

MINUTES

Increase Community Services and Caregiver Supports Task Force



Representative Tim Reed, Chair
Senator Wayne Steinhauer, Vice Chair

**Second Meeting, 2019 Interim
Thursday, August 29, 2019**

**Room 413 – State Capitol
Pierre, South Dakota**

The second meeting of the SCR 2 Task Force 5, Increase Community Services and Caregiver Supports, established to increase the capacity for transitional housing and residential services in communities to keep individuals closer to home, and develop caregiver supports, was called to order by Representative Tim Reed at 10:00 AM in room 413 of the State Capitol in Pierre. A quorum was determined with the following members answering the roll call: Representative Tina Mulally, Representative Carl Perry, Senator Red Dawn Foster (via phone), Jesse Bailey, Colleen Casavan, Wendy Giebink (via phone), Amy Iversen-Pollreisz, Anne Kelly, Brandy Rhead, Pam Vanmeeteren; Senator Wayne Steinhauer, Vice Chair; and Representative Tim Reed, Chair.

Staff members present included Alex Timperley, Legislative Attorney; and Cindy Tryon, Senior Legislative Secretary.

NOTE: For purpose of continuity, the following minutes are not necessarily in chronological order. Also, all referenced documents distributed at the meeting are attached to the original minutes on file in the Legislative Research Council office. This meeting was webcast live. The archived webcast is available at the LRC website at sdlegislature.gov.

Welcome and Introductions

Representative Reed welcomed the members of the task force and those in the audience and listening online. The task force members introduced themselves.

Approval of Minutes

A motion was made by Senator Steinhauer, seconded by Dr. Kelly, to approve the minutes of the Friday, July 19, 2019, Increase Community Services and Caregiver Supports Task Force meeting. Motion prevailed on a voice vote.

New Start Program, Rapid City

Mr. Barry Tice, Pennington County Health and Human Services, and Ms. Stacey Fielder, Behavior Management Systems, presented information on services available in Pennington County. Mr. Tice said the New Start program started in 2008 in response to the needs of individuals who do not qualify for housing for various reasons. Several different agencies came together to find a better way to serve that population. The group looked at templates for HUD's Shelter Plus Care Program and adapted the templates to fit the housing needs in Rapid City and Pennington County. Since inception the New Start program has served 241 individuals and families. The program teaches people how to live in the community, work with landlords, and other tools needed for having a place to live.

The New Start program includes apartment complexes with 51 apartments available. The New Start program is one of the longest Vucurevich Foundation funded programs. The participants' rent is subsidized by the Vucurevich grant dollars. People not familiar with the program often comment that those receiving subsidized housing do not pay rent, but most people in this program do pay a portion of the rent and some pay close to the maximum because of the ability to find jobs once the participants have a home.

The Owens apartment complex has 17 apartments used by the New Start program as well as other apartment complexes in the community. As the participants in the program find success they are able to transition out of the

New Start program apartments into private apartments the Owens company has available in the community. The relationship with the Owens company has grown and become a significant piece of the community voucher process.

New Start has had a positive impact on individuals participating in specialty treatment courts such as drug court and mental health court. This is a population served through the Pennington County Health and Human Services programs and these clients tend to have a higher risk of failure with housing because of substance abuse disorders. The combination of dual supervision between the rebound/reentry program and the courts has proven successful.

The Cornerstone Rescue Mission utilizes the program in the Cornerstone Apartments for clients of New Start, many of which are families. Cornerstone offers 2 and 3 bedroom apartments allowing for safe and affordable housing matched with case management. The case management piece of this program is vital. People using this program cannot be expected to succeed without help and assistance.

Mr. Tice said housing is probably the number one topic in every human services discussion across the state. Some people cannot be expected to succeed without receiving various areas of assistance. Participants in the New Start program must meet set criteria. The applicant must meet one of the following criteria: be homeless; residing in an emergency or homeless shelter; residing with friends or family on a temporary or emergency basis; fleeing a domestic violence situation with no means to obtain housing; or released from an institution with no subsequent housing or means to obtain housing.

