



DEPARTMENT OVERVIEW

CHRIS JONES, EXECUTIVE DIRECTOR

NORTH
Dakota
Be Legendary.™

| Human Services

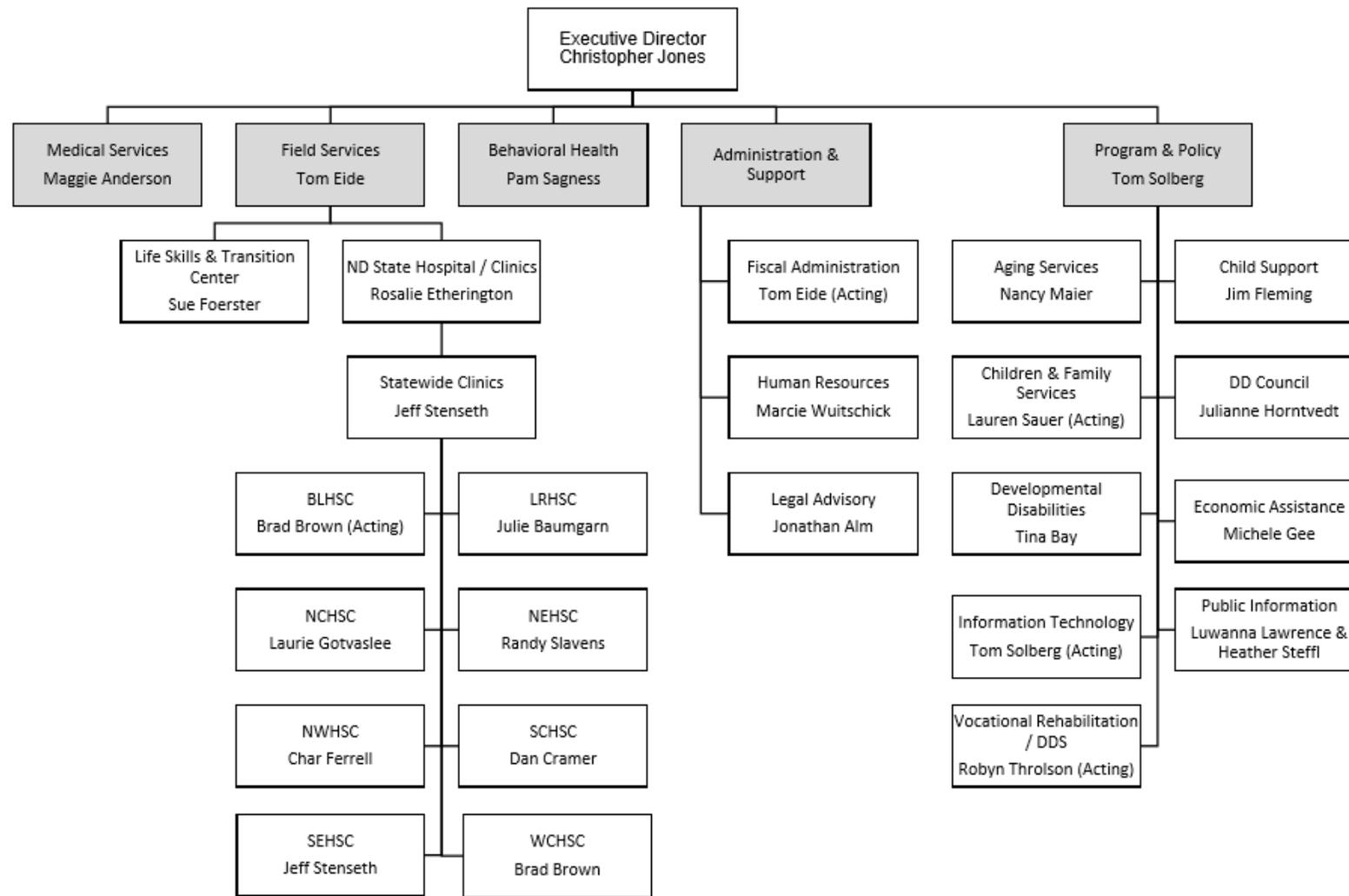


MISSION

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

Glossary of Terms and Acronyms is available online at

www.nd.gov/dhs/info/pubs/docs/dhs-glossary-of-terms-acronyms.pdf



Human Services Organizational Chart

Mission

Principles

Quality services

- Services and care should be provided **as close to home as possible** to
 - Maximize each person’s independence and autonomy
 - Preserve the dignity of all individuals
 - Respect constitutional and civil rights
 - Services should be **provided consistently across service areas** to promote equity of access and citizen focus of delivery
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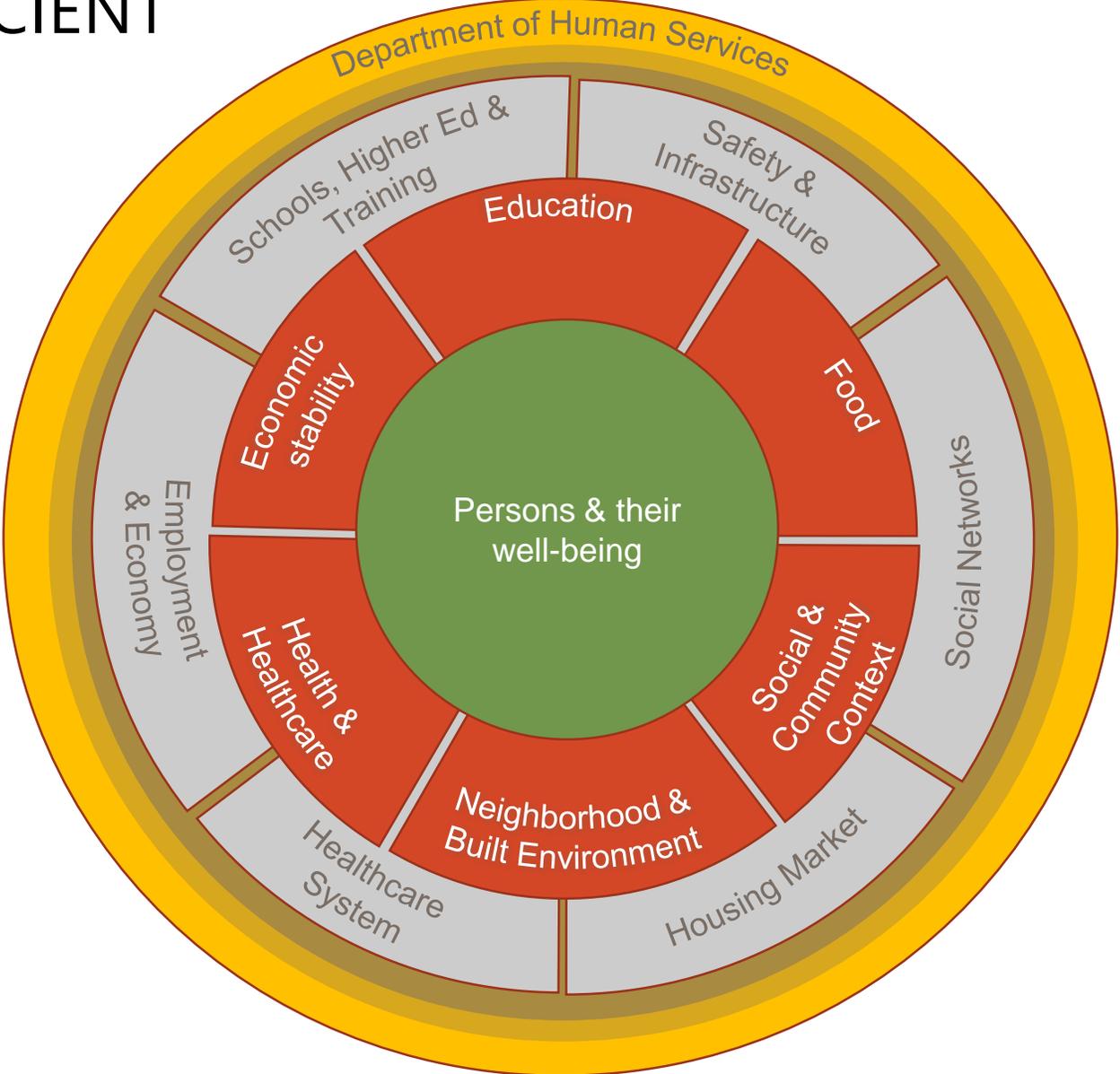
Efficient services

- Services should be administered to **optimize** for a given cost **the number served** at a service **level aligned to need**
 - Investments and funding in DHS should **maximize ROI for the most vulnerable** through safety net services, not support economic development goals
 - Cost-effectiveness should be considered holistically, acknowledging **potential unintended consequences** and **alignment between state and federal priorities**
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Effective services

- Services should help vulnerable North Dakotans of all ages maintain or enhance quality of life by
 - Supporting **access to the social determinants of health**: economic stability, housing, education, food, community, and health care
 - **Mitigating threats** to quality of life such as lack of financial resources, emotional crises, disabling conditions, or inability to protect oneself

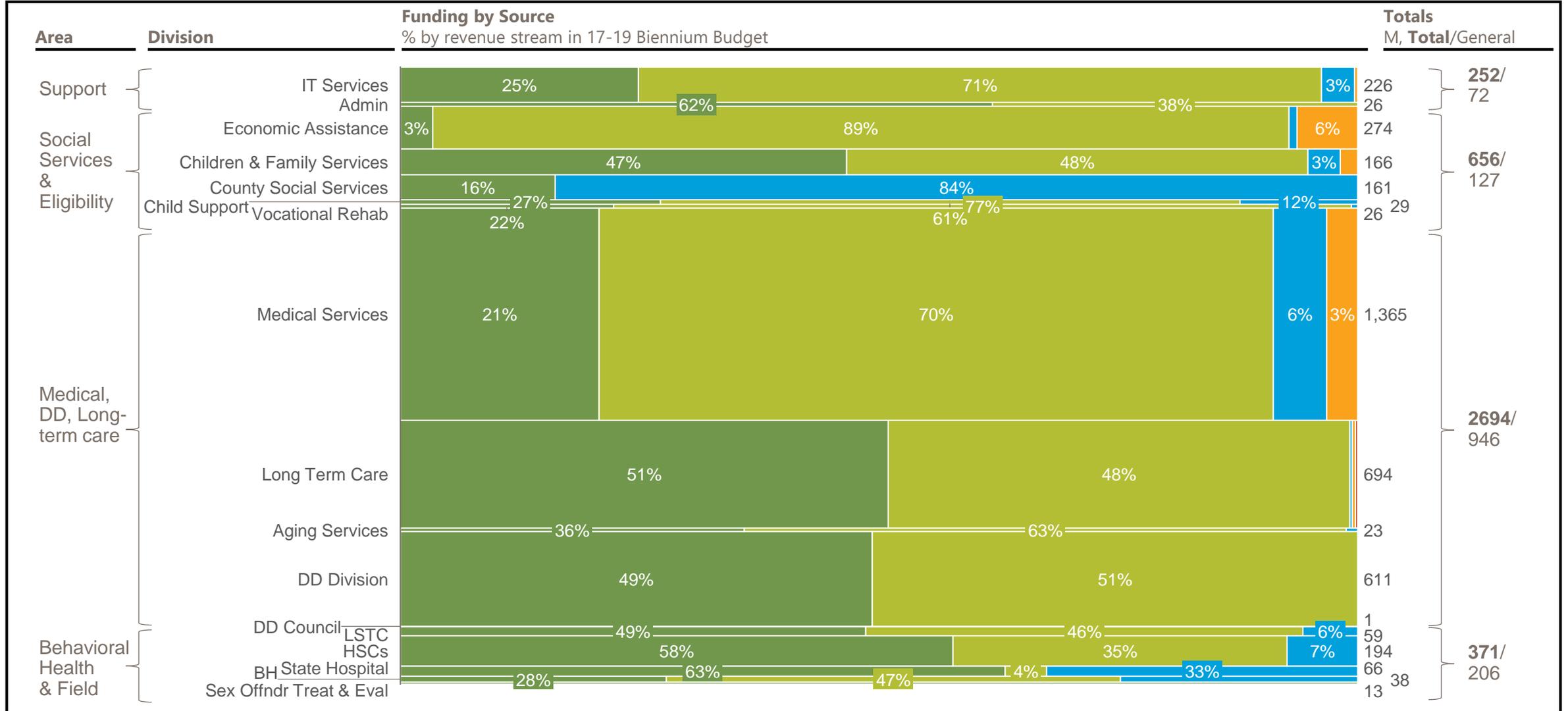
TO IMPROVE LIVES, DHS ENABLES ACCESS TO SOCIAL DETERMINANTS OF HEALTH WHEN COMMUNITY RESOURCES ARE INSUFFICIENT



