

HOUSE APPROPRIATIONS COMMITTEE  
MARCH 20, 2023

Chairman Nelson, Members of the Committee, my name is Kandia Qual, I am the Regional Program Director for Dacotah Foundation. I am here in support of HB 2012.

Our agency has been a provider of behavioral health services in North Dakota since 1970. Dacotah Foundation provides services in both the Bismarck-Mandan and the Fargo-West Fargo communities. A large portion of our services are through State funded contracts with the ND Department of Health and Human Services to support their efforts in this battle against the growing mental health crisis in our world today. Our agency exists to provide quality recovery-based life enhancing support and services to individuals in the communities we serve who are experiencing significant mental health and/or substance use challenges. As a partner in the community collaboration to meet the on-going needs of these consumers, we work very closely as a contracted provider with the Regional Human Service Centers to coordinate and provide our services on a daily basis, 24/7, 365 days a year.

Some of the committee members may already know about our agency and services but for those that are new, we would like to share a brief description of some of the services we provide so you can understand how we fit into the provision of services and engage with the Department of Health and Human Services. Many of the services we provide are residential based facilities with an augmentation of community-based services.

In the two regions Dacotah Foundation currently operates, we provide a continuum of care which is largely funded by State contracts. This continuum encompasses crisis stabilization services, permanent supportive housing, and independent living with community-based supports. Within the combined regions, we currently operate residential facilities which provide (27) crisis stabilization beds, (23) substance use disorder beds, (28) transitional living skill building beds, as well as provide staffing for a 40-unit permanent supportive housing program. These residential facilities are staffed 24 hours a day 365 days a year, and typically require multiple staff on each shift to meet the client and program needs as well as maintain safety. In the community-based setting, we operate a daily medication delivery and monitoring program to approximately 90-100 individuals throughout both regions as well as operating the Dacotah Recovery Center, located in Bismarck, which provides recovery-based services to persons who self-identify with a mental illness and are needing support and assistance navigating the system for care.

Apart from the above State contract funded programs, we also operate other community based supportive services in both the Bismarck-Mandan and Fargo-West Fargo regions. These services include our Representative Payee programs which provide money management and bill payment supports to approximately 350 individuals struggling to manage their financial resources and (42) affordable independent apartment and group living options for individuals. These apartment and group living options target individuals that have had difficulty finding local housing due to their financial backgrounds or rental histories. Further details regarding our programs, as well as the specific services and levels of care they offer can be found in Appendix A.

The residential and community-based care services we offer through our agency play an intricate role in supporting the State efforts to address the increasing need for intense mental health and substance use disorder services. The programs we operate and support would not be possible without the funding you provide to the Department of Health and Human Services and their Regional Human Service Centers. The funding encompassed within HB2012 is essential in providing for staff, facility management, and program needs which make these core programs and services possible. However, it is also important to note that with the workforce labor shortages, the demand of rising wages to remain competitive for staff, the increased costs of goods, and the overall increased cost of doing business during and post pandemic, this still may not adequately cover the needs for contracted programs such as ours. We have all witnessed supportive programs similar to ours being forced to shut down across the nation as well as within our own State due to the above-mentioned financial strains on operations and staffing.

I stand before you today to say we are struggling as an agency to provide these residential services with the current workforce market and the impact of inflation under our current contract rates. We have maintained operations

through the pandemic and post pandemic with rates that weren't able to be adjusted during contract cycles despite the immediate financial impact of the pandemic. This has left our agency at a hardship as our contract rates were already set when the pandemic began and were increased only 1-2% in the current biennium's contracts while inflation rates reached 9%. The cost of food, utilities and repairs have increased by 13.5% and higher. As an example of the current budget constraints, we are currently providing meals to our eight bed facilities on a budget of \$125/week. This \$125 per week feeds eight individuals three balanced meals a day plus the snacks we are required to offer, this is almost impossible to do with rising costs. Our cost of medical insurance premiums for our staff have increased by 15% while what the staff must pay in their portion has also increased. Our starting wage would need to increase by approximately 12% to be competitive with other similar agencies in our area and we are unable to do this at this time due to the constraints of our budget within the current contracts.

The population we serve have intense needs. I have been with our agency for 20 years and can say firsthand, we are seeing individuals arrive for services with a greater intensity and severity of mental health symptoms than we saw even 5 years ago. We are experiencing higher incidents of weapons being brought on site, escalations or violence occurring, and a larger impact of property damage than previous years. These circumstances are a direct result of the client's increased significant mental health symptoms or substance use concerns. I have included some photos of just a small amount of the property damage and weapons we are encountering in Appendix B.

To meet this growing intensity in the need for support, monitoring, and interventions our staff need to be well trained and have specific qualifications. These staff positions are high demand, high energy jobs that require individuals to have an understanding in areas of behavioral health and medications as well as specialized training to recognize and respond to the situations encountered. Our agency competes for knowledgeable dedicated employees with other industries that require less specialized skills and training. For example, there are high school students working in fast food restaurants or big box stores being paid \$17/hr for positions that require less training and less specialized skills or knowledge than the positions we hire for. Under our current contracts our starting wage is \$15.50/hr. for a Mental Health Technician which requires several certifications and advanced training to perform the duties of their job. This difference in pay makes it extremely hard to recruit and retain individuals. To provide the necessary staffing pattern and level of care needed for these programs while also providing the quality of care expected and deserved, our industry needs to be able to be competitive with our salaries and benefits as well as meet the increased training needs to adequately serve this population.