The participant is assigned a case manager and one of the requirements is the participant must agree to intensive case management including one visit in the home per week. The case manager works very hard on employment possibilities and finding additional services that will benefit the participant.

Ms. Fielder said the case manager visits the apartment to see how the participant is living and teaches daily living skills. The case manager links the participant to whatever resources are needed such as utility assistance, food stamps, how to apply for a job, counseling options, and treatment programs. Mr. Tice said some participants need to be taught the very basics such as how to put up a shower curtain. The case manager teaches them how to care for themselves mentally, medically, and physically. Mr. Tice estimated 50-60% of the almost 500 individuals served through this program have some type of mental health diagnosis. Many clients have co-occurring disorders.

Mr. Tice talked about how the community benefits from the reduction of homelessness. A study was done in Rapid City showing that 5 homeless people in Rapid City accounted for roughly \$66,000 in social costs to the community. Another study facilitated out of Health and Human Services between October 2013 and October 2014 worked with 28 individuals in a case study resulting in over \$931,000 in community services being used by this group in one year. The agencies in Rapid City work very hard to assist people in becoming successful members of the community.

Ms. Stacey Fielder said the program has served over 400 families and individuals and 50% of those have successfully discharged from the program. Successful discharge includes having an income and being able to pay 100% of the rent. Over a two-year grant cycle, the clients in this program earned over \$167,000. The individuals entered the program with no income.

The New Start program is currently on the third round of grant funding. At this point, the Vucurevich Foundation has granted \$1.5 million towards this program.

Representative Reed congratulated Mr. Tice and Ms. Fielder on the success of the New Start program and asked for more information on the costs beyond the foundation grant. Ms. Fielder said 90% of the Vucurevich Foundation funds are used for rental assistance. The partnering agencies provide the case management services to the clients. The three partnering programs provide \$200,000 in case management services per year. About \$20,000 is built into the grant for administrative costs such as grant writing, mailing checks, and other administrative duties.

Mr. Tice said when the first grant started in 2008, it was understood the funding would be in place for 1-2 years and then the program would have to reapply. The program participants' unanticipated income allowed the grant dollars to be spread out over 3-4 years before needing to reapply. Teaching participants to be good renters and helping transition into permanent housing is the program's goal. A small part of the Vucurevich Foundation funds are used for deposit assistance to help successful participants transition into permanent housing.

In response to a question, Ms. Fielder said the normal case load is about 50 clients a month. In the last grant cycle of January 2017 thru May of 2019 the program served 147 clients. Mr. Tice said he is not aware of any other programs in South Dakota similar to the New Start program.

Representative Reed thanked Mr. Tice and Ms. Fielder for taking the time to talk to the task force.

HUD – Section 8 and Other HUD Programs

Mr. Roger Jacobs, HUD Field Office Director, Sioux Falls, gave a PowerPoint presentation ([Document #1](#)). HUD rental assistance is based on income and the tenant pays 30% of adjusted income for rent. There are different types of HUD rental assistance programs including housing choice vouchers (also known as Section 8), public housing, project based assistance, and tribal housing. With the Housing Choice Voucher (HCV) the assistance is tied to the person or family and moves with the person or family. Not every county has access to the HCV program. Recipients of the program can have a difficult time finding available housing as not all housing providers want to participate in the program. The person or family loses the voucher if housing is not found within the 90-day time limit.

Both the Public Housing and Project Based Housing programs are tied to the property rather than to the person receiving assistance. Some of the contracts for public housing and project based housing are starting to expire and the property owners realize more money can be made by opting out of the contracts. Some communities have long waiting lists for public housing such as Sioux Falls and Rapid City with 2-3 year waiting lists while Huron has basically no waiting list.

The federal government provides funding for the rental assistance programs. The project based housing receives \$25 million annually, HCV receives \$36 million annually, public housing receives \$4 million annually, and tribal housing receives \$40 million annually. These dollar amounts do not change over time, so as the cost of rent increases the fewer number of participants are able to take part in the programs.

Mr. Jacobs said there are several barriers to using HUD rental assistance including limited supply of housing, credit ratings, previous landlord challenges, evictions, criminal history, and being on the sex offender list.