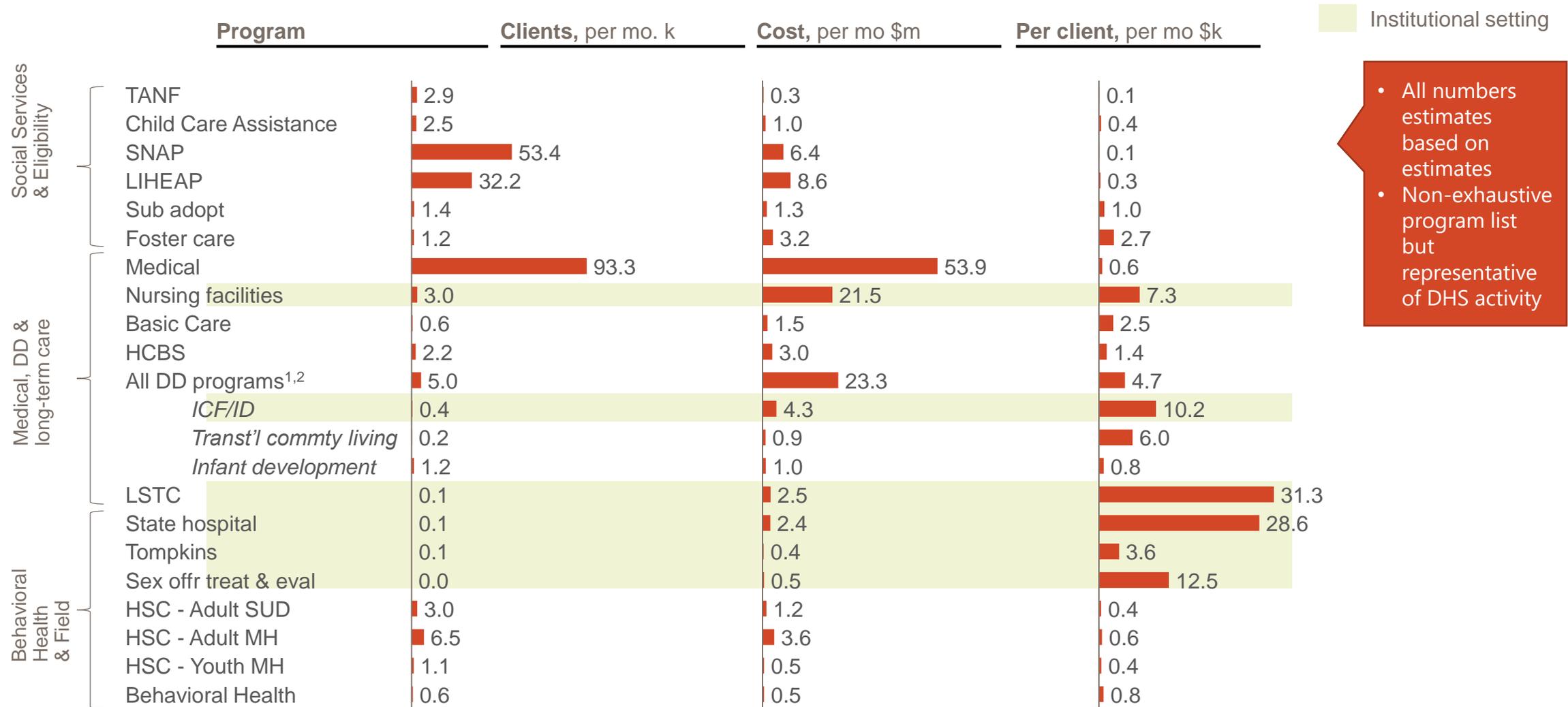
- **Social determinants of health are all necessary and mutually reinforcing** in securing the well being of an individual or family: **they are only as strong as the weakest link**
- **Community resources** shape and enable **access to the social determinants** (e.g., schools provide access to education, employment provides access to economic stability)
- **Investing in community resources** can in many cases **prevent individuals from needing to access DHS safety net services** to obtain the social determinants of health

AS A PAYOR DHS SPENDS MAJORITY ON MEDICAL, DD, & LONG-TERM CARE SERVICES, A SIGNIFICANT SHARE OF WHICH IS FROM GENERAL FUND

■ General
 ■ Federal
 ■ Other
 ■ Retained
 ■ County
 ■ IGT



FOR COST OF SERVICES, HIGHEST SPEND FOR CARE/SERVICES PER PERSON IS IN DD PROGRAMS AND INSTITUTIONAL SETTINGS



DHS INITIATIVES

- Medicaid Administrative Simplification
- Behavioral Health
- Social Service Redesign
- Long Term Services and Supports

SEVERAL ONGOING AND STRATEGIC INITIATIVES WILL ADDRESS COSTS AND ADDITIONAL PRIORITIES

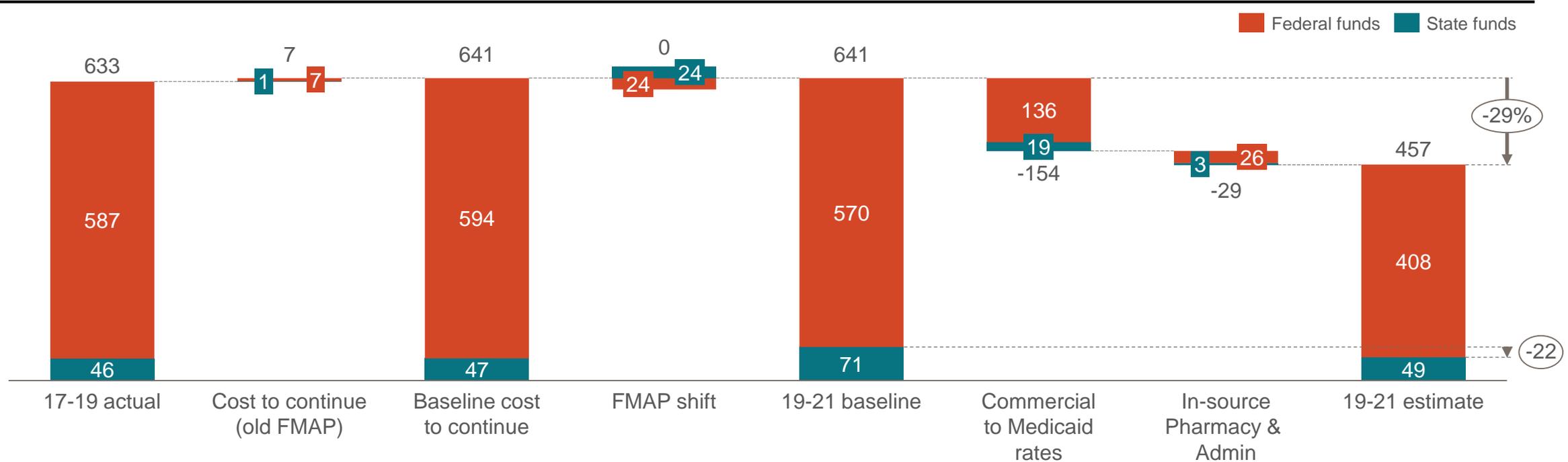
Initiatives	Description / Rationale	Status / Considerations
MMIS Certification & Upgrades	<ul style="list-style-type: none"> Achieve CMS certification which is expected to generate 18.7m of one-time general fund savings this biennium and additional ongoing savings as FFP rate increases 50 to 75% 	<ul style="list-style-type: none"> Expected by June 19 First priority upgrades: Tech stack upgrade, state self-assessment, federal requirements
SPACES eligibility system transformation	<ul style="list-style-type: none"> Transfer EA eligibility from multiple systems to 1 in order to streamline experience for clients and intake workers and improve accuracy Perform client eligibility at gross adjusted level, which was necessary for ACA compliance 	<ul style="list-style-type: none"> Phase 1: ACA, Feb 16 Phase 2: EA (xLIHEAP), Spring 19 Phase 3: non-ACA-Medicaid, Fall19 Phase 4: Add LIHEAP, TBD
Simplifying & updating coverage	<ul style="list-style-type: none"> E.g., Telemedicine policy improvements, payment for preventative services, school policies for kids with IEPs 	<ul style="list-style-type: none"> Policy, code & manual updates Ensure coverage & benefits are well-defined
Engaging tribes	<ul style="list-style-type: none"> Help tribes become enrolled providers and access reimbursement for the provision of services Provide 100% FMAP for services to private providers that are part of care coordination which saves general funds 	<ul style="list-style-type: none"> 2 committed staff partner with tribal & IHS Limited progress on 100% FMAP due to inability to share savings
Studying Managed Medicaid	<ul style="list-style-type: none"> Considering populations for managed Medicaid through interim study 	<ul style="list-style-type: none"> Big 6 putting together a plan; current study advocated by out of state org
Establish Medicaid Fraud Unit (MFCU)	<ul style="list-style-type: none"> Primary function would be to investigate provider fraud (i.e., over billing) and provider abuses (e.g., nursing facility neglect) 	<ul style="list-style-type: none"> In 2017, CMS requested an implementation plan
Move CHIP to traditional Medicaid state plan	<ul style="list-style-type: none"> Move children to Medicaid state plan to keep and simplify coverage for this population 	<ul style="list-style-type: none"> Current risk pool of 2k provides limited actuarial soundness, and meeting mgd. care rules for 2k not efficient use of resources
Move Expansion to Medicaid rates	<ul style="list-style-type: none"> Reduce Medicaid expansion rates from commercial to Medicaid fee-for-service rates In-source administration and pharmacy 	<ul style="list-style-type: none"> Defeated in last legislative cycle due to reasoning that this spend promoted economic development

