

House Appropriations | Human Resources Division Representative Jon Nelson, Chairman

Housing and its role in Economic Health and Wellbeing February 3, 2021



## DHS 2021-2025 KEY PRIORITIES



#### Strong Stable Families

- Maintain family connections
- Improve stability and prevent crises
- Promote and support recovery and well-being



#### Early Childhood Experiences

- Support workforce
   needs with improved
   access to childcare
- Help kids realize their potential with top quality early experiences
- Align programs for maximum return on investment



#### Services Closer to Home

- Create pathways that help people access the right service at the right time
- Engage proactively with providers to expand access to services



#### Efficiency Through Redesign

- Embrace process redesign to find efficiencies in our work
- Leverage technology to support greater efficiency, quality and customer service



#### High-Performing Team

- Develop a One DHS Team culture
- Engage team with opportunities for learning and development
- Implement fiscal scorecard to drive efficiency and effectiveness

**Reinforce the Foundations of Well-being** 

Economic Health

Behavioral Health

Physical Health



### DHS AUTHORITY ESTABLISHED IN NDCC 50-06

### Administration of human services programs related to:

- Children and families
- Individuals with developmental disabilities
- Aging services
- Behavioral health
- Economic assistance
- Medical service
- General assistance
- Child support

#### CHAPTER 50-06 DEPARTMENT OF HUMAN SERVICES

#### 50-06-01. Definitions.

As used in this chapter, unless the context otherwise requires:

- "Behavioral health" means the planning and implementation of preventive, consultative, diagnostic, treatment, crisis intervention, rehabilitative, and suicide prevention services for individuals with mental, emotional, or substance use disorders, and psychiatric conditions.
- "Behavioral health provider" means any licensed or accredited behavioral health provider in this state.
- 3. "Department" means the department of human services.
- "Human services" means:
  - a. A service or assistance provided to an individual or an individual's family in need of services or assistance, including child welfare services, economic assistance programs, medical services programs, and aging services programs, to assist the individual or the individual's family in achieving and maintaining basic self-sufficiency, including physical health, mental health, education, welfare, food and nutrition, and housing.
  - A service or assistance provided, administered, or supervised by the department in accordance with chapter 50-06.
  - Licensing duties as administered or supervised by the department or delegated by the department to a human service zone.

### 50-06-01.1. Department of human services to be substituted for public welfare board of North Dakota and social service board of North Dakota, members of board, and executive director.

When the terms "public welfare board of North Dakota", "social service board of North Dakota", "executive director of the public welfare board", "executive director of the social service board", "member of the public welfare board", or "member of the social service board", or any derivative of those terms which, when used in context indicates an intention to refer to those persons or that board, appear in the North Dakota Century Code, the term "department of human services", or the term "executive director of the department of human services", as the case may be, must be substituted therefor. It is the intent of the legislative assembly that the department of human services must be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the public welfare board of North Dakota or by the social service board of North Dakota.

## Foundations of Wellbeing are Interconnected



The stability that comes from good **economic** health can **improve behavioral** health. The stability that comes from good **physical** and **behavioral** health **enables economic** health.

#### **DHS Mission and Operating Principles**

Provide quality, efficient, and effective human services, which improve the lives of people

QUALITY

- Services and care should be provided as close to home as possible
- Services should be provided consistently across service areas to promote equity of access and citizen focus of delivery



- Services should be administered to optimize for a given cost the number served at a service level aligned to need
- Investments and funding in DHS should maximize ROI for the most vulnerable through safety net services
- Cost-effectiveness should be considered holistically, acknowledging potential unintended consequences and alignment between state and federal priorities



- Services should help vulnerable North Dakotans of all ages maintain or enhance quality of life by:
- Supporting access to the social determinants of health: economic stability, housing, education, food, community, and health care
- Mitigating threats to quality of life such as lack of financial resources, emotional crises, disabling conditions, or inability to protect oneself

### SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland



## Jason needs a place to live.

#### Can I find a place that meets my needs?

In the community where I want to live Right size for my household Accessible

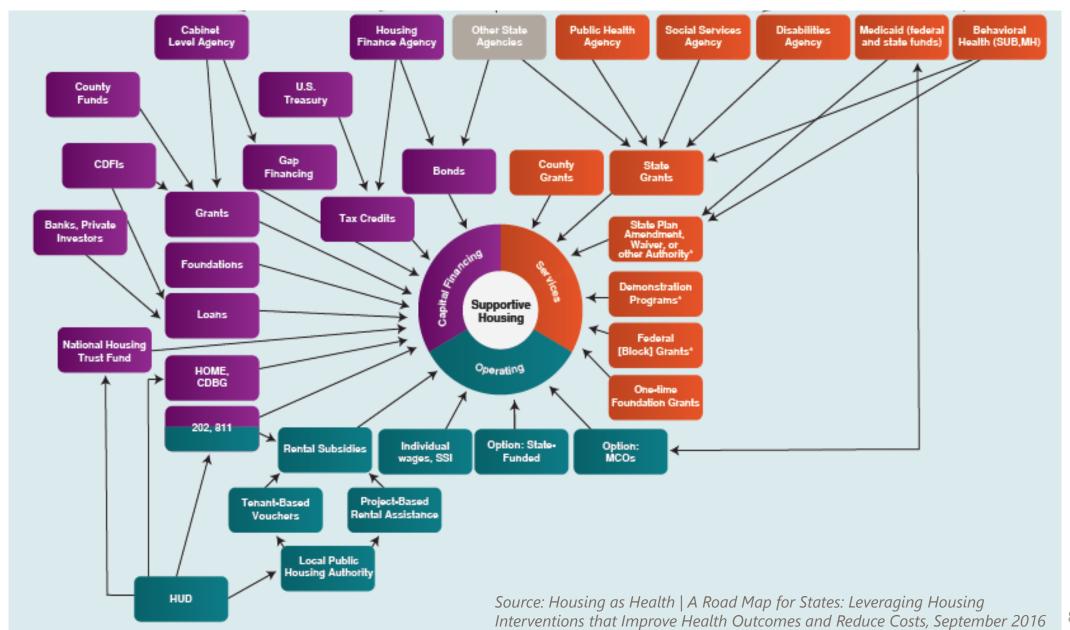
#### Can I afford to pay the cost of my housing?

Rent or Mortgage Utilities Taxes Repairs

#### If things aren't going well, can I get help if I need it?

Help with activities of daily living
Personal care assistance
Help managing your affairs
Financial / budget / benefit counseling

#### **Example of Partnerships involved in creating Supportive Housing**



## The Elements of Supportive Housing

Capital

- Land Aquisition
- Demolition
- Construction ("bricks and sticks")
- Rehabilitation

- Note: Capital coats only apply to single-site supportive housing.

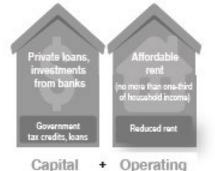
- Lights, water, heat
- Landlord services
- Building maintenance
- Debt service payments

- Lights, water, heat
- Landlord services
- Building maintenance
- Debt service payments

- Workforce training and career services

### The Challenge of Supportive Housing: Unlike Other Housing Models, Supportive Housing Must Encompass Services

# Private loans, investments from banks Capital + Operating





## Market Rate Housing Target: Those at or Above AMI\*

Market-rate housing is reflected in the types of units for which rent is the going market rate or higher. The developer raises capital through bank loans and other investments. Rents are set at a rate that allows the developer to at least meet the debt requirements of the loans used to construct the units and maintain the upkeep and operations of the building.

# Three Housing Models

#### Affordable Housing 21

Target: Low Income (below 60 percent AMI

Affordable housing targets households making 60 percent or less of AMI. "Affordable" means that rents are set at a rate that equals 30 percent of household income. To make the units "affordable", governments may infuse low-interest grants, loans and tax credits into the construction costs which allows the tenant to pay below-market rent. Plenters of affordable housing may also have rental subsidies. Not all projects are able to receive tax credits or rental subsidies because of high demand.

#### Supportive Housing

Target: Extremely Low Income (below 30 percent AMI) with service needs, such as individuals transitioning out of nursing facilities, chronically homeless adults and the high-need, high-cost population.

"Supportive housing" is affordable housing that targets extremely low-income households (30 percent or less of AMI) and provides services that this vulnerable population needs. Similar to affordable housing, households pay roughly one-third of their income toward rent, with the remainder government subsidized. Some services provided in supportive housing are not funded, however, and with no stable revenue source to pay for those services, particularly pretenancy and tenancy support, supportive housing providers often have to cobble together short-term or one-time grants to cover services, a solution that is not sustainable long term.

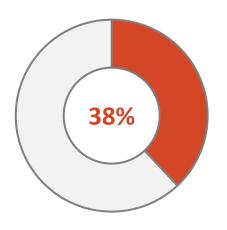
Source: Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, Sept 2016

### HOUSING SNAPSHOT - NORTH DAKOTA

\$714-\$972

#### 40<sup>th</sup> percentile rents

Fair market rent (FMR) for a 2-bedroom apartment in ND varies from \$714 -\$972 (by region, 2018) 120,780



#### 2 in 5 households

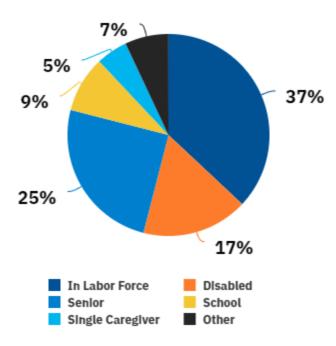
38% of North Dakotans are renters \$26,140

#### **30% of AMI**

22% of renter households are considered extremely low income (30% AMI – state level)

Which means a 4-person household earns a max of \$26,140 (equal to a single wage of \$12.56/hour)

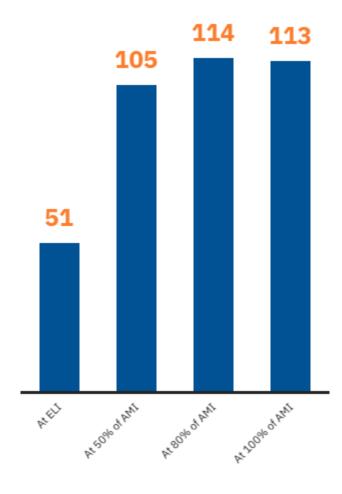
### EXTREMELY LOW INCOME RENTER HOUSEHOLDS



Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or a person with a disability, and other. Fifteen percent of extremely low income renter households include a single adult caregiver, more than half of whom usually work more than 20 hours per week. Eleven percent of extremely low-income renter households are enrolled in school, 48% of whom usually work more than 20 hours per week.

