

Human Services Committee

October 25th, 2017

Jamestown, ND

Mission & Roles of DHS

- **Mission**

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

- **Roles**

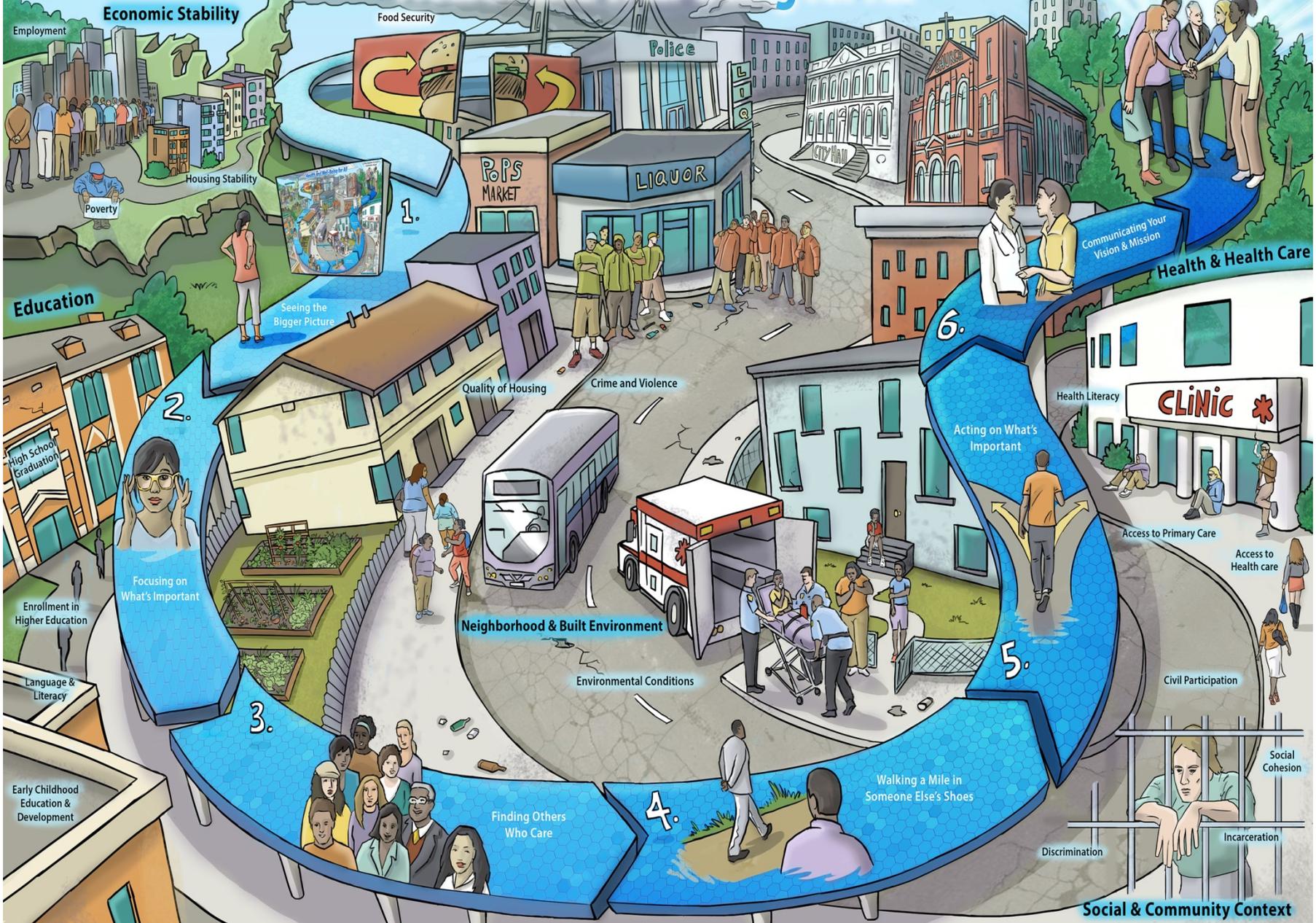
- Provides services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves.
- Supports the provision of services and care as close 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



Health and Well-Being for All

Coming together for action & sustainable change



Social Determinants of Health



Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Studies and Background to Priorities