Strategic: Grow/transform
 Ongoing: Grow
 Study
 Details follow

MOVING THE EXPANSION POPULATION TO MEDICAID RATES COULD REDUCE STATE SPENDING FOR THIS POPULATION BY ~20M FROM 19-21 BASELINE WITHOUT REDUCING ACCESS TO SERVICES

Cost of the Medicaid Expansion population¹

USD M for biennium, savings are captured over 18 mo of 24 mo period



Considerations:

- Similar initiative proposed in 17-19 legislative cycle and defeated by reasoning that limited general or special fund spending could leverage federal dollars to boost local economies and sustain jobs
- Since that time, the FMAP has shifted increasing the cost to the state to continue to fund Expansion at commercial rates
- Even with changes to the rates, state spending for this population will rise

INVESTING IN BEHAVIORAL HEALTH

Behavioral Health Supports

Medicaid Community-Based Supports	\$2.6 M
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Behavioral Health Crisis Services	\$4.3 M
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Free Through Recovery Expansion	\$4.5 M
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Substance Use Disorder Voucher Expansion	\$3.1 M
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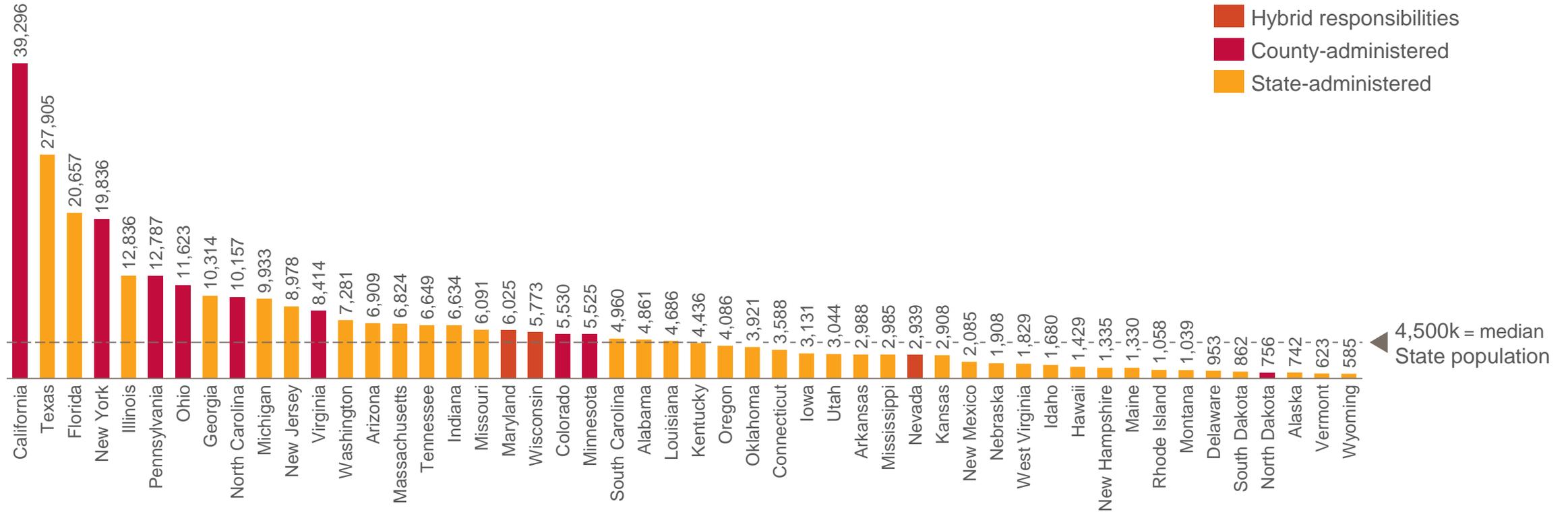
DOCR Treatment Increase	\$2.6 M
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Other Investments	\$1.9 M
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ADDITIONAL GENERAL FUND	\$19.1 M
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ND DOES NOT HAVE COMPARABLE SCALE TO STATES THAT HAVE MAINTAINED STATE-SUPERVISED, COUNTY-ADMINISTERED PROGRAMS

Social Services Delivery System Organization by State
States ranked by population, shown here in thousands (k)



The other 8 states (other than North Dakota) with a state-supervised, county-administered social services system are all in the top 50% of states as ranked by size of population

SOCIAL SERVICE REDESIGN OVERVIEW OF KEY CHANGES

Background

- The SB 2206 study process involved collaboration with stakeholders including both counties and state
- Values of study have been consistent with DHS's mission: provide quality, efficient, and effective human services, which improve the lives of people
- To meet this mission, all operational levers have been examined: funding/organizational structure, process, and culture

Takeaways

- Changes to the process and culture have been identified, and key changes are being tested in pilots
- However, the current organizational/funding structure limits scalability and sustainability of improvements
- The organization sets up silos that do not promote collaboration, specialization, or consistency in delivery
- And the rate-by-case funding formula does not enable innovation in service delivery

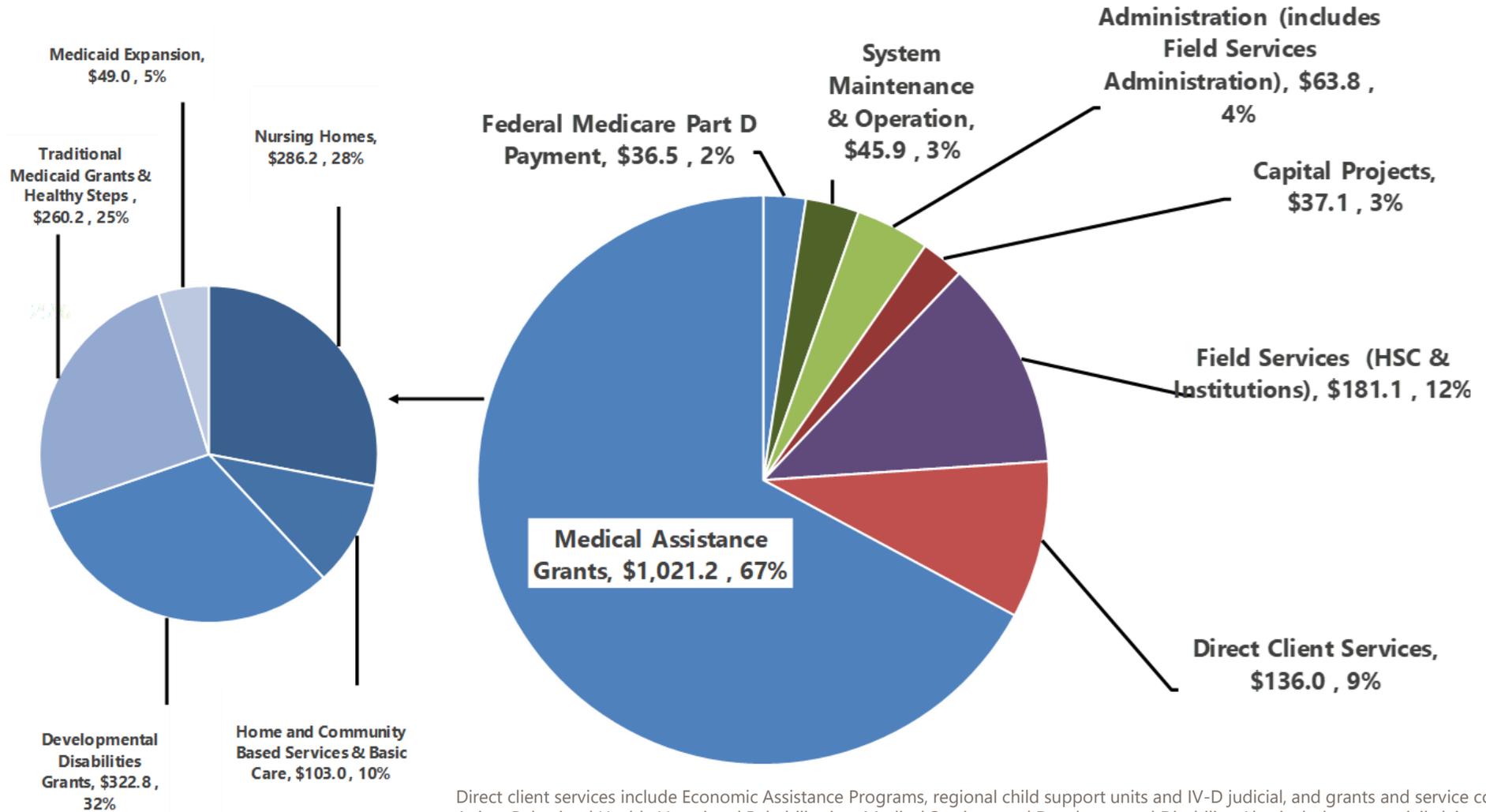
Go Forward

- Going forward, all access points will remain, and in some cases expand to meet clients where they are
- Zonal organization & funding will lay foundation for continuous improvement by removing silos:
 - Structure will shift service delivery organization from 47 primarily single-county units to no more than 19 multi-county units
 - Funding will be made more flexible than rate-by-case formula to promote innovation
- This new organization and funding in zones will promote
 - Collaboration: instead of rigid county boundaries to the delivery of service, organization in zones will enable collaboration to meet the needs of citizens and scale best practices
 - Specialization: new funding formula will enable specialization in areas like long-term care eligibility, subsidized adoption, or child care licensing
 - Utilization of capacity: shared workload will ensure that all parts of system are efficiency utilized
- When efficiency is achieved, money will be redirected to direct client services

THE VISION FOR THE NURSING FACILITY PAYMENT SYSTEM

- **Providers are stable and healthy.** Providers receive stable and predictable revenue that ensures timely recognition of changing costs, particularly those targeted to improve care. There should also be compatibility with other payment models and models should be streamlined where possible to ensure holistic health.
- **Residents receive consistently safe and high-quality care.** Reimbursement is sufficient to promote safe and high-quality care in an economically run facility.
- **There is choice for consumers in their setting of care.**
- **The care received by residents is sustainable today and tomorrow.** Growth in rates is reasonable and cost is managed as efficiently as possible.
- **The reimbursement for services across providers is fair and equitable.** Reimbursement rates are similar for like services provided in similar facilities, with recognition of the facility operating model or geography (which does not mean that every facility is paid the same).

WHERE DOES THE MONEY GO?



Direct client services include Economic Assistance Programs, regional child support units and IV-D judicial, and grants and service contracts for Child Welfare, Aging, Behavioral Health, Vocational Rehabilitation, Medical Services, and Developmental Disability. Also includes county jail claims and remedial eye care.

