medical Services

The GFHA has been a strong supporter of the State's development of a 1915(i) to address the overwhelming needs of people with behavioral health conditions. We support its continued inclusion, with the caveat that we also strongly recommend changes to improve the functionality of the 1915(i), as well as the accessibility for those it's intended to serve.

The first recommended change would increase the number of providers for services eligible through the 1915(i): reduce administrative burden, for both the State and provider agencies, by eliminating the need for individual employees to enroll as a provider in addition to each agency. The GFHA is an enrolled group Medicaid 1915(i) provider, with a handful of employees also enrolled as individual providers. Enrollment of a group provider alone covers the responsibilities of ensuring employees of that provider agency meet the qualifications of service staff, at least that's how it works everywhere else in the country. North Dakota's 1915(i) is unique in its requirement for individual staff to enroll in addition to the agency, and it's not a benefit to anyone.

The second recommendation is twofold: increasing provider rates, to be equal with all HCBS providers, and changing the billing unit type, which would also reduce administrative burden for both the State and provider agencies. The 15-minute units of which the vast majority of services are set at create issues for staff having to document at that level - the agencies expected to become providers are not your typical healthcare/insurance-billing provider. We recommend working with agencies throughout the state to develop billable units at either daily or monthly

rates that improve functionality for all involved. This would particularly make sense for the housing services, but may be beneficial for other services, too.

Lastly, we need to address the challenges with getting individuals from determining eligibility to receiving the authorized support services, starting with a recommendation to remove utilization of the WHODAS and moving to a referral system. Our neighbors in Minnesota have a different eligibility process that does not have half as many steps for folks to fall through the cracks. We recommend that the Department have an independent review for bias and equity of the WHODAS, which will likely lead to finding an alternative.

Thank you for the opportunity to be here, I'll stand for any questions.

Respectfully submitted,

Katie Jo Armbrust