Source: 2018 ACS PUMS.

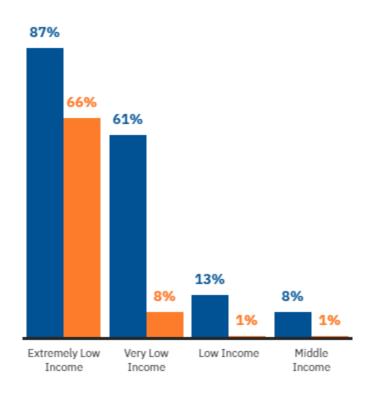
#### AFFORDABLE AND AVAILABLE HOMES PER 100 RENTER HOUSEHOLDS



Source: NLIHC tabulations of 2018 ACS PUMS

#### HOUSING COST BURDEN BY INCOME GROUP





**Note:** Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.

Source: NLIHC tabulations of 2018 ACS PUMS

### ECONOMIC ASSISTANCE

### State Median Income for ND households 2020

Many federal assistance programs are designed to help individuals and families who earn less than 60% of State median income (SMI).

60% SMI is roughly equivalent to 200% of the federal poverty level.

	30% SMI		60% SMI		100% SMI	
Household	Annual	Hourly	Annual	Hourly	Annual	Hourly
Size	Income	Wage	Income	Wage	Income	Wage
1	\$ 15,720	\$ 7.56	\$ 31,440	\$ 15.12	\$ 52,400	\$ 25.19
2	\$ 20,562	\$ 9.89	\$ 41,124	\$ 19.77	\$ 68,540	\$ 32.95
3	\$ 25,398	\$ 12.21	\$ 50,796	\$ 24.42	\$ 84,660	\$ 40.70
4	\$ 30,234	\$ 14.54	\$ 60,468	\$ 29.07	\$ 100,780	\$ 48.45
5	\$ 35,070	\$ 16.86	\$ 70,140	\$ 33.72	\$ 116,900	\$ 56.20
6	\$ 39,912	\$ 19.19	\$ 79,824	\$ 38.38	\$ 133,040	\$ 63.96
7	\$ 40,818	\$ 19.62	\$ 81,636	\$ 39.25	\$ 136,060	\$ 65.41
8	\$ 41,724	\$ 20.06	\$ 83,448	\$ 40.12	\$ 139,080	\$ 66.87

Hourly wage based on assumption of 2,080 hours of work / year (full time equivalent)

## EVERY OCCUPATION HAS A DIFFERENT EARNING PROFILE, WHICH HELPS US UNDERSTAND WHO MAY BE ELIGIBLE FOR ASSISTANCE

Sampling of occupations by average wage (2019)

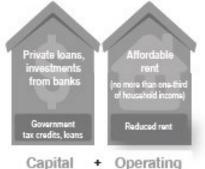






Less than \$12 / hr	\$12 - \$20 / hour	\$20 - \$28 / hour	\$28 - \$35 / hour
Waiter/Waitress Child care worker Dishwasher Bartender Cafeteria worker Short order cook Cashiers Clerical assistant Personal care aide	Pharmacy tech Home health PT assistant Hair stylist Retail Farmworker Restaurant cook Data entry EMTs & paramedics Carpet installers Maintenance workers Nursing assistant Laborer Substitute teacher Office/accounting clerk Light truck driver Extraction helper	Carpenter Loan processor Legal secretary Correctional officers Auto service tech Surgical tech Roofer Lic Practical Nurse Dental assistant Firefighter Surgical assistant Clergy Social worker Police Hotel manager Roustabout Heavy truck driver	School counselor Rotary drill oper HR specialist Accountant Real Estate Sales PR specialist Counselor Registered Nurse Computer network specialist Construction supervisor Dental hygienist Architecture occ Speech pathologist

### Private loans from banks Capital + Operating





## Market Rate Housing Market-rate housing is reflected in the types of units for which rent is the going market rate or higher. The developer raises capital through bank loans and other investments. Rents are set at a rate that allows the developer to at least meet the debt requirements of the loans used to construct the units and maintain the upkeep and operations of the building.