CHILD SUPPORT DIVISION

Jim Fleming, Division Director

CHILD SUPPORT DIVISION

Program Purpose

- Enhance the well-being of children and reduce demand on public treasuries by securing financial and medical support from legally responsible parents
- Encourage positive relationships between children and their parents



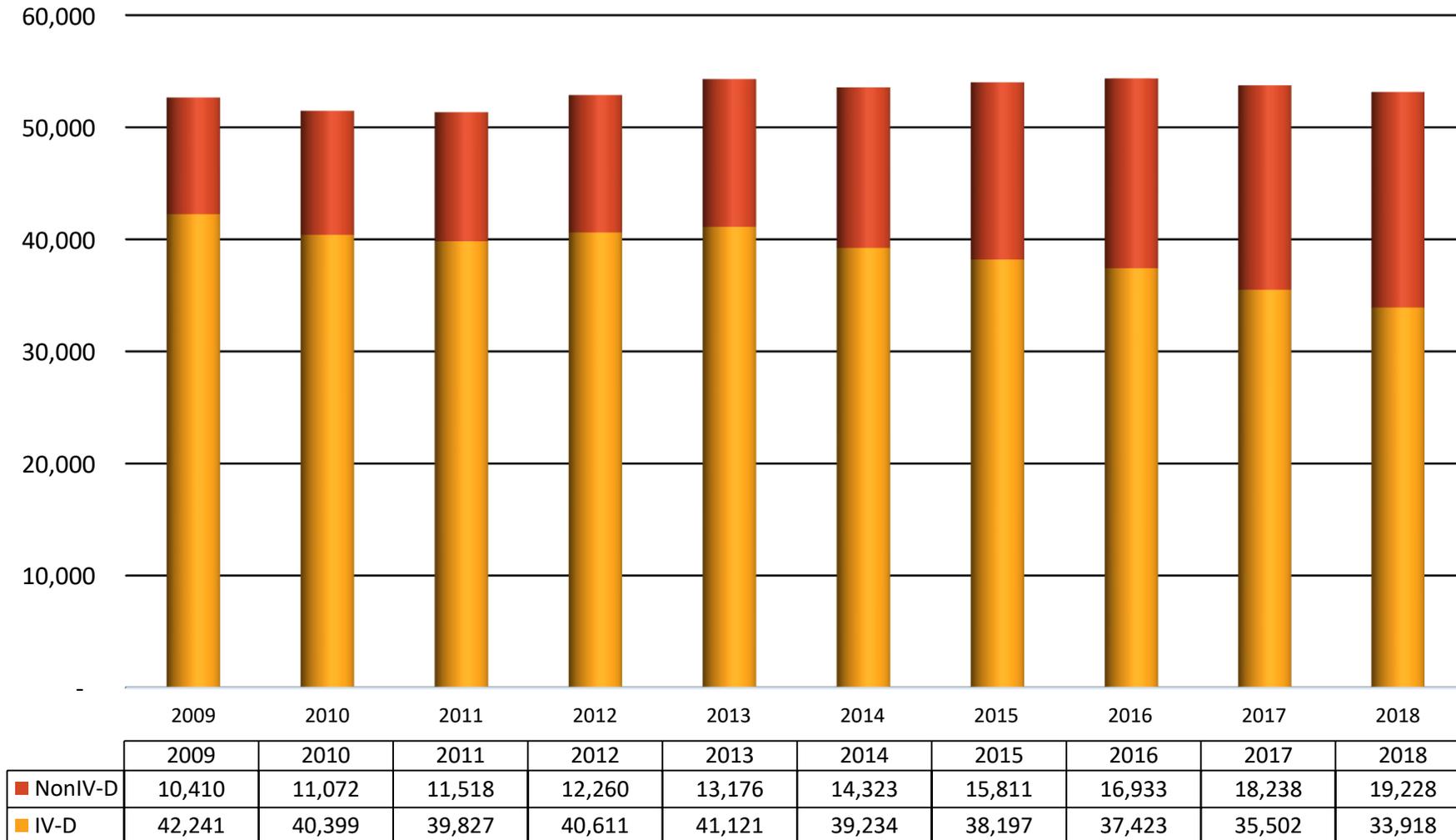
CHILD SUPPORT DIVISION

Who We Serve

- 65,999 children
- 83,721 parents
- 53,243 cases
 - Full service cases – 34,075
 - Limited service cases – 19,168

CHILD SUPPORT DIVISION

Caseload



CHILD SUPPORT DIVISION

Full Service Cases

- Customer service
- Establishment of paternity
- Establishment of a child support and medical support order
- Income withholding
- Other enforcement actions such as tax refund offset and license suspension
- Employment services
- Periodic review and modification of child support obligation
- Payment processing

CHILD SUPPORT DIVISION

Limited Service Cases

- Customer service
- Income withholding
- Payment processing

CHILD SUPPORT DIVISION

Fees

- Full Service Cases - \$35 per year after the first \$550 is collected in the year
 - Fee is not charged in cases where public assistance is or has been provided
- Limited Service Cases - \$5 per month

CHILD SUPPORT DIVISION

Opening a Full Service Case

- TANF Referral
- Medicaid Referral
- Foster Care Referral
- Referral from another state or tribal or international child support program
- Application by a parent

CHILD SUPPORT DIVISION

Where Do We Provide Services

- childsupportnd.com
- Williston
- Minot
- Devils Lake
- Grand Forks
- Fargo
- Jamestown
- Bismarck
- Dickinson
- Central (Bismarck)

CHILD SUPPORT DIVISION

Key Customer Service Strategies

- Full-function website
- Shorten periodic review cycle from 36 months to 18 months
- Avoid using imputed income when possible to set obligations based on the parent's actual income or ability to pay
- Employment Services (PRIDE)

CHILD SUPPORT DIVISION

Key Customer Service Strategies

- Employer compliance
- Outreach to new limited services cases
- Option to pay by automatic withdrawal instead of income withholding
- Payment plans instead of license suspensions

CHILD SUPPORT DIVISION

New for 2017-2019

- 2017 SB 2277 – expiration of obligations of parents under a sentence of 180 days or more
- Relocation of vacant positions to Bismarck
- Telework arrangements
- Assignment of enforcement cases by payor rather than payee

CHILD SUPPORT DIVISION

Partners

- Employers
- Judges
- Clerks of court
- Sheriffs
- ND state and local government agencies
- Other state and tribal child support programs
- Private attorneys
- Car dealers
- Gaming operators

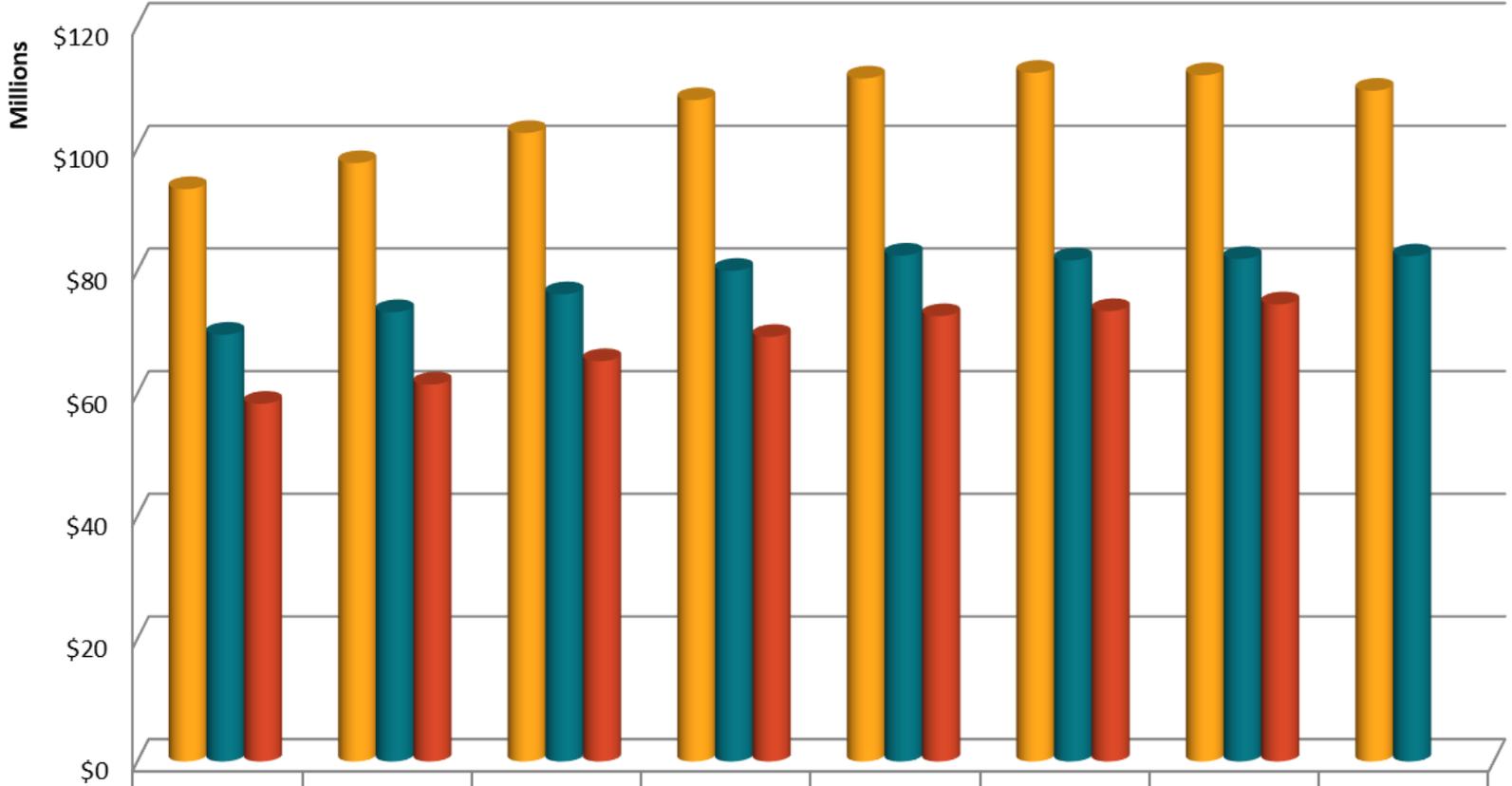


**CHILD SUPPORT
DIVISION**
Performance Measures

- Paternity Establishment
- Support Order Establishment
- Current Collections
- Arrearage Collections
- Cost Effectiveness

CHILD SUPPORT DIVISION

Collection of Current Child Support



	2011	2012	2013	2014	2015	2016	2017	2018
■ North Dakota Due	\$93,328,728	\$97,570,081	\$102,479,909	\$107,838,996	\$111,363,799	\$112,289,681	\$111,907,969	\$109,366,920
■ North Dakota Collected	\$69,599,364	\$73,266,692	\$76,186,870	\$80,000,982	\$82,495,635	\$81,709,837	\$81,946,726	\$82,353,845
■ National Average Collected*	\$58,330,455	\$61,469,151	\$65,279,702	\$69,232,635	\$72,609,197	\$73,437,451	\$74,530,707	

