Mission & Roles of DHS

- **Mission**
  - To provide quality, efficient, and effective human services, which improve the lives of people.

- **Roles**
  - Provides services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves.
  - Supports the provision of services and care as close to home as possible to maximize each person's independence while preserving the dignity of all individuals and respecting their constitutional and civil rights.
Vision, Values & Metrics of Success
Social Determinants of Health

Economic Stability
- Employment
- Income
- Expenses
- Debt
- Medical Bills
- Support

Neighborhood and Physical Environment
- Housing
- Transportation
- Safety
- Parks
- Playground
- Walkability

Education
- Literacy
- Language
- Early Childhood Education
- Vocational Education
- Higher Education

Food
- Hunger
- Access to Healthy Options

Community & Social Context
- Social Integration
- Support Systems
- Community Integration
- Discrimination

Health Care System
- Health Coverage
- Provider Availability
- Provider Linguistic and Cultural Competency
- Quality of Care

Health Outcomes
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
• Focus is on service delivery to the client in the most effective and efficient way possible

• Stakeholder groups include
  o Nation
  o County
  o Region
  o State

• Must remove geographic, political and cultural boundaries to deliver smart, efficient and compassionate human services to improve SDOH, using MSI, Government reinvention, tribal and behavioral health principles
Study of County Social Services
Impact on Department

- Medical Services
  - Maggie Anderson

  - Behavioral Health
    - Behavioral Health Division
      - Pam Sagness
    - Life Skills & Transition Center
      - Sue Forster
    - North Dakota State Hospital/Chief Clinics Officer
      - Rosalie Etherington

  - Statewide Clinics Director
    - Jeff Stenseth
      - BLHSC/WCHSC
        - Brad Brown
      - LRHSC/NEHSC
        - Randy Slavens
      - NCHSC/NWHSC
        - Laurie Gotovaclee
      - SCHSC
        - Dan Cramer
      - SEHSC
        - Jeff Stenseth

- Administration & Support
  - Executive Asst
    - Amy Marshall
  - Fiscal Administration
    - Deb McDermott
  - Human Resources
    - Marcie Wiltchick
  - Legal Advisory
    - Jonathan Alm

- Program & Policy
  - Child Support
    - Jim Fleming
  - Economic Assistance Policy
    - Carol Cartledge
  - Children & Family Services
    - Shari Doe
  - Aging Services
    - Nancy Maier
  - Developmental Disabilities
    - Tina Bay
  - Vocational Rehabilitation/DDS
    - Russ Cusack
  - ID Council
    - Julianne Horntvedt


**Retrospective**
- Does not tie needs of consumers to funding
- An audit is completed and it can take up to 2 years to issue a final rate & collect cost settlement; causing financial issues for some providers.
- Labor intensive for providers & state

**Prospective**
- Funding follows the consumer
- Level of staffing is based on need of consumer
- No cost settlement
- Standard rate statewide

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**MANAGED MEDICAID PREPARATION (The Nudge)**

**FOCUS ON CLIENT**

- Predictable Payment
- Quality Improvement
- Provider Innovation
- “No Eject Reject”
Managed Medicaid Decisions & Capability

**Policy Decisions**

- Vulnerable, financial hardship, or vehicle to get more people insured
- Trade off between choice and cost
- Level of influence on the shape and capabilities of the overall healthcare ecosystem in North Dakota
- Degree of integration with other state programs
- How risk sharing tools will be utilized among beneficiaries
- Readiness for alternative payment systems among providers
- Benefit design

**Readiness Capability**

- Ability to change physician and patient behavior
- Have a brand that is appealing
- Sufficient capital
- Ability to aggregate lives
- Ability to manage risk
- Sufficient clinical footprint
- Collaborative IQ to aggregate it all
Study of Public Human Services

Foundation Study of County Social Services

Public Benefits Managed Care (Financing)

Payment System

Behavioral Health

Developmental Disabilities and Behavioral Health Needs Study (Service)

Medicaid

Study of County Social Services

Senate Bill 2206

Studie of Public Human Services

Employee Culture

North Dakota Department of Human Services

Study of Public Human Services
Where to Start?

- How do we
- Organize
- The work?
Matrix Organization and Management

- Cross functional teams cobbled together into a network of interfaces where vertical and horizontal chains share resources and pursue mutually reinforcing priorities
- Matrix management can offer greater flexibility when organizations implement structural change.
Field Services

- **Delivery of care & treatment through**
  - State Hospital
  - Regional Human Service Centers
  - Life Skills and Transition Center
Conceptual Draft Matrix Rubric

Program & Policy

• Delivery of Care primarily through Regional or County Social Services Supervision
  • Aging Services
  • Economic Assistance Policy*
  • Child Support
  • Children & Family Services*
  • Developmental Disabilities
  • DD Council
  • Vocational Rehabilitation/DDS
Conceptual Draft Matrix Rubric

- Program Policy and Support through
  - Prevention and Promotion
  - Regulation
  - Administration
  - Workforce Development
  - Partnerships
Conceptual Draft Matrix Rubric

- Financing partnership with Federal government providing health services for low income individuals
  - Aged, Blind and Disabled
  - Pregnant women and children
  - CHIP
  - Expansion
  - HCBS
Conceptual Draft Matrix Rubric

- Dept of Human Services Support
  - Fiscal
  - Human Resources
  - Legal
  - Communications
  - Risk Management
  - Facilities Planning and Management
  - IT
  - Employee Training & Development
Senior Leadership Changes

- Must **share** decision-making that was once more autonomous, and may experience this as a loss of status, authority and control
- Must **balance** needs of different Divisions in the Department and **balance** workloads to avoid excessive peaks and valleys
- **Knowledge** about a business line and **communications** and **relationship skills** become more important than ever
- A mix of **reason** and **advocacy** becomes essential: Bluster and threats are out
- **Search** with peers for imaginative ways to **share** resources
- **Empathy** with people in a number of different Divisions is essential
Pitfalls to Overcome

- Communication and clarity are the keys – not just top-down
- Waiting for a from-above formula, rather than thinking and negotiating from where you are
- Failing to recognize that the matrix is inherently unstable
- Matrix organization is more than a structure; it must be reinforced by:
  - Matrix Systems: dual sign-offs on communications and objectives
  - Matrix Leadership: operating comfortably with lateral decision making
  - Matrix Culture: fostering open conflict management and an appropriate balance of power
The Staff Interface

- The Make-or-Break Player in the Matrix: The promise of the matrix resides here with staff
- The Interface requires carrying two functions at once
  - It’s NOT about X% time for the vertical boss and Y% time for the horizontal boss
  - Carrying out a functional agenda on a cross-functional team
Conceptual Draft Matrix Rubric

Field Services

Program & Policy

County Social Services

Behavioral Health

Medicaid

Administration

Single plan with vision and values; direction and guideposts; longer term metrics
<table>
<thead>
<tr>
<th>Previously</th>
<th>Future</th>
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</thead>
<tbody>
<tr>
<td>Director (Chris)</td>
<td>Field Services (Tom E. &amp; Rosalie E.)</td>
</tr>
<tr>
<td>Deputy (Tom S.)</td>
<td>Program &amp; Policy (Deputy) (Tom S.)</td>
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<td>Fiscal (Jen)</td>
<td>Behavioral Health (Pam S.)</td>
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<tr>
<td>HR (Marcie)</td>
<td>Medicaid (Maggie)</td>
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