#### Affordable Housing 21

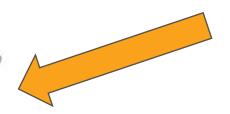
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#### Supportive Housing

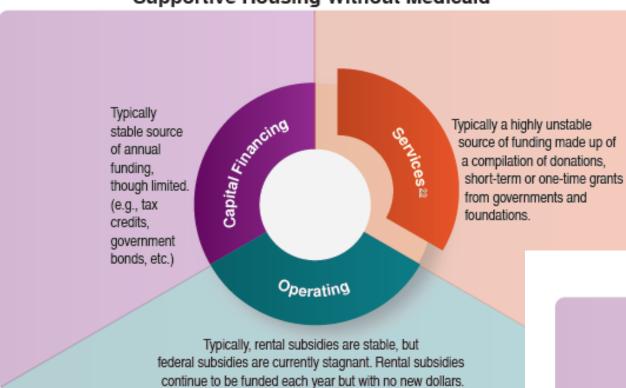
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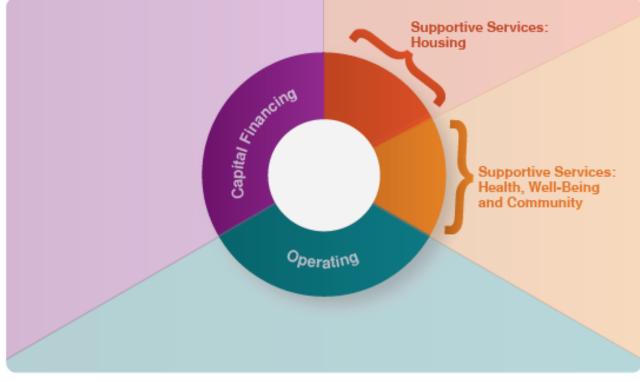
## **Three** Housing **Models**



#### Supportive Housing Without Medicaid



#### Supportive Housing With Medicaid



Source: Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, Sept 2016

## What are Supportive Services?

### Supportive Services Housing 18

**Tenancy Support** 

Health insurance eligibility:

Development of housing plan;

Income eligibility:

Needs assessment:

Housing applications:

· Landlord engagement;

Eviction prevention;

Obtaining furniture.

household items:

coordination:

· Housing respite.

· Case management/care

On-site monitoring; and

Housing search;

Deposits:

Intake:

#### Health Care

- Medical respite
- · Referrals to or provision of:
  - Primary care;
  - BH:
  - Substance use services;
  - Medication management;
  - Vision; and
  - Dental.
- Documentation and application for:
  - Disability; and
  - Health insurance.
- Accompanying tenant to appointments:
  - Transportation to medical appointments;
  - Pain management; and
  - Palliative care.
- · Case management/care coordination.

#### Behavioral Health

 Assertive Community Treatment for high mental health MH/SUD-needs populations;

Supportive Services

Health, Well-Being and Community 19

- Intensive case management for mild to moderate MH/SUD needs populations;
- Mobile crisis services including peer-based crisis;
- Peer support services;
- Psychosocial rehabilitative services (e.g.,supported employment, skill building interventions, community supports);
- · Nonemergency medical transportation;
- Medication services including medication management and reconciliation;
- SUD services (e.g., medication-assisted treatment for opioid dependence);
- Individual and group therapies
   (e.g. integrated dual disorders treatment, illness management and recovery); and
- Case management/care coordination.

#### Referrals to Social Support

- Employment supports;
- · Apprenticeships;
- Education supports;
- Nutrition education, including grocery shopping;
- Legal services;
- Budgeting and finances;
- Documentation and application for food stamps;
- · Family counseling, mediation;
- Crisis management;
- Transportation (job-related);
- Access to child care;
- · Activities of daily living; and
- Case management/care coordination.

Medicaid can pay for tenancy support but most states have not currently exercised those options.

Many Medicaid programs pay for supportive services related to physical health and BH as well as referrals to community-based services, but most do not reimburse for tenancy support.

Source: Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, Sept 2016

\*Note: This list is not exhaustive but rather intended to serve as an example of the most commonly offered services. For more information on supportive housing, see: <a href="https://www.usich.gov/solutions/housing/supportive-housing">https://www.usich.gov/solutions/housing/supportive-housing</a>

Incorporate
key elements
of Behavioral
Health
Services that
are integral to
housing
intervention

A team-based approach that applies a multi-disciplinary model of assisting individuals in managing their health conditions and related needs.

Assertive Community Treatment is a multidisciplinary, team-based treatment model that provides flexible treatment and support to people with serious mental illness in the community 24/7.

Outreach, engagement and coordination are key elements.

Assertive
Community
Treatment
For high-need
MH/SUD populations

Intensive Case Management For populations with mild to moderate MH/SUD needs

Mobile Crisis Services Including peerbased crisis support Services provided in the community that provide immediate response to and evaluation of mental health emergencies.

Evidence-based, trauma-informed, motivational approach to engagement and service provision

> Guiding Principles: Choice, Harm Reduction, Recovery-Oriented, Community Integration

Psychosocial Rehabilitative Services Supported employment, skill building, community

support

Supported employment intervention places individuals in competitive jobs and then supports them and the employer on the job.