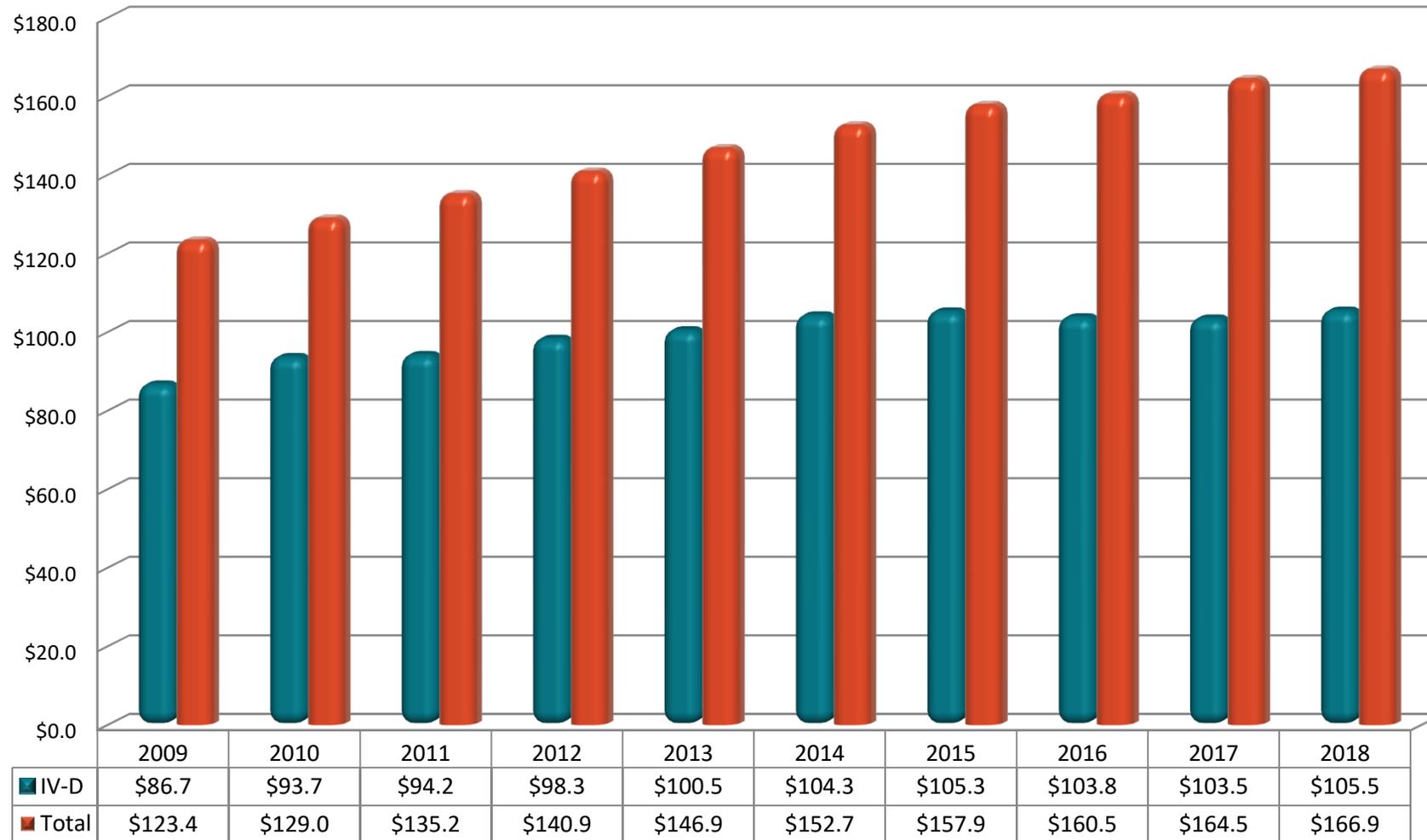
*National average performance applied to North Dakota's current support due.

	2011	2012	2013	2014	2015	2016	2017	2018
North Dakota	74.6%	75.1%	74.3%	74.2%	74.1%	72.8%	73.2%	75.3%
National Average	62.5%	63.0%	63.7%	64.2%	65.2%	65.4%	66.6%	N/A

CHILD SUPPORT DIVISION

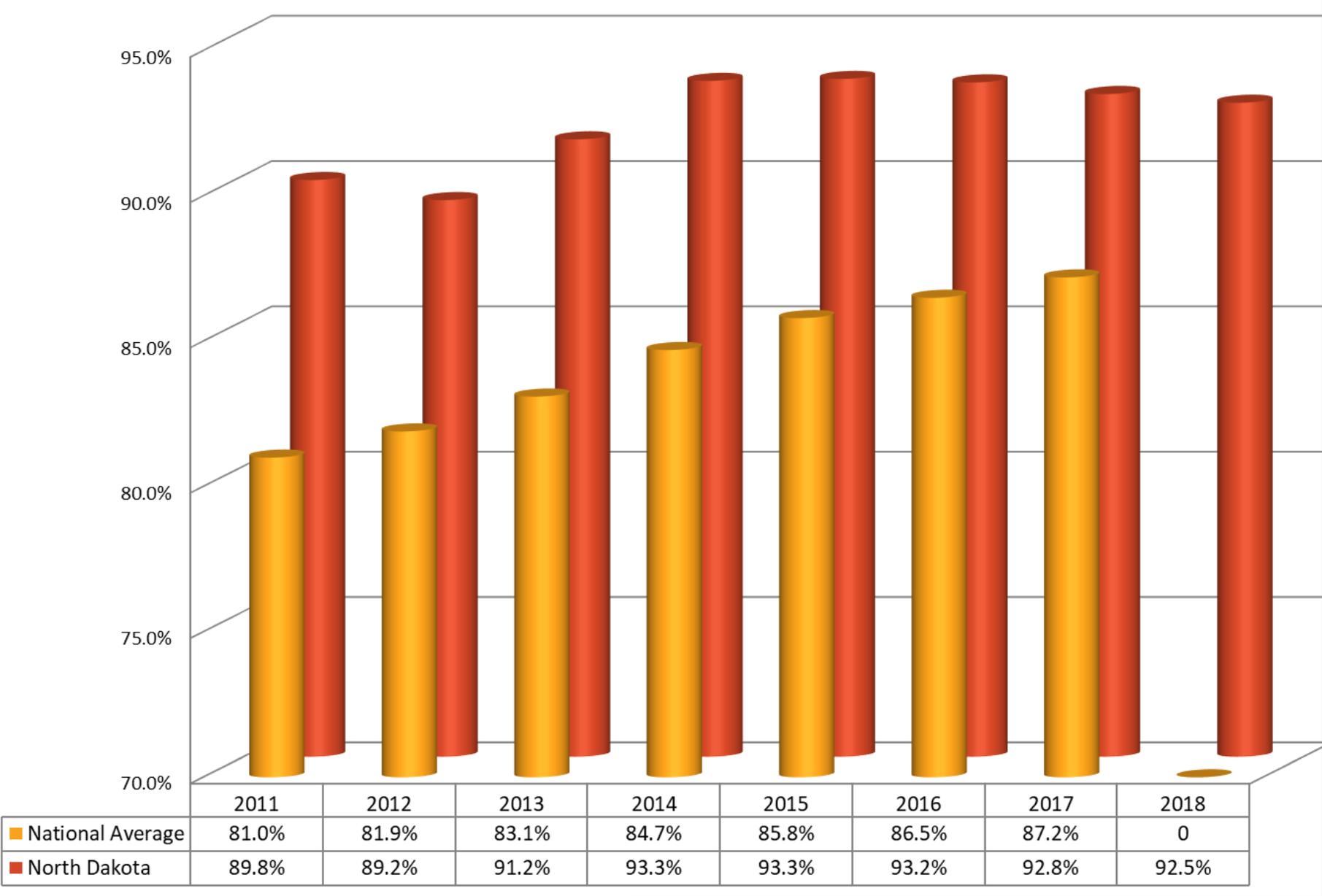
Payments (Calendar Year 2009-2018)