Study of County Social Services

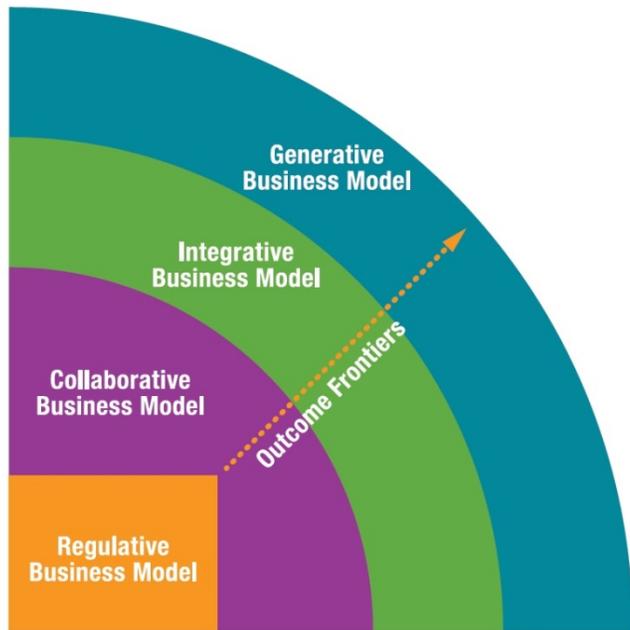


- Focus is on service delivery to the client in the most effective and efficient way possible
- Stakeholder groups include
 - Nation
 - County
 - Region
 - State
- Must remove geographic, political and cultural boundaries to deliver smart, efficient and compassionate human services to improve SDOH, using MSI, Government reinvention, tribal and behavioral health principles

Value Curve

HUMAN SERVICES VALUE CURVE

Efficiency in
Achieving Outcomes



Effectiveness in
Achieving Outcomes

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

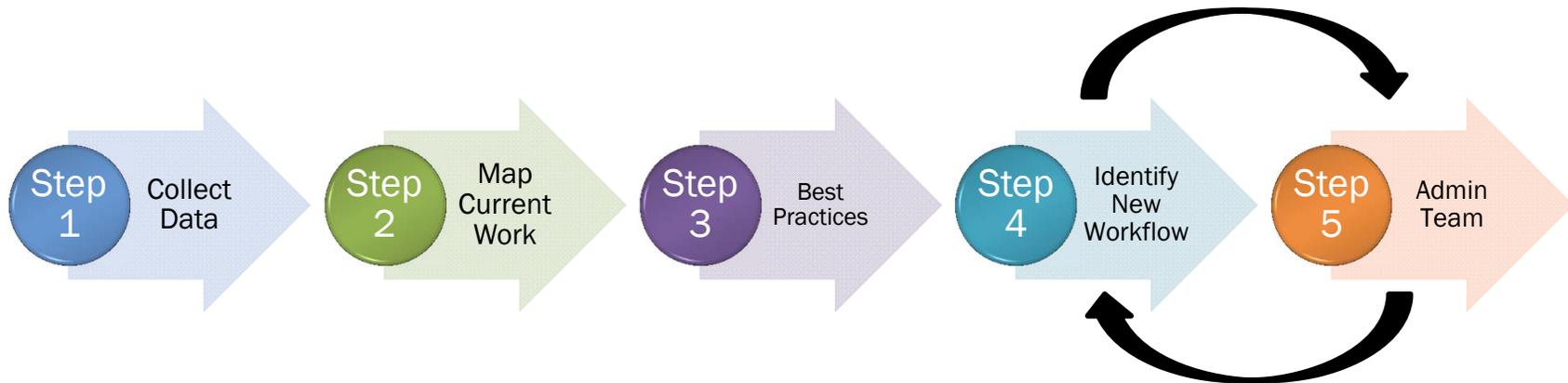
© Leadership for a Networked World. 2011. Antonio M. Oftelie.

The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services:
A Report from the 2011 Human Services Summit on the Campus of Harvard University.