Nonemergency Medical Transportation A defined Medicaid benefit to assist individuals who must get to and from medical appointments and services but lack transportation.

Individual and Group Therapy

Examples: Integrated dual disorders, illness self-management and recovery

"Integrated dual disorder treatment" is a standardized intervention for people with serious mental illness and SUD that integrates MH and substance abuse treatment into a single intervention by the same provider or team.

"Medication-assisted treatment" is the use of medications combined with behavioral and psychosocial interventions to provide a "whole patient" approach to the treatment of SUDs.

Substance Use Services Example: Medication-assisted treatment for opioid dependence

Medication reconciliation involves comparing a patient's prescriptions against current medications to avoid medication errors, assess drug interaction concerns and ensure evidenceinformed practice. Medication
Services
Medication
management
and
reconciliation

Services designed and delivered by individuals in recovery from alcohol, drug addiction, and mental illness. Peer Support Services

#### Source:

Housing as Health | A Road Map for States: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs, September 2016

18

### **Two Different Supported Housing Models**

#### **Scattered Site**

- Rental units located throughout the community;
- Apartments or single-family homes;
- Case managers may be mobile and provide services in the home, or patients can receive care at FQHCs or other partner facilities;
- Patients also referred to providers in their community;
- Little or no up-front capital investment; and
- Works well in communities well supplied with MH, BH and other service providers needed to effectively treat this population.



#### Availability of Units:

- Lease existing units immediately from landlords willing to participate, or identify tax-credit units about to come online.
- Most federally sponsored subsidies require that units meet Fair Market Rent guidelines and Section 8 inspection standards.

#### Single Site or Mixed Single Site

- Units located in a single building;
- Many services provided onsite by hired staff, through partnerships with providers or onsite at a provider facility;
- Depending on financing:
  - 100% units reserved as supportive housing
  - Percentage of units set aside as supportive housing, remainder reserved as market-rate housing for the general population
- Good option for cities with a shortage of affordable rental units to meet Fair Market Rent guidelines.





#### Availability of Units:

- Existing units are likely to be filled, with a low turnover rate.
- New units will need to be created through construction or rehabilitation.
- For this reason, scattered site complements single site nicely.

## KEY TERMS | DOJ SETTLEMENT Most Integrated Setting

A *living environment* that allows individuals with disabilities to interact with non-disabled persons to the fullest extent possible.

December 2020 U.S. Dept of Justice Settlement with State of North Dakota

#### For Example

Single Family Home Apartment Townhome Condominium Farm or Ranch Adult Foster Care Living with family

## SETTLEMENT AGREEMENT BETWEEN U.S. DOJ & STATE OF ND

Purpose is to ensure that the State will meet the ADA requirements by providing services, programs, and activities for individuals with physical disabilities in the most integrated setting appropriate to their needs.

#### **Effective December 14, 2020**

Agreement will terminate eight years after effective date if Parties agree that the state has attained substantial compliance with all provisions and maintained that compliance for a period of one year.



## KEY TERMS | DOJ SETTLEMENT Community Integration Mandate

Public entities are required to provide **community-based services** when:

- Community-based services are appropriate for the individual; and
- The individual does not oppose community-based treatment; and
- Community-based treatment can be reasonably accommodated, taking into account:
  - Resources available to the entity and
  - Needs of others receiving disability services.



## KEY TERMS | DOJ SETTLEMENT Permanent Supported Housing

Affordable, permanent housing coupled with housing supports and other community-based services. Individual lives in a private home alone, with family, significant other, or roommates of their choosing.

December 2020 U.S. Dept of Justice Settlement with State of North Dakota

#### Notes

 Tenants must have access to community provider for intermittent on-call, planned and back up community-based services Must be scattered site housing

## KEY TERMS | DOJ SETTLEMENT Integrated Housing

Housing cannot be provided in group homes, nursing facilities, boarding homes, residential care facilities or assisted living residences; or any building where more than 25% of the occupants are TPM.

Requires state to provide funding for rental assistance including reasonable expansion of existing capacity by funding and providing rental assistance to support permanent housing for TPM.

Requires state to provide for assistance with identifying housing, coordinating housing modifications, applying for subsidized housing, as well as help preserving tenancy if temporarily admitted to a Nursing Home.



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#### Market Rate Housing

Target: Those at or Above AMI\*

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## Private loans, investments from banks Market-rate rent Capital + Operating