Millions



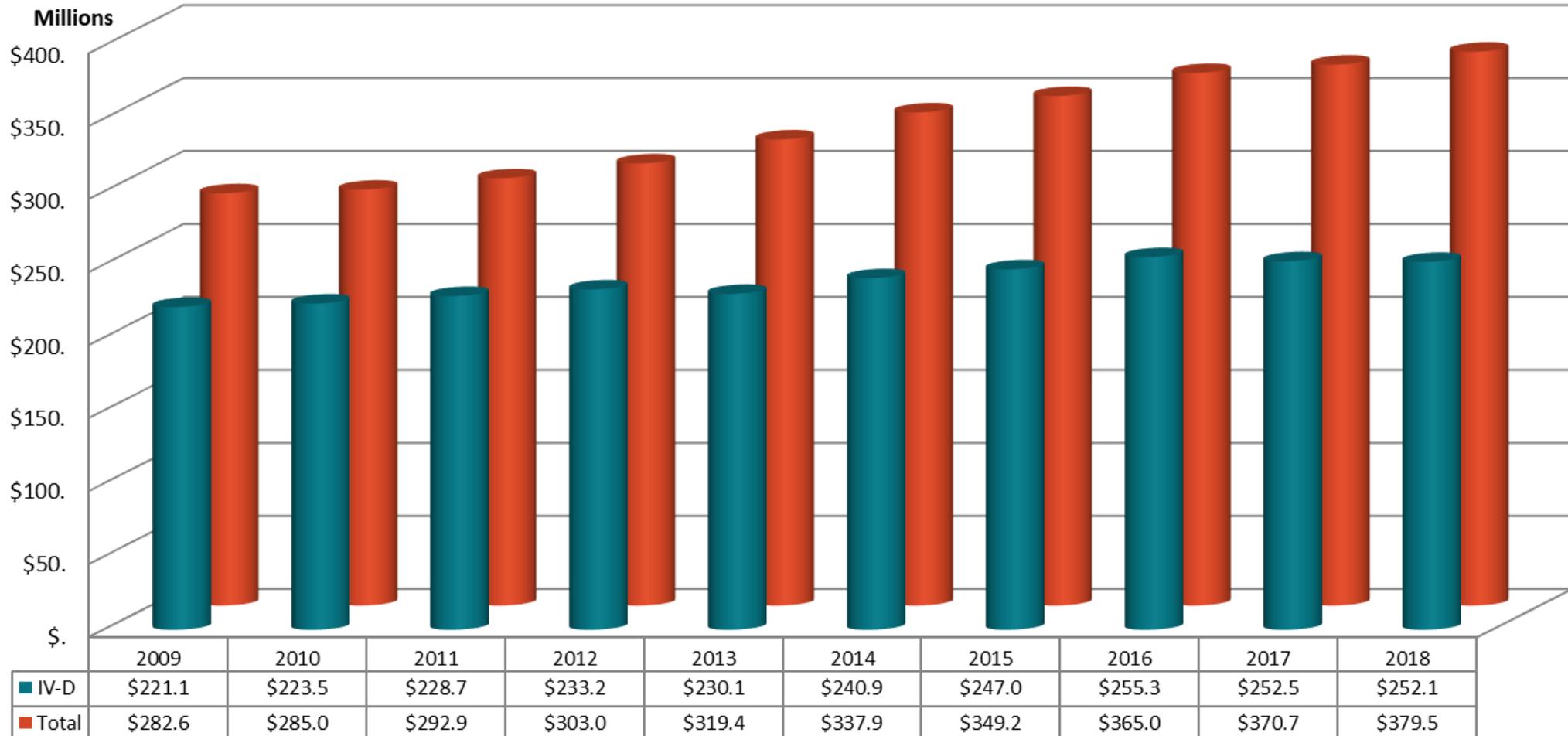
CHILD SUPPORT DIVISION

Order Establishment



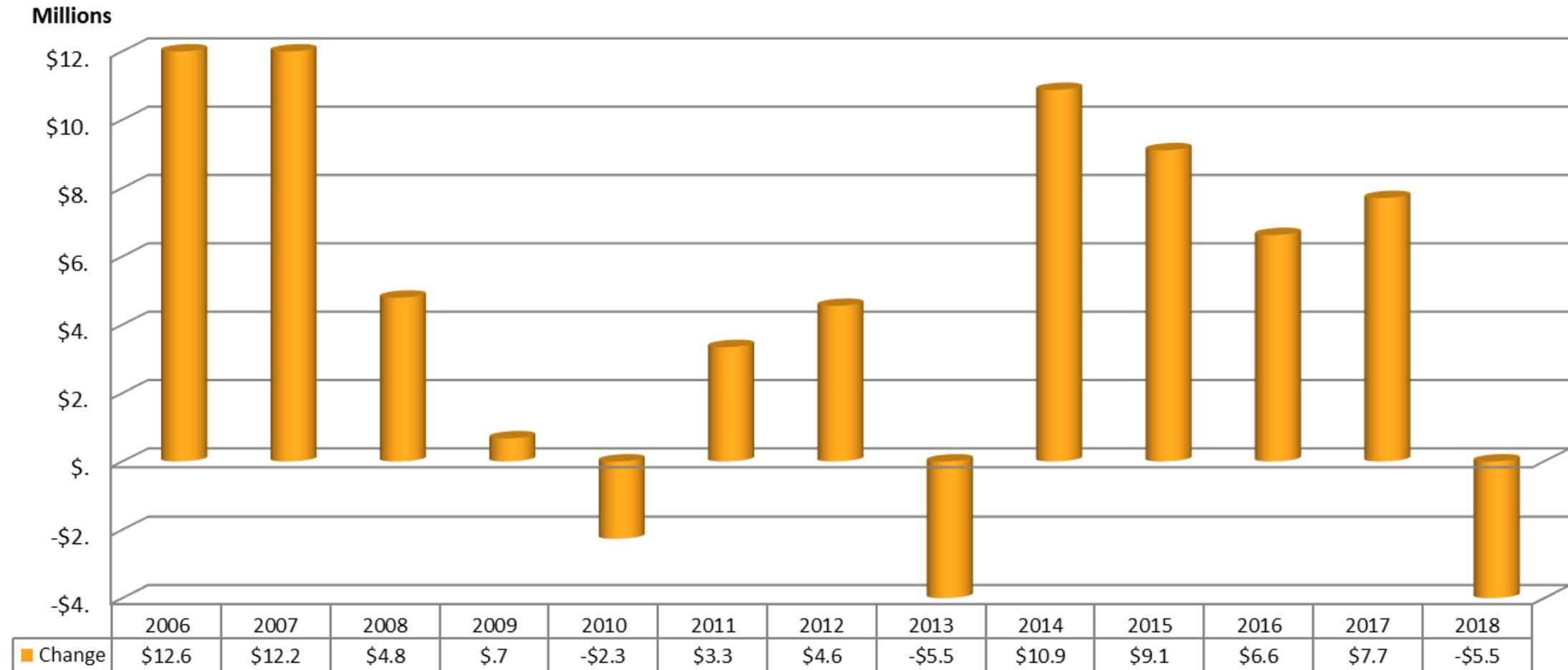
CHILD SUPPORT DIVISION

Unpaid Support (End of Calendar Year)



CHILD SUPPORT DIVISION

Unpaid Support (Change State Fiscal Year End)



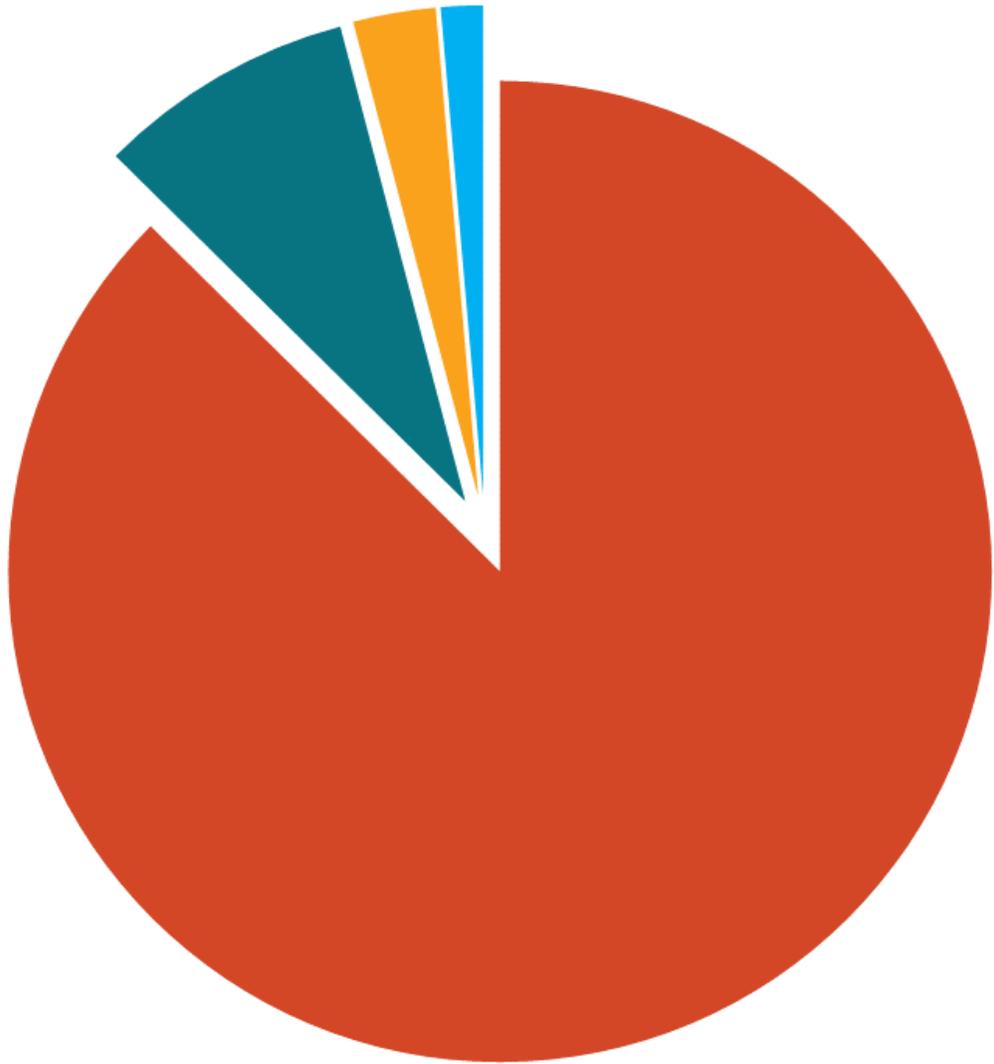
CHILD SUPPORT DIVISION

Performance Measures

- Paternity Establishment – 105.55%
 - Compares the children born out of wedlock last year with the paternities established in this year's caseload
- Arrearage Collections – 65.8%
- Cost Effectiveness – \$6.22 collected per \$1 spent

CHILD SUPPORT DIVISION

Collections Where The Money Goes



■ Families 87.41%

■ Other states & countries
8.49%

■ Retained by ND 2.71%

■ Federal Reimbursement
1.38%

Contact Information

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CHILD SUPPORT DIVISION

Customer Service Unit

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- Ph: (800) 231-4255
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MEDICAL SERVICES DIVISION

Maggie Anderson, Division Director

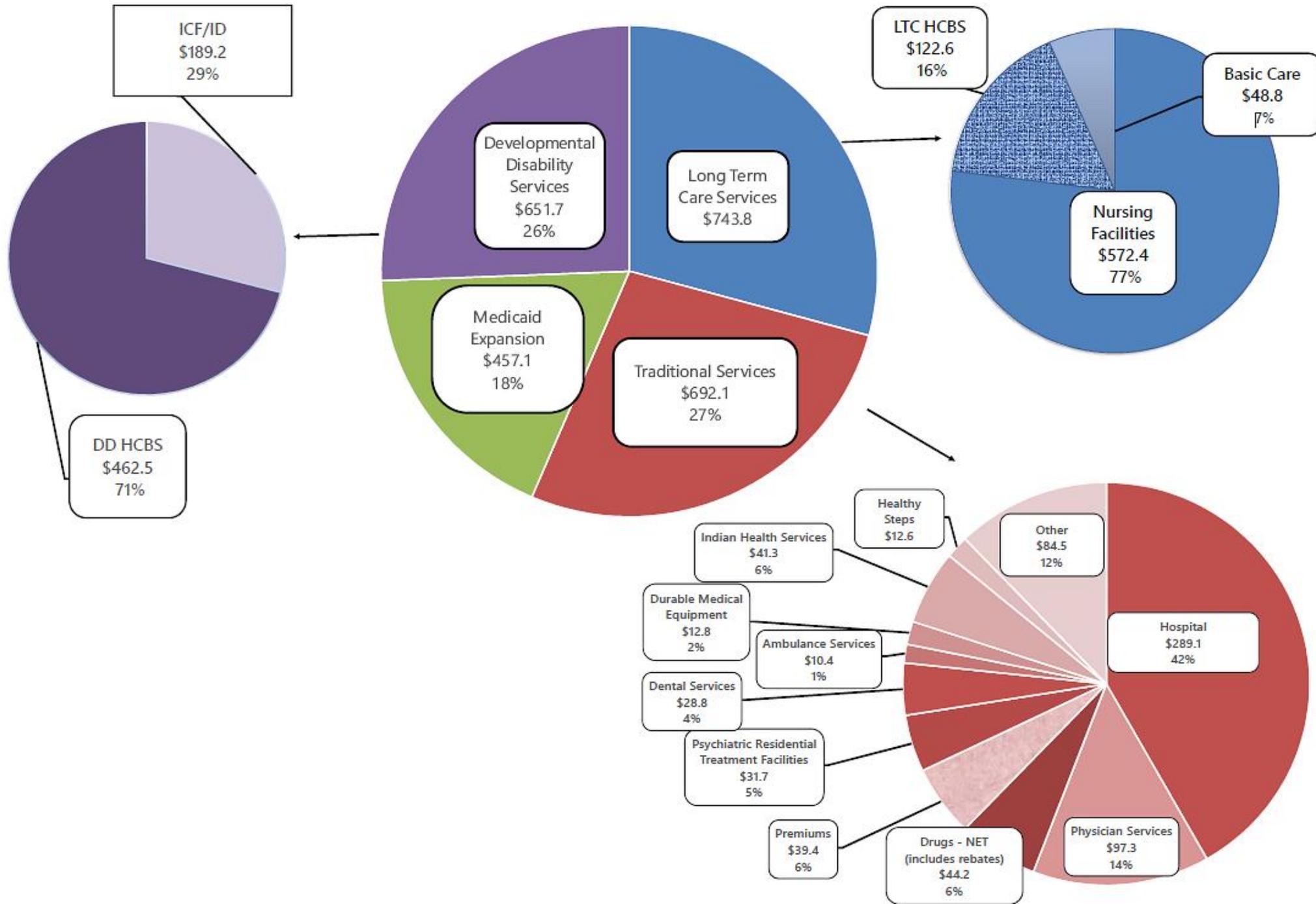
MEDICAL SERVICES DIVISION

Health Care Coverage

- Traditional Medicaid
- Health Tracks (Early and Periodic Screening, Diagnosis and Treatment)
- Children's Health Insurance Program (CHIP)
- Medicaid Expansion
- Autism Spectrum Disorder Voucher
- Program of All-Inclusive Care for the Elderly (PACE)
- Children's Medicaid Waivers
 - Medically Fragile
 - Autism Spectrum Disorder
 - Hospice