Influencing Factors

- New IT Systems
- Culture
- Ongoing disagreements

Timeline



Step 1	Step 2	Step 3	Step 4	Step 5
October 12 – January 15		January 15- February 15	Feb 15-May	May-August
Collect Data	Map Current Processes	Identify Best Practices	Develop New Processes / Workflow	Admin Team: ID Structure, Budget & Policies for

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

DD Payment System

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

FOCUS ON CLIENT

Predictable
Payment

Quality
Improvement

Provider
Innovation

“No Eject
Reject”

MANAGED MEDICAID PREPARATION (*The Nudge*)

Managed Medicaid Decisions & Capability

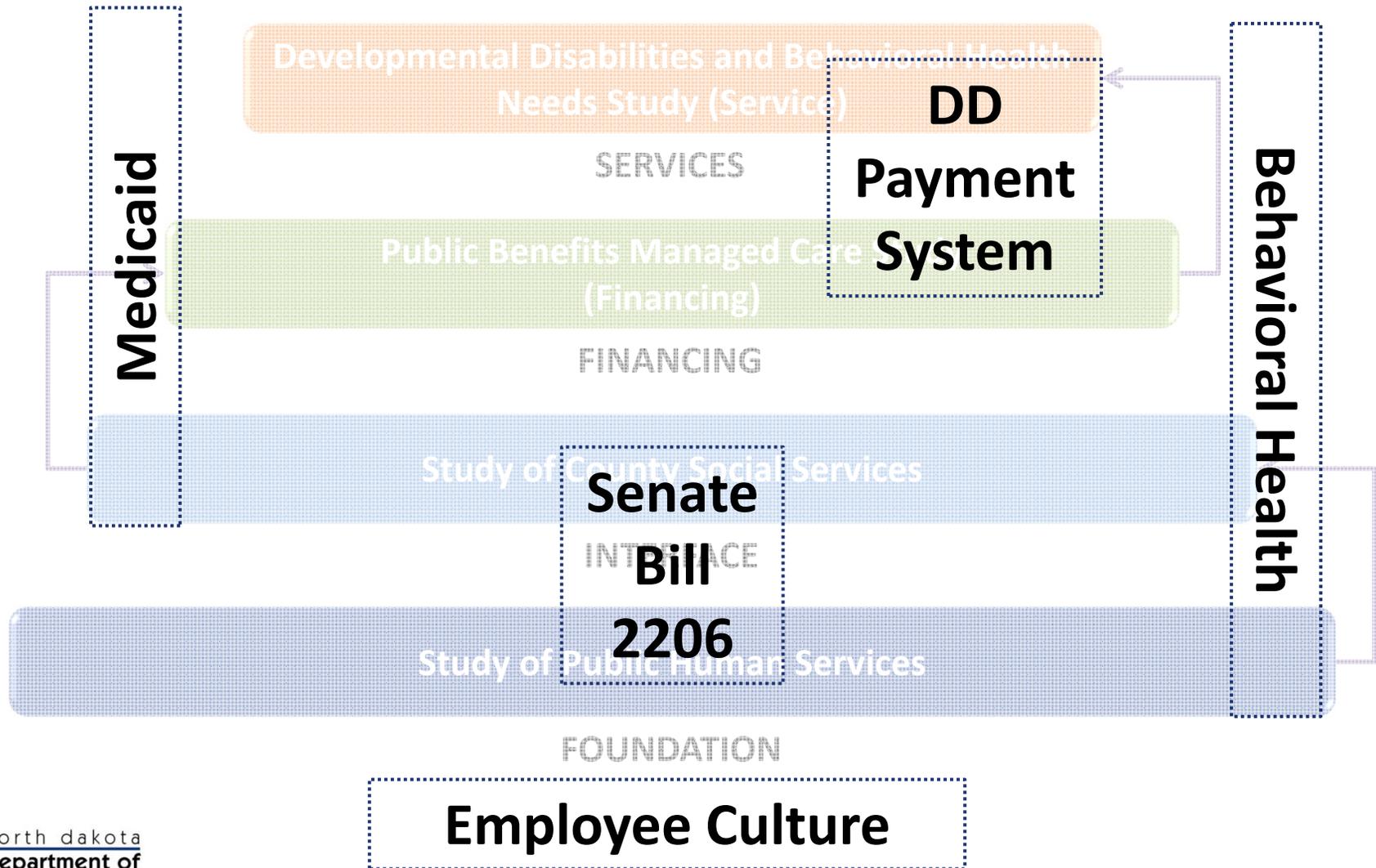
Policy Decisions

- 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

Studies and Background to Priorities



Where to Start?