## Private loans, investments from banks (no more than one-third of household income) Government tax credits, loans

Capital + Operating

#### Affordable Housing 21

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#### Supportive Housing

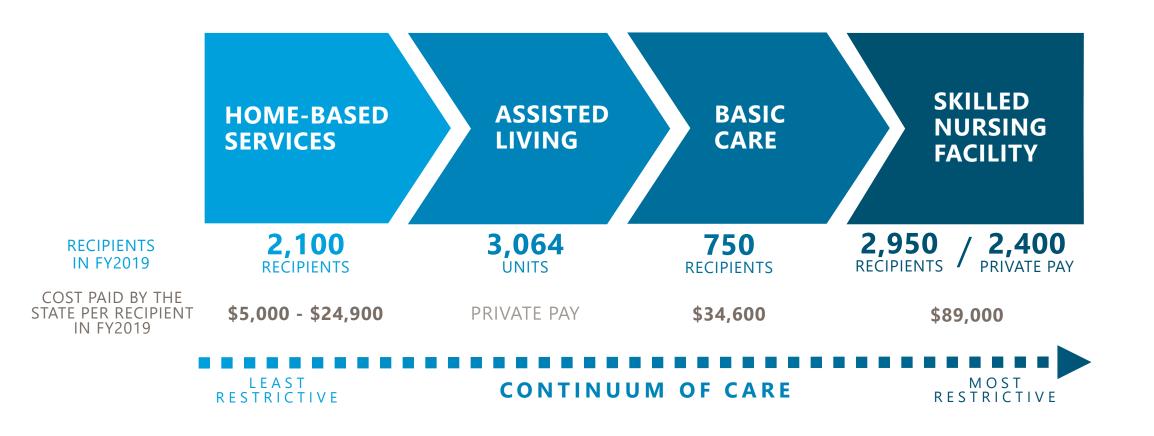
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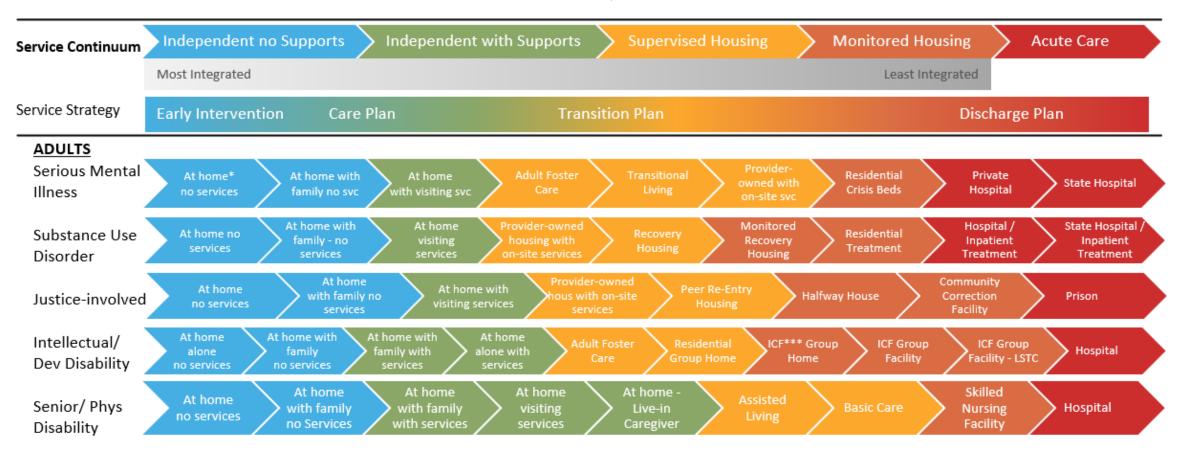
## CONTINUUM OF CARE | DOJ SETTLEMENT

