

Testimony
Health Services Committee
Representative Hogan, Chairman
January 4th, 2018

Chairman Hogan and members of the Human Services Committee, I am Chris Jones Executive Director of the Department of Human Services. I appear today to provide and update on Senate Bill 2206, Social Service Redesign.

As per Senate Bill 2206; before November 1, 2018, the department of human services shall report to the legislative management on the status of the pilot program and the development of a plan for permanent implementation of the formula established in section 50-34-04. The implementation plan must include recommendations for caseloads and outcomes for social services, designated child welfare services, and economic assistance; considerations regarding the delivery of county social services to ensure appropriate and adequate levels of service continue; options for efficiencies and aggregation; analysis of the potential reduction in social service offices, organizations, and staff due to consolidations; the feasibility and desirability of, and potential timeline for, transitioning county social service staff to the department of human services; and considerations for oversight and chain of command within social services and human services. The implementation plan must be submitted to the sixty-sixth legislative assembly as part of the department of human services budget request and identify the estimated biennial cost of the plan.

Yesterday, at the interim Health Services Committee, there were a number of topics that dealt with early intervention, developmental disabilities, behavioral and mental health. A number of people who testified regarding these topics either directly or indirectly stressed the importance of social

determinants of health and the overall impact that these determinants have on individual, families, communities and the State as a whole. While Senate Bill 2206 talks specifically about caseloads, efficiencies, and potential consolidation; the vision and approach around the work of social service redesign has been with the concept of the client or the client's family in the middle with a foundation around the social determinants of health.

With the assistance and support of the Association of Counties, the county social service directors, leaders across DHS, and two facilitators, Sara Stolt and Jason Matthews, we have formed four teams; Children and Family Services (CFS), Economic Assistance (EA) Eligibility, Adults (Aging and Developmental Disabilities) and Administrative. The goal has been to redesign within the first three committees (CFS, EA and Adults) and use that information to hand over to the Administrative team to build structure.

Meetings with work teams kicked off in October and November. After the first initial meetings, a number of facts presented themselves. First, a number of the structures that exist in serving clients existed prior to the creation of the Department of Human Services. Second, there seems to be a number of unnecessary layers that exist in the delivery of some services. Third, there have been a number of cases that have risen to my office where, I believe, everyone was completing their responsibilities, but either through, law, policy or process there seems to be a disconnect between law, policy or process from the clients best interest. At times, in practice, and not intent or desire, there is more concern for the law primarily due to risk avoidance, than the mission of human services. When I worked in a large health system and discussed risk avoidance, I often remember saying that the best way to avoid risk is to close the doors of the hospital. Similarly, I believe, you cannot avoid risk in the delivery of human services but can do

your best to mitigate risk. The delivery of human services is complex and ripe with risk by nature and we need to accept that. If we are focused on delivery of services to the clients and citizens of North Dakota, we must recognize that we cannot legislate and process ourselves out of risk. If we are perfect (which we never will be) in the current delivery of human services, we have lost the humanity, the speed and nimbleness, and subjectivity of an already complex subjective service. At the end of the day we need to improve and be good, but we can only strive to be perfect.

Previous reorganizations within the department have primarily meant the change of employment with minimal process change. Roles did not change; processes did not change; and services did not change. Through social service redesign we are attempting to impact all three of these; roles, processes and services. That being said, it is impossible to create efficiency and effectiveness in the delivery of social services only at the county level. I believe, with a high degree of probability, that not only with the administration of social services change at the county level, it will change at the regional as well as the state level. This is not a county study. It is a study of social service delivery across the state of ND. Since reporting to you last in October, I thought this concept of change was clear and well held across the work teams. Since then, I can say that it was not well understood and we continue to reinforce that the recommendations for redesign will occur across the entire system. It has been interesting to watch individuals learn about what their counterparts do, and their frustrations and desires to make it better. I want to emphasize that this is not necessarily due to resistance of leaders to change, but a different approach than has been taken in the past and unfamiliarity with this approach. However, I would be naïve to suggest that everyone is open to change, specifically change that impacts them.

Meeting time has been spent working on either; ideal processes, processes where there are known breakdowns, and/or goals. These processes and goals are framed from a client perspective. Additionally, all workgroups are either directly or indirectly working on the "Us versus Them" culture; county versus state. Not only in process discussion, but often times at how they address one another. There is also a focus on the mission within the law, instead of a law or regulatory focused mentality to the delivery of services.

Some areas of note that I would like to share with the committee: As I have shared previously, the foundation of all of this work is on the Social Determinants of Health. If we are successful in moving the administration of social services from regulatory to collaborative and ultimately generative we will be much more successful in implementing and executing any number of the ideas presented during the Interim Health Services Committee yesterday. One impactful area of focus in managed Medicaid is population health around the social determinants of health. Another concept of interest is the belief that the CFS committee has embraced that "Families want to do the right thing". When we set goals, concepts and a vision, it becomes clearer to set an appropriate delivery model. Yesterday we talked about who should be the ultimate decision maker. This has also been a new concept for me, an outsider to government and will again compare it to working in a health care system. Rarely, if ever, is their one person, by their role, having ultimate decision authority. For example, in the operating room, in the blue paint, the surgeon is the "Captain of the Ship". That still exists today, however, new safety and care protocols and best practices allow any worker to stop the surgery in the best interest of the patient. The care plan is often a team approach with multiple perspectives that is almost always the patient's and/or family's decision. It has become clear to me that the

government's foundation is around command and control, which makes sense, most of the time. I would argue differently in the delivery of human services. Human services are more similar to a medical model than a command and control model. The cases I mentioned earlier, which had poor client outcomes, often times their outcomes are a direct result of either bureaucracy (law) or command and control.

Next steps

We are planning on bringing in all four teams and an invite to key legislators, along with the Governor and Lt. Governor to give an update and continue to set the stage. National experts will be identified yet this month for presentation in February or March. Where appropriate, we are including the voice of the client. We will begin to get into work around structure beginning in March or April depending on the team and where they are in their process.

Additionally these changes will not commence (assuming legislative approval) on day one. If we are successful, it will require constant change over a number of bienniums. While we may be able to make some foundational structural changes, based on role, process and service redesign, we must continue to move efforts and resources forward or upstream in the delivery of human services. Metrics of success need to be statistics such as the reduction in child abuse and neglect reports and the number of children in foster care, as an example.

Key Themes

A key work stream that cannot be avoided is the change in culture from a regulatory system to a client based system and removing the county versus state mentality in the current system.

We must have a focus on a mission first mentality in the administration of social services. All services must be delivered within the law, but the law cannot be the guide to the administration of services plans.

This concludes my testimony and would encourage questions from the committee.