New guidance came out in 2016 regarding prohibiting anyone with a criminal record from participating in the HUD rental assistance programs. The person denied based on a criminal record can now appeal and provide documentation showing the applicant has bettered themselves.

HUD provides an average of \$1.7 million annually through the state Continuum of Care for homeless programs. The programs include Shelter Plus Care, Rapid Rehousing, Permanent Supportive Housing (Cedar Village), and Emergency Solutions Grant (ESG). Rapid Rehousing focuses on getting someone who is homeless off the street. HUD-VASH focuses on getting homeless veterans off the street.

HUD also has housing development programs and most of that funding flows through the state. The key to these programs is developing housing that is affordable to people in need of assistance.

Mr. Jacobs presented some possible solutions to the housing issues the task force is studying. Tenant education is vitally important. HUD does offer housing counseling but there is a need to find a way to entice renters to attend

the housing education classes. Some possible enticements discussed have been lower rent or possibly expunging a lease violation. Another option could be offering a certificate for taking the class and the participant could show the certificate to a potential landlord to improve the chances of getting an apartment.

To be licensed as a property manager requires attending a 40-hour class. At this time the class does not address tenants with mental health challenges. Adding a section on mental health illnesses to the class would be beneficial.

Mr. Jacobs said the Housing Opportunity Fund is a valuable tool for South Dakota and state dollars are easier to access than federal dollars ([Document #2](#)). It would be beneficial to the housing needs if this program had a dedicated funding source.

Senator Steinhauer asked about the public housing authorities. Mr. Jacobs said there are 26 public housing authorities in the state. Mr. Jacobs was asked to send information on what areas in the state do not have public housing authorities.

Ms. Vanmeeteren asked if the rent for a family using a HUD housing program increases when a young person in the family gets a job. Mr. Jacobs said the rent does increase as the total household income increases unless the person is under the age of 18. The amount of rent owed by the family is based on the total household income. Senator Foster said she would like to find a way for young people to be able to work without their income affecting the amount the family pays for rent.

In response to a question from Representative Reed, Mr. Jacobs said there are 6,500 vouchers allotted for South Dakota but not all are granted as there has to be enough funding to cover the vouchers. If the participant in the voucher program moves out of state after living in South Dakota for 12 months, the voucher can go with the participant to the new residence. The practice of someone using the voucher system and taking the voucher out of state very seldom happens.

Representative Reed asked if someone with a mental health history uses the Section 8 voucher program to assist in paying his or her rent, will he or she lose that voucher if there is a crisis and the person is in a facility for a length of time. Mr. Jacobs said if the person communicates on their own or through a service provider the housing provider can seek recertification. There is not a definitive answer as to the length of time before the person loses the voucher.

Ms. Vanmeeteren said in most cases the person will have a case manager who gives support as to their daily needs. If the person is hospitalized the social worker at the facility would most likely make contact. Some clients have a payee who makes sure housing and other needs are taken care of. If there is an emergency, service providers get involved pretty quickly.

Representative Reed thanked Mr. Jacobs for taking the time to meet with the task force.

Brookings Empowerment Project – Caregiver Advocacy and See-Do House Program

Dr. Douglas O'Neill, and Mr. Craig Pahl, Brookings Empowerment Project (BEP), presented a PowerPoint Presentation ([Document #3](#)). Dr. O'Neill and Mr. Pahl became involved with BEP because of family members with mental health issues. BEP has 45 dues paying members and about 80 friends. The group is made up primarily of caregivers of individuals with mental health issues. There is a volunteer board, no paid staff, and the focus is to have the members' voices heard. The BEP grew out of Brookings' National Alliance on Mental Illness (NAMI) organization as a way to focus on a particular type of housing for Brookings. The BEP focus is "We empower, with resources and support, caregivers and individuals with persistent mental illness."

BEP formed a 501(c)(3) in 2012 and focused on community education. In 2016 the group developed a strategic plan, and that is the year Dr. O'Neill and Mr. Pahl joined the organization. In 2018 BEP opened the short-term stay facility "See-Do House" pilot project. BEP views housing as a bridge to community.