Long-term care services & supports



#### **The Service Continuum - Adults**

A critical concept defined

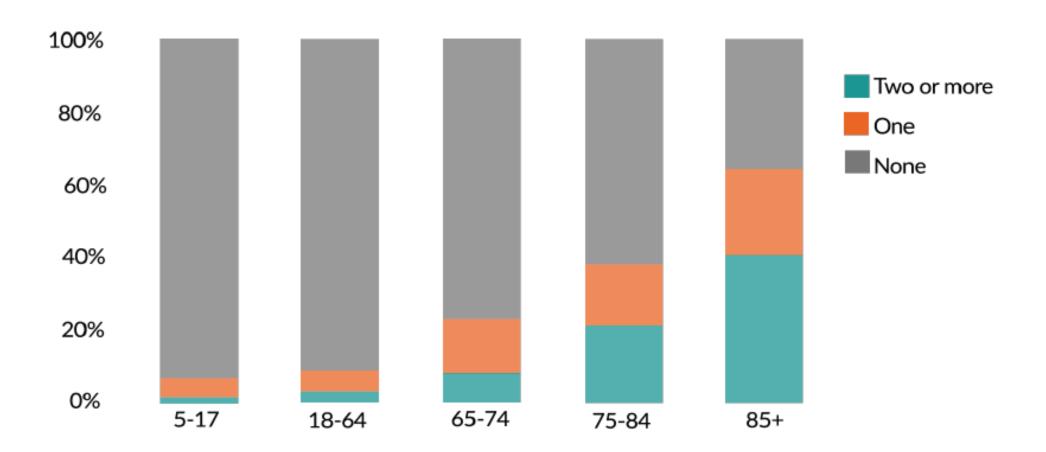


<sup>\*</sup>Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

<sup>\*\*</sup>Family = includes birth family, kin-caregiver, adopted family

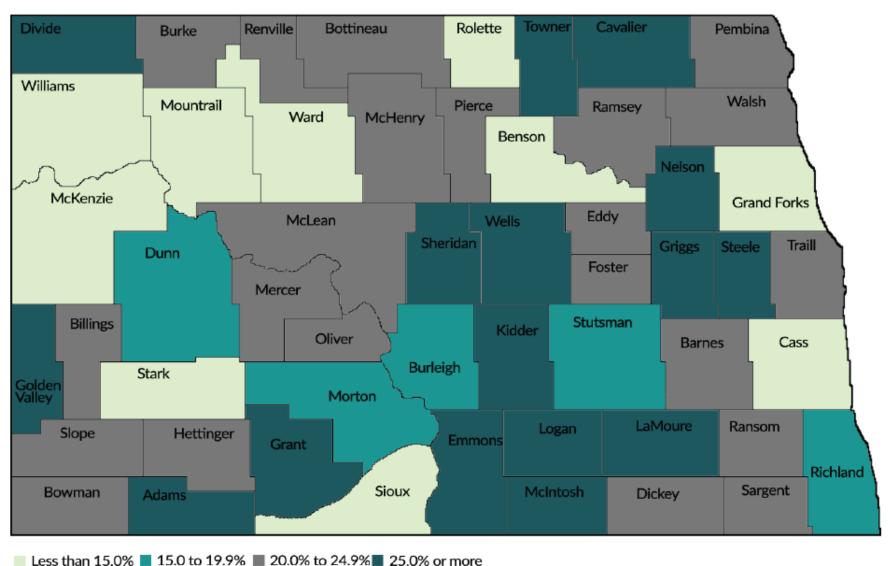
<sup>\*\*\*</sup>ICF = Intermediate Care Facility. ICF Group Home (less than 8 people); ICF Group Facility (8 or more people); ICF LSTC (Life Skills Transition Center)

#### Individuals by Detailed Age and Number of Disabilities 18



Source: "The Current State of Housing in North Dakota", 2020, p.18

#### Percent of Population Age 65+ 19



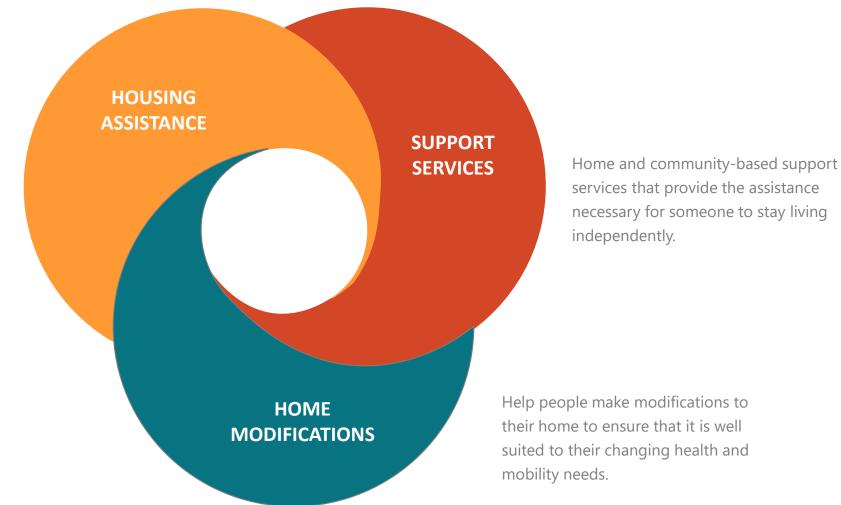
What do we need to do to help someone make an informed choice about how they may want to access services in the most integrated setting that is right for them?



### Improve ability to live as independently as possible

Intersecting approaches can help preserve possibilities and assure choice

Provide housing assistance to remove affordability as a barrier to independent living.



### Improve ability to live as independently as possible

Intersecting approaches can help preserve possibilities and assure choice

Personal Care Medication Assistance Meal Preparation Rental Assistance **HOUSING Shopping Assistance** Property Tax Assistance **ASSISTANCE** Transportation Assistance Special Assessment Assistance **SUPPORT** Companion Services SERVICES Utility assistance Preventative Health Care Assistance with home repairs Behavioral Health supports **Employment supports** Economic assistance Budget planning Care coordination HOME **MODIFICATIONS** Renovation to address mobility Renovation to address accessibility Integration of assistive devices

What do we need to do to make sure we are delivering the right service in the right place at the right time?