Our turnover rates have continually increased from 33% to 80% primarily due to better pay in jobs with less intense work environments. We are in constant recruitment and training mode. Staff are continually being asked to do more, fill in open shifts and work longer hours which is increasing burnout and impacting staffing retention. We are currently operating at 75% of our staffing needs. Our residential homes and group homes require 24/7, weekend, holiday, and blizzard coverage. Supervisors and administration are being required to work shifts as direct care workers to assist in covering these needs as well, which takes them away from the duties of their positions and causes burnout for them as well. Staffing shortages also requires more overtime to fill the void and impacts expenditures in a budget that is already impacted by inflation. All these factors combined raise concerns for staff safety, impact our ability to repair and maintain safe living environments for the consumers, maintain adequate client to staff ratios, and impacts our available bed capacities to meet the needs of the Regional Human Service Centers.

Without an increase to budget spending for Regional Human Service Centers, contracted providers like Dacotah Foundation will be forced to leave the industry and/or reduce services. In an environment where we are hearing more mental health services are needed, less services and providers would be highly detrimental.

We are here today to advocate for increased budget spending for the Department of Health and Human Services budget that would allow providers to be competitive in the current workforce market; reflective of the level of training required and needed; and reflective of the rate of inflation we are all currently experiencing.

## APPENDIX A

**Crisis Stabilization-** This is our most intensive service we provide for mental health crisis stabilization and social detox. This service program provides both immediate triage and assessment with connections to resources and services as well as short stay residential stabilization services for mental health and SUD services. These services are available and open to the public to walk-in for assessment at any time of day 365 days a year with a goal to engage individuals in services during their moments of crisis in order to reduce Emergency room visits, hospitalizations, and jail/incarceration. Individuals are referred to the Stabilization Unit through law enforcement, local hospitals, crisis hotlines, local homeless shelters, family and friends or their individual decision to seek care in their moments of crisis. These services are provided in collaboration with the Regional Mobile Crisis Response teams for after hours response and under the direction of the regional HSC. There are 15 beds in Fargo and 12 beds in Bismarck.

**Substance Use Disorder Treatment-** These services are conducted within two separate programs in Fargo comprised of 23 beds. Residents reside within these programs, which are staffed 24/7/365 to receive support, observation and recovery orientated skills building while still receiving substance use disorder treatment in an outpatient setting through the Human Services Center. Staff work with residents through their engagement into recovery as well as longer term transition back into sober community living arrangements.

**Transitional Skill Building Residential-** These services are a step-down service from crisis stabilization for individuals needing more observation and skill building while continuing treatment with the Regional Human Service Center teams. There is one facility in Fargo (8 beds) and two facilities in Bismarck (20 beds)

Medication delivery and monitoring programs are in both Bismarck (50 individuals) and Fargo (40-50 individuals). This service provides once to twice daily contact with individuals that have demonstrated a history of needing higher levels of care if non-compliant with medication. Staff deliver the medications to the individuals in their private homes throughout the community and observe them take the medications to assist in adherence. This also gives us a daily opportunity to observe well-being and report and address concerns early.

Support staff for Edwinton Place in Bismarck which is a permanent supportive residential setting for 40 individuals. This program is provided in collaboration with Burleigh County Housing Authority and DHHS. Staff help identify needs; monitor for safety and assist to connect tenants to community resources.

Dacotah Recovery Center located in Bismarck provides recovery-based services to persons who self-identify with a mental illness and are needing support and assistance navigating the system for care. The center provides peer-to-peer group options for members to share their recovery journey, success, and resources. Staff are available to assist and provide education and activities that help develop skills in the four major dimensions of recovery which are health, home, community, and purpose (self-worth).

Representative Payees are in both Bismarck and Fargo to provide money management and bill payment supports to approximately 350 individuals struggling to manage their financial resources. They focus on shelter, food and clothing needs and work with local vendors and apartment managers. This program is funded by client funds received either from their Social Security or employment income.

Affordable independent apartment and group living options for individuals that have had difficulty finding local housing due to their financial backgrounds or rental histories. There are both individual and group living options for persons in multiple stages of recovery. There are five sites in the Bismarck area which can house 37 individuals and one in Fargo which can service 7 individuals. Tenants pay for their rent from their own financial resources, with supports from vouchers or more recently ND Rent Help. Individuals benefit from the peers they live with and from supportive services that are provided within each setting.

APPENDIX B

The below pictures are representative of some of the damage within our programs caused by symptomatic residents during their stays. This is just a small representation of the violent or dangerous situations we encounter that not only affect staff retention but cause financial strain on the agency due to consistent repair expenses in all programs.



(Appendix B Continued)



The below pictures represent several of the weapons being brought into the programs on a consistent basis that we are confiscating for safety concerns. The weapons depicted were collected over less than a 30 day period and are representative of only a portion of what we confiscate monthly.