BEP selected housing as its focus as there is low availability of housing in Brookings, housing in Brookings is very expensive, and there are limited subsidized units. The waiting list for subsidized housing in Brookings was 120 people long. Anyone with a history of drugs and/or alcohol could not find housing. There were no homeless shelters.

BEP decided to start with short-term housing to provide a tool for the service providers when facing a housing need. The referrals for the See-Do House come from several different community service agencies. BEP is not a service provider but provides a tool for the service providers to use when facing a housing need.

The See-Do House is "The Stepping Stone to Independence." The house serves and functions for guests. The participants are welcome guests and when the guest moves out of the house BEP knows the program has been successful. People staying in the house are in different emotional states. At this time, the guests are exclusively women. The guests engage in the community. The house is intended to help the guests learn how to slow down and get a handle on life. BEP is flexible and can modify and alter its approach on anything.

There are 3 bedrooms in the house and it currently houses 6 women. BEP is looking at changing that to having 3 guests at a time and each having her own room. Everything in the house was donated. The guests are required to do their own cooking, buy their own food, and clean up after themselves. Each guest is allowed to bring one Rubbermaid tote and everything they need for their stay must fit in the tote. No visitors are allowed at any time. Service providers from various agencies drop in to make sure the rules are being followed.

BEP is the landlord only. There have been 6 people go through the house since it opened in October of 2018. The See-Do House is a pilot program and would welcome a third-party evaluation of the efforts to help improve, validate, and develop a path forward.

Representative Reed asked what was the biggest hurdle for the See-Do House. Mr. Pahl said the See-Do House took about 6 months to put together. The biggest roadblock was the group did not know what they were doing but knew something had to be done. Mr. Pahl said there are some services and opportunities in this state that are not readily accessible and could be of great assistance to groups like BEP.

Dr. Kelly asked how the guests transition back into the community. Mr. Pahl said BEP is the landlord and is providing a tool to agencies that help people transition back into the community. BEP provides the temporary housing while the guest receives the help needed. The guests have to be referred by one of several agencies and that referring agency is the case manager.

Representative Perry asked Dr. O'Neill and Mr. Pahl for suggestions on how to help keep caregivers from burning out. Mr. Pahl said caregivers need to know they are not alone, and that the community supports them. The community needs to know the caregiver needs emotional support. Education on this issue is so important. Caregivers need to find a way to navigate the fractured services in the state; who do we call when we don't fit into certain guidelines. The caregiver needs that next step. The person with mental illness has places to go for help but the caregiver does not.

Dr. O'Neill said when a caregiver is really burned out they need to be able to call someone and say, "I'm done." The caregiver needs someone to listen, someone who understands the needs of a caregiver. A 1-800 number caregivers could use would be a positive step.

Ms. Giebink commended Dr. O'Neill and Mr. Pahl for all that has been accomplished by BEP. Ms. Giebink said caregivers do speak their own language and it takes someone who has been there to understand. NAMI offers some caregiver support, but support groups do not exist everywhere in South Dakota. Leveraging technology for caregiver support could be a big step forward.

Representative Reed thanked Dr. O'Neill and Mr. Pahl for all their hard work and for taking the time to come to Pierre to present this information to the task force.

Updates on Transitional and Group Living

Mr. Terrance Dosch, Executive Director, SD Council of Community Behavioral Health, Pierre, and Mr. Dennis Pfrimmer, President and CEO, Capital Area Counseling Services, Pierre, addressed the task force regarding questions from the previous meeting.

Mr. Dosch provided a letter to the task force regarding the request for information on occupancy levels and waiting lists pertaining to transitional/group living, assisted living, supported housing and independent living programs supported by members of the Council of Community Behavioral Health ([Document #4](#)). Mr. Dosch said there is not much turnover in assisted living facilities because of the level of care needed. The letter shows what the estimated need for additional assisted living is in the three communities: Mitchell needs housing for 30 additional people, Sioux Falls needs housing for 21 additional people, and Yankton needs housing for 20 additional people.