2019-2021 Executive Budget

Medical Assistance Grants \$2,544.7 M (expressed in Millions)



MEDICAL SERVICES DIVISION

Functions

- Program Administration
 - Managing State Plan
 - Administrative Rules
 - Federal Reports
- Defining Covered Services
- Rate Setting
- Claims Processing and Health Plan Payments
- Assisted Living Licensing
- Program Integrity
 - Recipient and Provider Audits
 - Provider Enrollment
 - Third Party Liability
- Utilization Review
 - Service Authorization
 - Monitor Service Quality
 - Primary Care Case Management

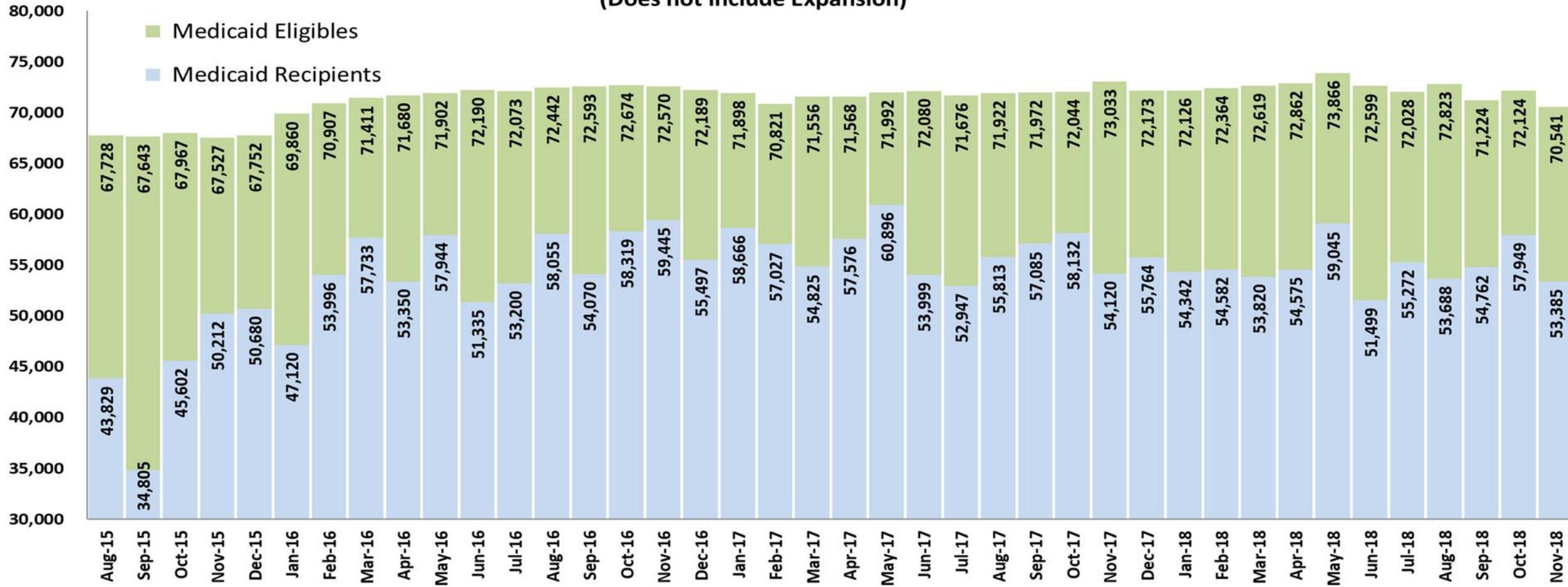
MEDICAL SERVICES DIVISION

Traditional Medicaid

- Covers qualifying:
 - Families and children
 - Pregnant women
 - Elderly and disabled individuals
- Eligibility based on income (and assets for elderly and disabled)
- Generally 50% FMAP (Federal Medical Assistance Percentage)

NORTH DAKOTA MEDICAID Eligibles and Recipients

(Does not include Expansion)



January 2016 to September 2016 Eligibles were restated due to Eligibility System transitions.
 SFY 2017 shows an increase of 3.03% of Eligibles and an increase of 13.59% in Recipients.
 SFY 2017 average Eligible children increased 4.49% to 41,418 children.

MEDICAL SERVICES DIVISION

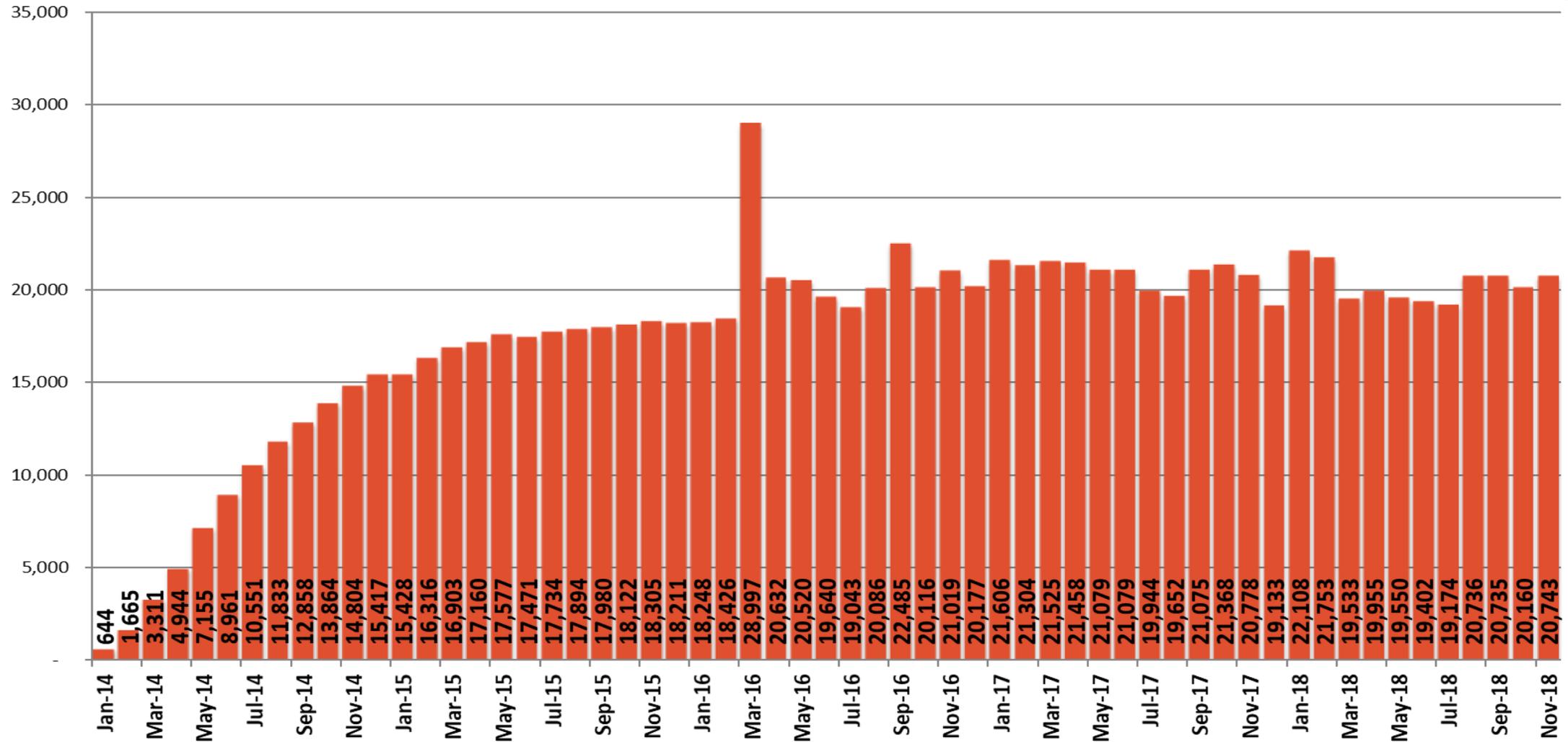
Medicaid Expansion

- Implemented January 1, 2014
- Covers qualifying individuals ages 19-64
- Assets are not considered
- Modified Adjusted Gross Income below 138% Federal Poverty Level

	Household of 3 = \$28,676	
FMAP:	CY 2017	95%
	CY 2018	94%
	CY 2019	93%
	CY 2020 and thereafter	90%

MEDICAL SERVICES DIVISION

Medicaid Expansion Premiums Paid



Note: March, August, and September of 2016 are unusual reconciling months.

This tables does not include FFS individuals that average 79 per month.

The State restated the Premium numbers with the most current information available, this may impact numbers from October 2015 forward.