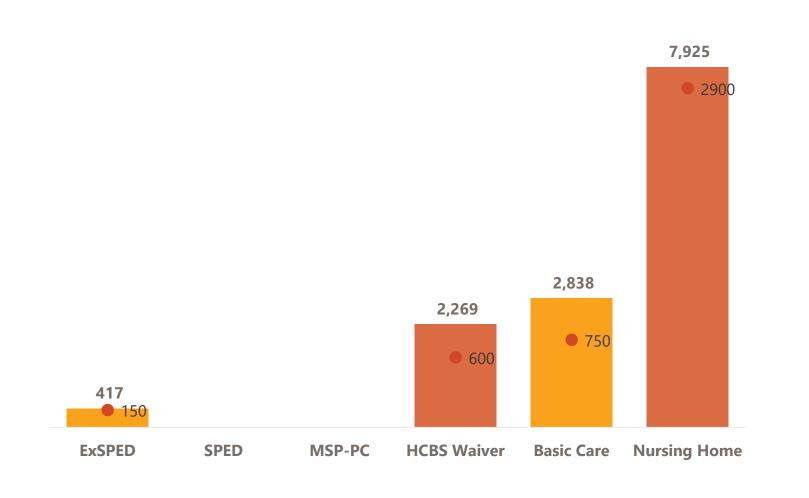
## AGING & ADULT SERVICES Cost per month per person per type of service – SFY20



#### **Program Descriptions / Detail**

- Service Payments for the Elderly and Disabled (SPED): Provides services for people who are older or physically disabled, have limited assets, and who have difficulty completing tasks that enable them to live independently at home.
- Expanded SPED (Ex-SPED): Pays for in-home and community-based services for people who would otherwise receive care in a licensed basic care facility.
- Home and community-based services (HCBS) waiver: This waiver from the federal government allows the state to use Medicaid funds to provide services enabling eligible individuals who would otherwise require nursing home services to remain in their homes or communities.
- Medicaid State Plan personal care (MSP-PC): Personal care services available under the Medicaid state plan and enable persons with disabilities or chronic conditions accomplish tasks they would normally do for themselves if they did not have a disability.
- Basic Care: Room and board and personal care services for persons eligible for Medicaid.

## AGING & ADULT SERVICES Cost month per person per type of service – SFY20



Types of Care with same criteria for eligibility (level of care, assets, income)

#### **Expanded SPED** = **Basic Care**

\$417 / mo v \$2,838 / mo

DIFFERENCE IN COST: \$2,421

**DIFFERENCE IN SVC:** 

Rent, Meals, Supervision

#### **HCBS Waiver** = **Nursing Home**

\$2,269 / mo v \$7,925 / mo

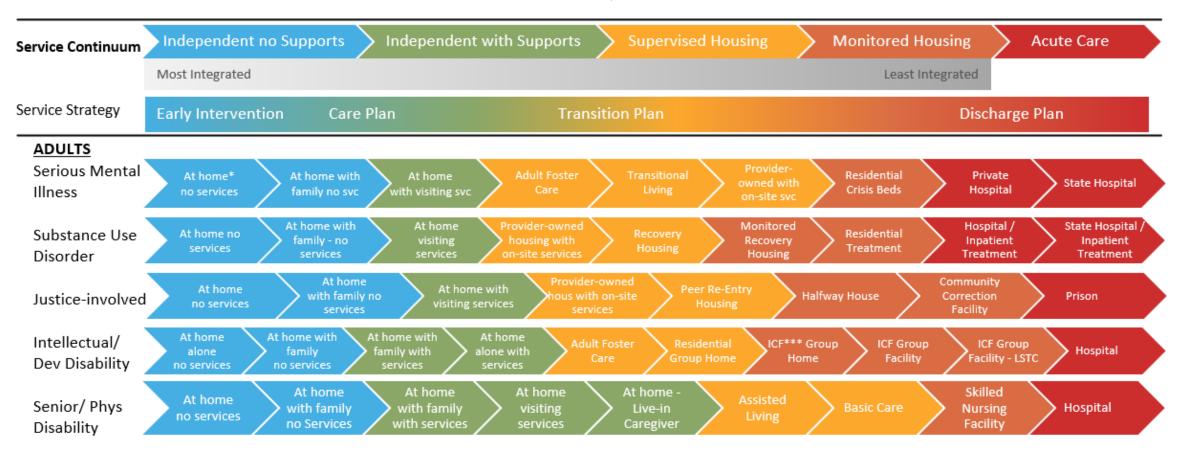
DIFFERENCE IN COST: \$5,656

DIFFERENCE IN SVC:

Rent, Meals, Supervision, 24/7 Nursing

#### **The Service Continuum - Adults**

A critical concept defined



<sup>\*</sup>Home = includes any type of home setting that is the responsibility of the individual (single family home, condo, apartment, mobile home)

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What do we need to do to help someone find their way through a situation that threatens to push them into crisis, and instead help them find their way to stability.



## DHS 19-21 BIENNIUM ACCOMPLISHMENTS & WORK IN PROGRESS

Improved access to effective services



## Process Improvement & Redesign Efforts

- Long term care eligibility team
- Child Protective Service Redesign
- Human Service Zones
- Centralized approach to childcare licensing
- Move to functional teams for child support
- Electronic Visit Verification & case management systems



## Treatment & Recovery Supports

- Medication Assisted Treatment
- Expanded use of SUD voucher
- Behavioral health crisis services



#### **In-Community Services**

- Peer supports, Companionship, and Adult Foster Care
- Social Determinants of Health via Medicaid (1915i)
- Centralized connection point for home
   & community-based svc (ADRL)
- Extended Free Through Recovery

# Return On Investment



## Dakota Human Services Be Legendary.™