Representative Reed said he and Mr. Dosch discussed the need to get clients into a stable situation. There is a need for long-term housing but there is also a need for transitional housing.

Mr. Pfrimmer said housing in Pierre is difficult to find and is expensive. Pierre has two group living facilities, Betty's Place and Bridgeway Group Homes with a total capacity of 20 and is at about 85% occupancy. Transitional housing needs staff and staffing is difficult to find. Clients moving to Pierre do not want to stay here for a short period of time and then have to transition elsewhere. When working with transitional clients the case worker has to always think about the fact the client will be transitioning to somewhere else. People want to live where they can learn to be independent and not have to leave. Capital Area Counseling provides services in people's homes whenever possible. Pierre is not on the top of the list for where people with mental illnesses want to live, so the group homes in Pierre do struggle to stay full. Capital Area Counseling will continue to think through how to best meet the needs of the community.

Senator Steinhauer asked about the funding for the two facilities in Pierre. Mr. Pfrimmer said Betty's Place is a HUD 202 project and the subsidy comes with the residence. Bridgeway is a Rural Development facility and if someone qualifies to live there they qualify for the subsidy. The living quarters are apartments with a monthly rent and the resident pays 30% and HUD or Rural Development pays the remaining 70%. Capital Area Counseling is linked to these facilities through a sister corporation called Capital Area Housing.

Ms. Vanmeeteren asked if there is a need for a different type of housing program in Pierre. Mr. Pfrimmer said the facilities in Pierre are not what is needed now. Today's referrals are for young people with drug addictions and a group home is not successful for those residents, although the facilities do take those clients.

Ms. Vanmeeteren said one of the challenges when discharging someone from HSC is finding a place for the client to live. Sometimes the client has to move to the only option available and not the best option for the client.

Mr. Bailey said 80% of Pathways' clients are from the Yankton area and 20% from across the state. These 20% have been at HSC and either do not want to return home or do not have a home to go back to. The wait time to get into Pathways is at least a month. For clients to not end up living on the street it is important to get on a wait list early.

Ms. Iversen-Pollreisz said an individual may have to transfer to a service that is not the level of care needed but the person stays there until something opens up with the proper level of care. Ms. Vanmeeteren said different types of facilities providing different levels of service are needed. Many of the severely mentally ill clients have co-occurring health issues such as diabetes which can make placement even more difficult.

Senator Steinhauer asked about impact services. Mr. Pfrimmer said the impact program was developed over time for people who needed a lot of services. Ms. Iversen-Pollreisz said HSC ran the first impact program and now it is run through Lewis and Clark Behavioral Health Services for people who need intense services. The service providers go out to the client's home and help with whatever is needed for the client to be successful in the community. The impact program is available in six communities, as a base number of clients is needed for the program to work and be cost-effective.

Representative Reed asked about the issues HSC has when trying to place a client ready to be released to an assisted living facility. Ms. Iversen-Pollreisz said the clients in the longer term units in HSC are people who have needs beyond the impact program. Some of those may be appropriate for an assisted living facility like Cedar Village but until a bed is available elsewhere the client remains at HSC.

Senator Steinhauer asked if there are different Medicaid reimbursement levels for a mental health patient on Medicaid. Ms. Vanmeeteren said there is no specialized Medicaid fee or rate for the mental health patient and if some of these facilities were to lose the HUD grants they receive and had to rely solely on Medicaid they would have serious financial issues.

Senator Steinhauer asked if there is justification in the idea to increase the Medicaid reimbursement rate for mental health patients. Ms. Vanmeeteren said there would be greater incentive for a community to consider starting an assisted living facility if they knew they could recover the costs.

Peer-to-Peer Supports

Ms. Amy Iversen-Pollreisz, Deputy Secretary, Department of Social Services (DSS), distributed the document "Peer Support Services" ([Document #5](#)). "A peer support specialist, or peer specialist, is someone with lived experience who has been successful in the recovery process who provides non-clinical supports to individuals receiving treatment for behavioral health issues." Peer services are reimbursable through the Centers for Medicare and Medicaid Services (CMS) requirements.

