Mission & Roles of DHS

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

• Roles
  o 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.
  o 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
Study of County Social Services

- Focus is on service delivery to the client in the most effective and efficient way possible.
- Stakeholder groups include:
  - Nation
  - County
  - Region
  - 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.
Value Curve

**Human Services Value Curve**

**Generative**
Using a population-based health and well-being approach to find solutions that get at root causes and are implemented collectively with families and communities.

**Integrative**
Working across sectors to address problems at their root through data analytics and a customized service array.

**Collaborative**
Working towards a single-door approach to link services across programs and agencies, easing access and reducing duplication.

**Regulative**
Accurate and timely administration of programs to assure compliance and integrity; focus on efficiency and accountability for proper use of funds.

Influencing Factors

- New IT Systems
- Culture
- Ongoing disagreements
## Timeline

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
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</thead>
<tbody>
<tr>
<td>Collect Data</td>
<td>Map Current Processes</td>
<td>Identify Best Practices</td>
<td>Develop New Processes / Workflow</td>
<td></td>
</tr>
</tbody>
</table>

**Step 1:** Collect Data

**Step 2:** Map Current Work

**Step 3:** Identify Best Practices

**Step 4:** Identify New Workflow

**Step 5:** Admin Team
Decision Checklist: Yes or No?

• **Client:** Does this proposed process better address clients’ needs?

• **Efficiency:** Does the process improve internal efficiency?

• **Replicated:** Can the process be easily replicated?

• **Understood:** Can the process be easily understood by professionals and clients?

• **Money:** Does the process reduce or increase costs?
Subcommittee Breakout

- Identify core programs (federally mandated) vs. “nice to have” programs
- Identify additional data needed
- Identify Chair and Secretary
- Confirm first four (4) meeting dates with Jason/Sara
Next Steps

• Collect ALL the data needed to make decisions in your subcommittee
• Collect all existing workflows and processes for CORE programs
• Conduct 1st committee meeting
**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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**Focus on Client**
- Predictable Payment
- Quality Improvement
- Provider Innovation
- "No Eject Reject"

**Managed Medicaid Preparation (The Nudge)**
# Managed Medicaid Decisions & Capability

<table>
<thead>
<tr>
<th>Policy Decisions</th>
<th>Readiness Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vulnerable, financial hardship, or vehicle to get more people insured</td>
<td>• Ability to change physician and patient behavior</td>
</tr>
<tr>
<td>• Trade off between choice and cost</td>
<td>• Have a brand that is appealing</td>
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<tr>
<td>• Level of influence on the shape and capabilities of the overall healthcare</td>
<td>• Sufficient capital</td>
</tr>
<tr>
<td>ecosystem in North Dakota</td>
<td>• Ability to aggregate lives</td>
</tr>
<tr>
<td>• Degree of integration with other state programs</td>
<td>• Ability to manage risk</td>
</tr>
<tr>
<td>• How risk sharing tools will be utilized among beneficiaries</td>
<td>• Sufficient clinical footprint</td>
</tr>
<tr>
<td>• Readiness for alternative payment systems among providers</td>
<td>• Collaborative IQ to aggregate it all</td>
</tr>
<tr>
<td>• Benefit design</td>
<td></td>
</tr>
</tbody>
</table>
Studies and Background to Priorities

Developmental Disabilities and Behavioral Health Needs Study (Service)

Public Benefits Managed Care (Financing)

Behavioral Health

Medicaid

Payment System

Employee Culture

Study of County Social Services

Senator Bill 2206

Study of Public Human Services

Foundation
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
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
Behavioral Health

- **Program Policy and Support through**
  - Prevention and Promotion
  - Regulation
  - Administration
  - Workforce Development
  - Partnerships
Medicaid

• 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
Conceptual Draft Matrix Rubric

Public Human Services

Field Services

Program & Policy

County Social Services

Behavioral Health

Medicaid

Administration

north dakota
department of human services
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
Field Services

Program & Policy

County Social Services

Behavioral Health

Medicaid

Administration

Single plan with vision and values; direction and guideposts; longer term metrics
# Regular Management Meeting

## Previously
- Director (Chris)
- Deputy (Tom S.)
- Fiscal (Jen)
- HR (Marcie)
- Legal (Jon)
- Medicaid (Maggie)

## Future
- Field Services (Tom E. & Rosalie E.)
- Program & Policy (Deputy) (Tom S.)
- Behavioral Health (Pam S.)
- Medicaid (Maggie)
- County (???)
- Fiscal (Jen)
- HR (Marcie)
- Legal (Jon)
- Director (Chris)