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.

Conceptual Draft Matrix Rubric

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

Behavioral Health

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

Conceptual Draft Matrix Rubric

Medicaid

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

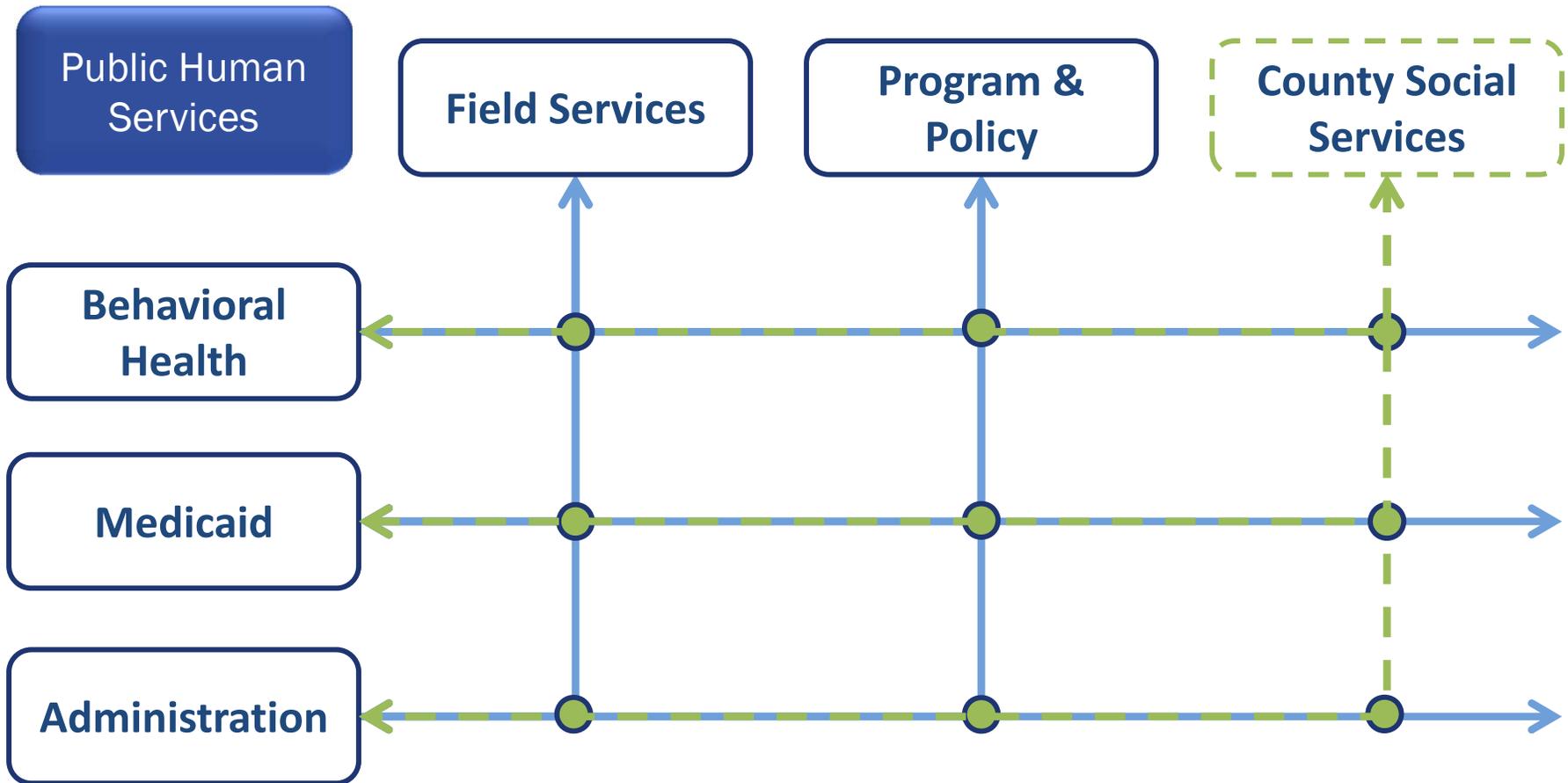