To establish a peer support services program the state has to set the definitions and requirements for the program. The service is available in 41 states so there are a lot of options to look at to determine what would best work for South Dakota.

Peer support services differ from case management services. Case management services take a more clinical role in the treatment of mental health clients. Peer support is non-clinical and is a person who has lived the same type of experiences helping a peer understand the need to be in treatment and stay in treatment. This includes shared understanding and empowerment.

The surrounding states of Iowa, Minnesota, Montana, and Wyoming all have peer support programs. South Dakota DSS has looked at these programs and is interested in developing a peer support program. One challenge in establishing this program is to find funding for participants who are not Medicaid eligible. Ms. Iversen-Pollreisz said the right people have to be found to serve as peer supports. Hiring and training the peer support people would include a lot of work for DSS and their mental health partners.

The task force members agreed establishing a peer support program in South Dakota should continue to be researched, although there are a few concerns about the program. Ms. Iversen-Pollreisz said perhaps the state should look at starting with a pilot program.

Senator Steinhauer suggested including in the task force final report a request to DSS to further investigate the peer support program. Before committing state dollars to the program it would be beneficial to know if other states find the program effective.

Public Testimony

Representative Perry introduced Ms. Andrea Knoll, Northeast Area Health Education Center (NEAHEC), Aberdeen. NEAHEC advocates for K-12 and postsecondary schools encouraging students to remain in rural areas to practice healthcare.

Committee Discussion

Representative Reed suggested more discussion on working with and educating landlords about tenants with mental illness. Senator Steinhauer said landlords have indicated to him that if they had known about the mental health illness they would have been more willing to work with the tenant when an issue arose.

Ms. Giebink said the NAMI office does receive calls from landlords and renters. Landlords do not know how to handle the issues that can come with a tenant with a mental illness. The landlord may be compassionate but has not been taught about this issue. NAMI does have a presentation for landlords to help with the education. Ms. Giebink will try to share that presentation with the task force at the next meeting.

Ms. Rhead said there has been no discussion on the lack of community mental health supports for the youth. Representative Reed said looking at youth in need of mental health care could be a study topic for the next interim.

Ms. Vanmeeteren said the BEP gentlemen talked about the challenges caregivers have navigating the system. Perhaps more needs to be done in that area. People tend not to pay attention to the information out there until there is a crisis. People do not think of checking the DSS or Department of Health websites. Representative Reed said he will look into possibly expanding the 211 help line. The task force could also suggest the Department of Health expand their education program.

Representative Mulally said the mental health professionals need to remember to use understandable language when talking to a layman. The way the professionals speak can seem like another language to a nonprofessional. Representative Reed said this suggestion could be included in the task force final report.

Senator Steinhauer suggested writing a resolution encouraging the 26 HUD offices across the state to give preference to individuals coming out of a mental health facility. Senator Steinhauer also suggested encouraging public service announcements be created regarding mental illness and thanking caregivers.

Senator Steinhauer said Medicaid reimbursement for residents in assisted living centers needs to be increased. The task force could learn more about this issue and look at ways to get more money to the assisted living centers. Ms. Iversen-Pollreisz suggested inviting the Department of Human Services to answer questions regarding that issue.

Mr. Bailey said most facilities are at capacity and finding proper placement is a balancing act. Oftentimes it comes down to finding funding for a hotel room, contacting a church, or other such options. Pathways serves a lot of people who suffer with mental illness. The facility started with a capacity of 9 and then expanded the capacity to 50. Only a couple of months after expanding the capacity the facility was full. Transportation is sometimes a barrier

to getting people across the state to facilities offering the right level of care. Pathways is intended to work with people within a 60-mile radius of Yankton but people from as far as Rapid City and Sioux Falls also use the facility. The biggest area the facility serves is Charles Mix County because there are no services available there.

The next Increase Community Services and Caregiver Supports Task Force meeting will be September 27 in Pierre.

Adjourn

A motion was made by Representative Perry, seconded by Dr. Kelly, that the Increase Community Services and Caregiver Supports Task Force meeting be adjourned. The motion prevailed on a voice vote.

The Task Force adjourned at 4:05 PM.