

SENATE APPROPRIATIONS COMMITTEE

JANUARY 26, 2023

Chairman Dever, Members of the Committee, my name is Doreen Eichele, Chief Operations Officer for the Dacotah Foundation. I am here today in support of SB 2012.

We have been a provider of behavioral health services in North Dakota since 1970. Our agency exists to provide quality services that enhances lives and provides hope to individuals in the communities we serve who are experiencing mental health and/or substance use challenges. Dacotah Foundation provides services in the Bismarck-Mandan and Fargo communities. We contract with the ND Department of Health and Human Services to provide and fund a major portion of our services.

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 care and collaborate with DHHS. Many of the services we provide are residential based with an augmentation of some community-based services.

The residential services we provide in coordination with the Regional Human Service Centers and their team members are:

Crisis Stabilization- We operate units in both Fargo (15) and Bismarck (12) communities. This is our most intensive service we provide for mental health crisis stabilization and substance withdrawal management. This service provides options we refer to as Sit, Stand, or Stay. This program helps reduce the need for emergency services, more appropriate use of local Emergency room visits, and jail or incarceration. The Regional Human Services Mobile Crisis Response Team and local law enforcement provide the initial response to the crisis in the community and assess for level of care. If appropriate, individuals can be brought for psychiatric stabilization, withdrawal management, monitoring of symptoms and supportive services. They may stay for 24 hours for Sit, Stand, or be evaluated for longer stays depending on the level of need and crisis. They are also connected and/or reconnected to services at the Regional Human Service Center and community providers.

Transitional Residential- These services are a step-down service from crisis stabilization for individuals needing more observation and skill building while continuing services with their Regional Human Service Center teams. Stays vary from 3-16 months with the goal of returning to independent living. There are three facilities in Fargo (31) and two facilities in Bismarck (20).

Medication Monitoring programs are provided in both Bismarck (50) and Fargo (35-40). This service provides monitoring of medications for individuals to support and increase their success with medication compliance. This also gives us a daily

opportunity to observe their well-being and report and address concerns with their treatment team early.

These programs and staff support 32 residential beds in Bismarck and 46 residential beds in Fargo.

Dacotah Foundation also provide 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.

Our agency operates 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. The center provides peer-to-peer group options for members to share their recovery journey, success, and resources. The staff are available to help 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).

Other community services we provide with other sources of funding are:

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.

Dacotah Foundation also provides affordable apartments and group living options for individuals that have had difficulty finding and maintaining 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.

These residential services would not be possible without the funding you provide to DHHS and their Regional Human Services. These funds provide a very vital community service and supports members of our community who are struggling. It provides for support staff, facility management and program need. It makes these core programs possible.

I stand before you today to say we are struggling as an agency to continue to provide these residential services with the current workforce market and impact of inflation under our current contracts. This has never been more evident than in this most current biennium where

our contract rates increased 1-2% while inflation rates reached 9% and now more recently down to 6.5% for the previous twelve months. The cost of food, utilities and repairs have increased by 13.5% and higher. Our cost of medical insurance premiums for our staff have increased by 15%.

To provide the level of care needed and quality of care expected, our industry needs to be able to be competitive with our salaries and benefits. These positions are high demand, high energy jobs that require individuals to have good, specialized training and an understanding in areas of behavioral health and medications. Our agency competes for good quality employees with other industries that require less specialized training and skills. Many of the competing jobs openings outpace our current starting salaries by more than \$2/hour. This difference in pay makes it extremely hard to recruit and retain staff. Our turnover rates have continually increased from 33% to 80% primarily due to better paying jobs with less intense work environments. We are in constant recruitment and training mode. As a provider, we will be unable to keep, attract, and retain well qualified individuals to meet the needs of the programs if reimbursements are not increased to providers.

Staffing shortages also requires more overtime to fill the void and impacts expenditures in a budget that is already impacted by inflation. Our residential homes require 24/7, weekend, holiday, and blizzard coverage. If increased funding is not made available now and for the future, 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 detrimental.

We serve a population that has reoccurring and intense mental health needs which has contributed to a higher level of burnout among our current staff members. This burnout is only intensified by the current staffing shortages. Staff are being asked to continually do more, fill in open shifts and work longer hours. Supervisors and administration are being asked to provide help covering these needs pulling them away from other essential duties. We are currently operating at 75% of our current staffing needs. This raises other concerns for staff safety, maintaining adequate client to staff ratios, at times impacts our ability to have open and available beds, and the ability to provide ongoing services in the future. Current funding for mental health providers, without the requested increases, jeopardizes our capacity to provide ongoing services in the future.

We are here today to advocate for increased budget spending for the DHHS 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.