Conceptual Draft Matrix Rubric

Administration



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

Conceptual Draft Matrix Rubric



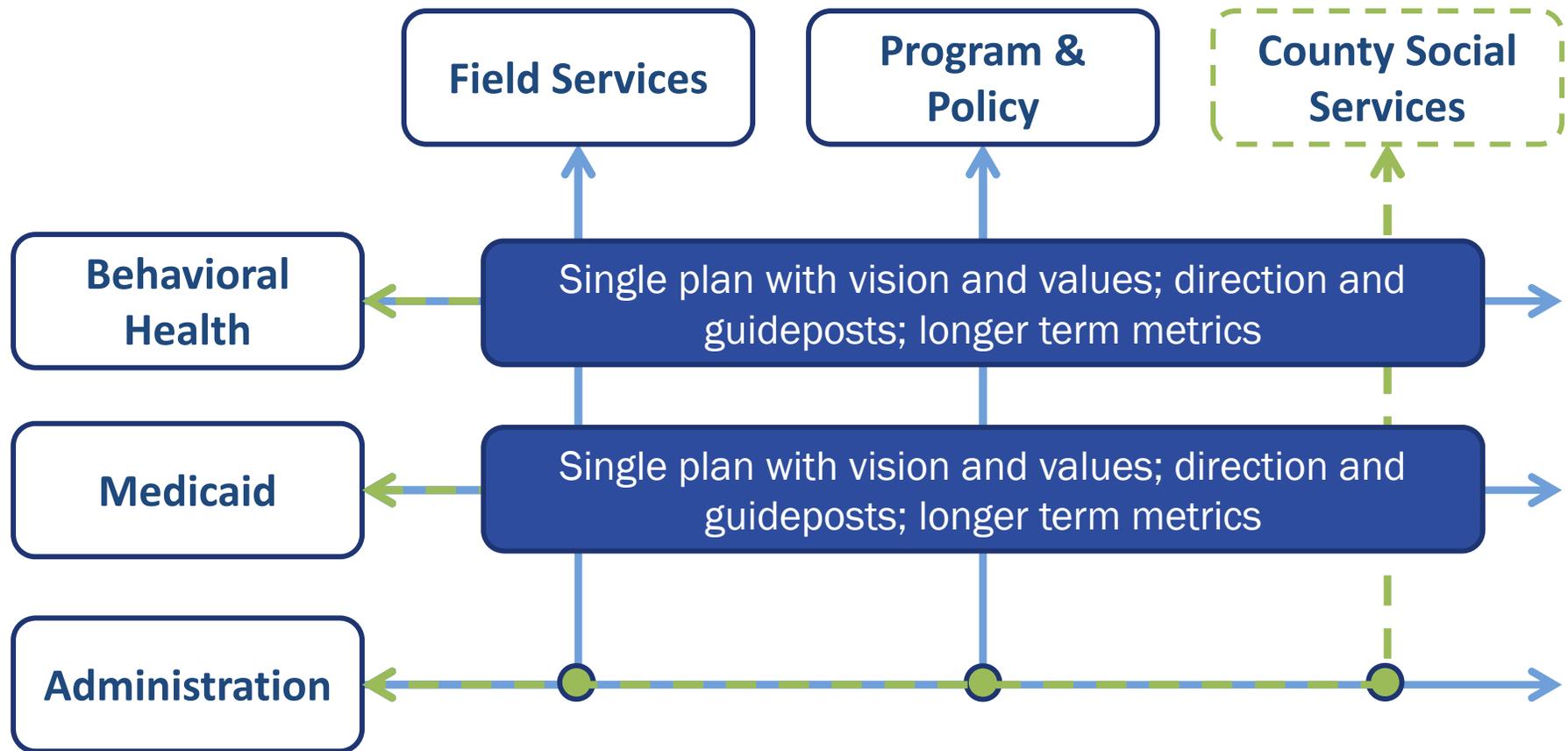
Senior Leadership Changes

- 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

Conceptual Draft Matrix Rubric



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)