MEDICAL SERVICES DIVISION

Children's Health Insurance Program (Healthy Step)

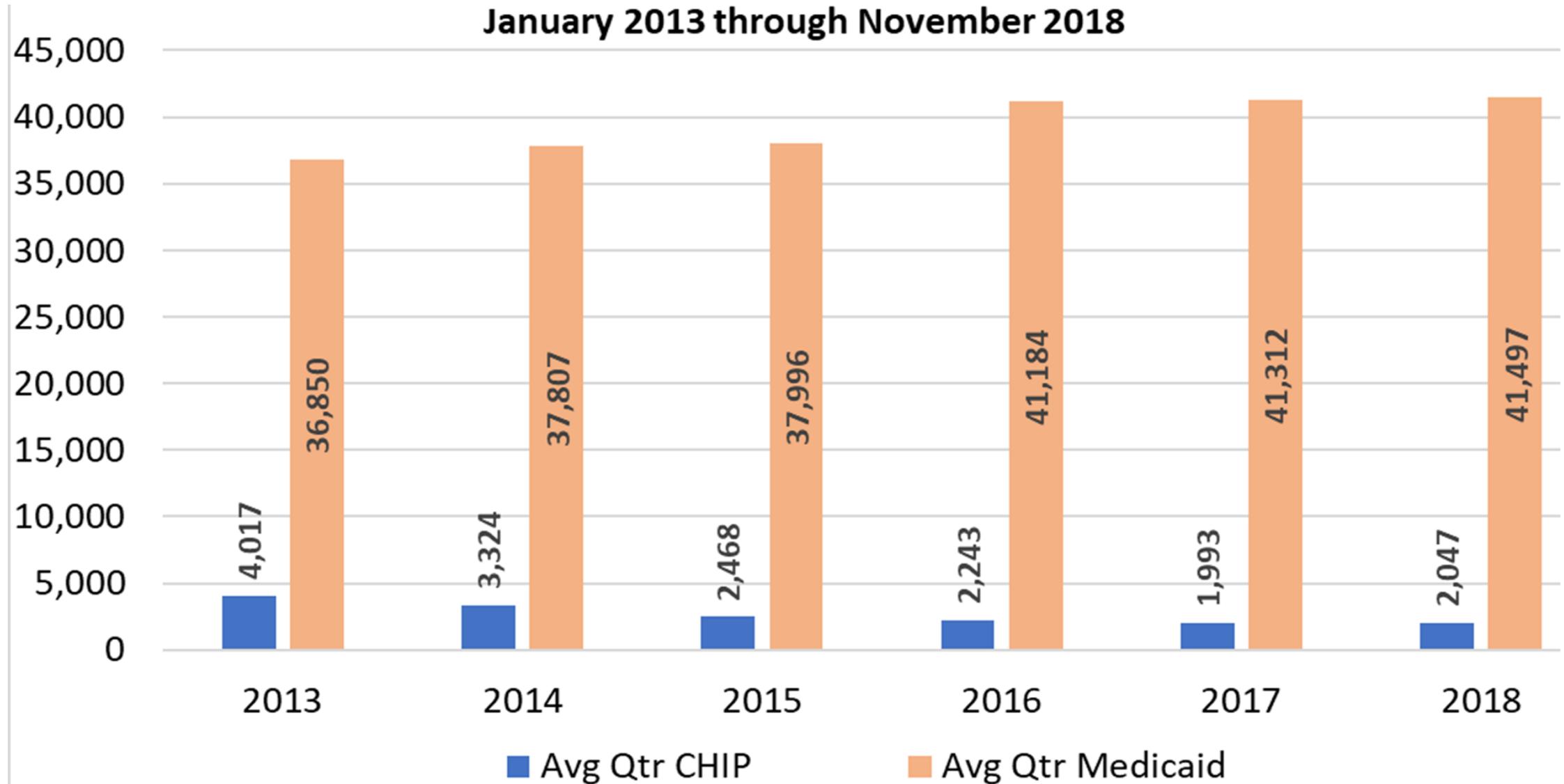
- Covers uninsured children age 18 and younger
- Families with qualifying Modified Adjusted Gross Incomes at or below 175% of the Federal Poverty Level

Household of 3 - \$36,365

- Includes health, dental, and vision coverage
- FMAP: 88% current; drops to 76.5% on Oct. 1, 2019; and drops to 65% on Oct. 1, 2020

MEDICAL SERVICES DIVISION

Medicaid Eligible Children and Healthy Steps (CHIP)



MEDICAL SERVICES DIVISION

Interim Work

- MMIS Certification
- Re-write of Rehabilitative Services State Plan
- Clarifying Coverage of Addiction Services
- Tribal efforts
 - Care Coordination
 - Enrollment and Billing
 - Clinic and “4 walls”
- Telemedicine
- School Individualized Education Plan Services
- Dental Initiative
- Completed Medicaid Fraud Control Unit Study

Contact Information

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MEDICAL
SERVICES
DIVISION

AGING SERVICES DIVISION

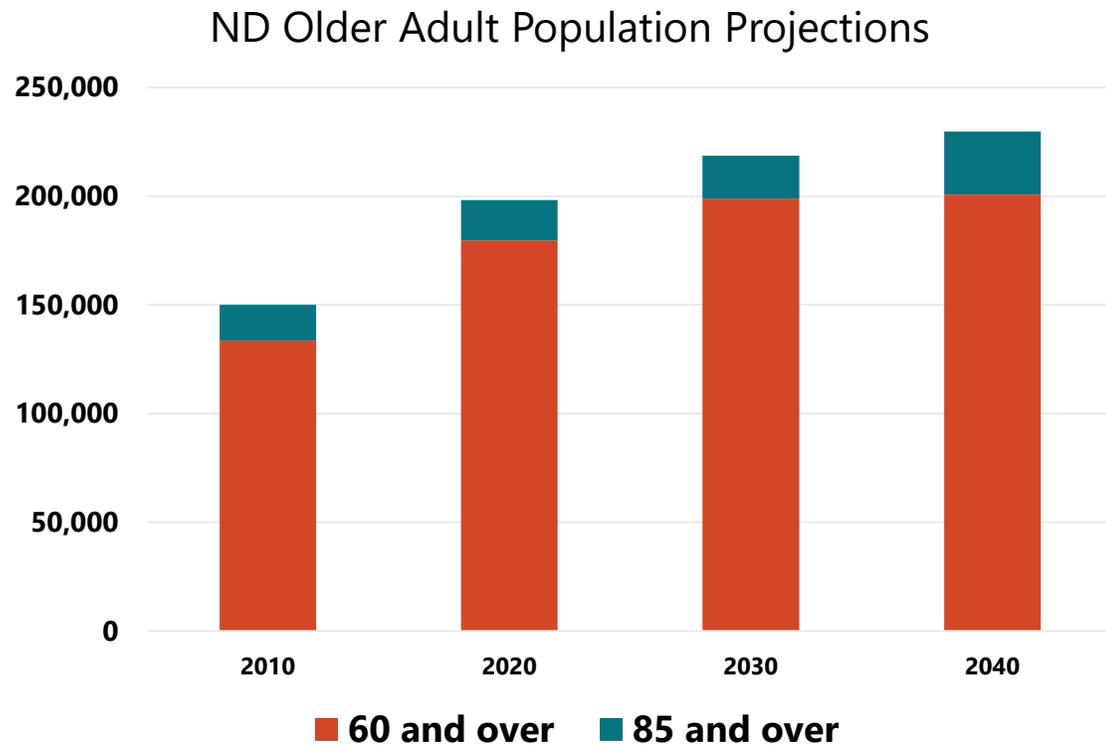
Nancy Nikolas Maier, Division Director

AGING SERVICES DIVISION

PURPOSE

- Administers home and community-based services that allow older adults and individuals with physical disabilities to remain in their own homes and communities
- Protects the health, safety, welfare and rights of residents of long-term care settings and vulnerable adults in the community

AGING SERVICES DIVISION



Source: ND Department of Commerce, Census Office

AGING SERVICES DIVISION:

Core Functions

- **Administer Older Americans Act services**
 - Contract with local providers for supportive and nutrition services
 - Support family caregivers
 - Family Caregiver Support Program, Lifespan Respite Grant
- **Provide direct services**
 - Aging & Disability Resource LINK (Information & Assistance and Options Counseling)
 - Family Caregiver Support Program (Case Management)
 - Long-Term Care Ombudsman Services
 - Vulnerable Adult Protective Services (Contracted providers in Regions 1, 2, 5, 6)
- **Administer state and federally-funded HCBS services**
 - Technical assistance and training to HCBS Case Managers

AGING SERVICES DIVISION: Federal Older Americans Act (OAA)

- Federal, state, and local funds
- Primarily serves people age 60+
- No income limits
- Voluntary contribution
- Cannot deny service due to unwillingness or inability to contribute

NORTH DAKOTA OLDER AMERICANS ACT NUTRITION SITES

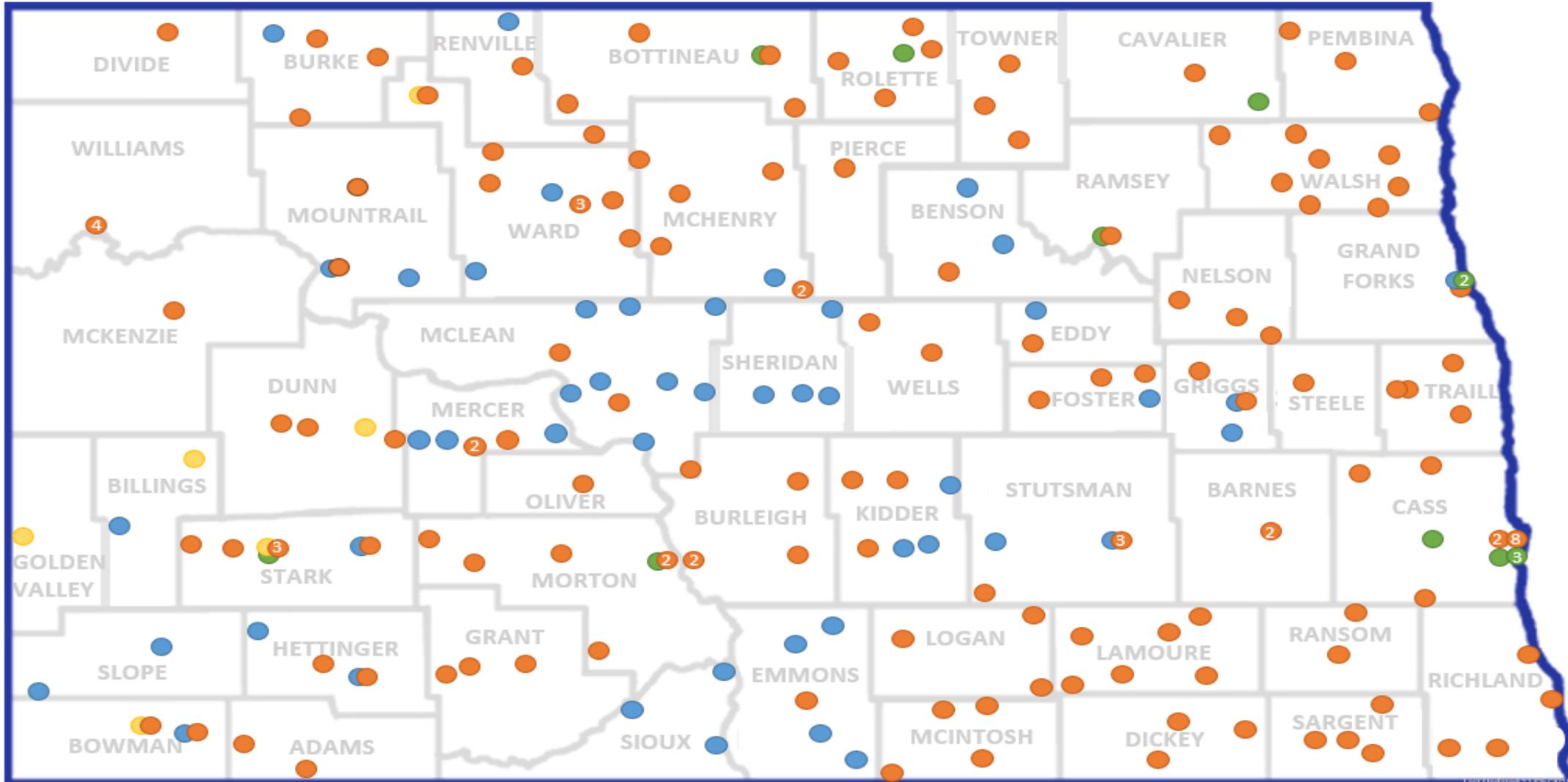
MAP LEGEND:

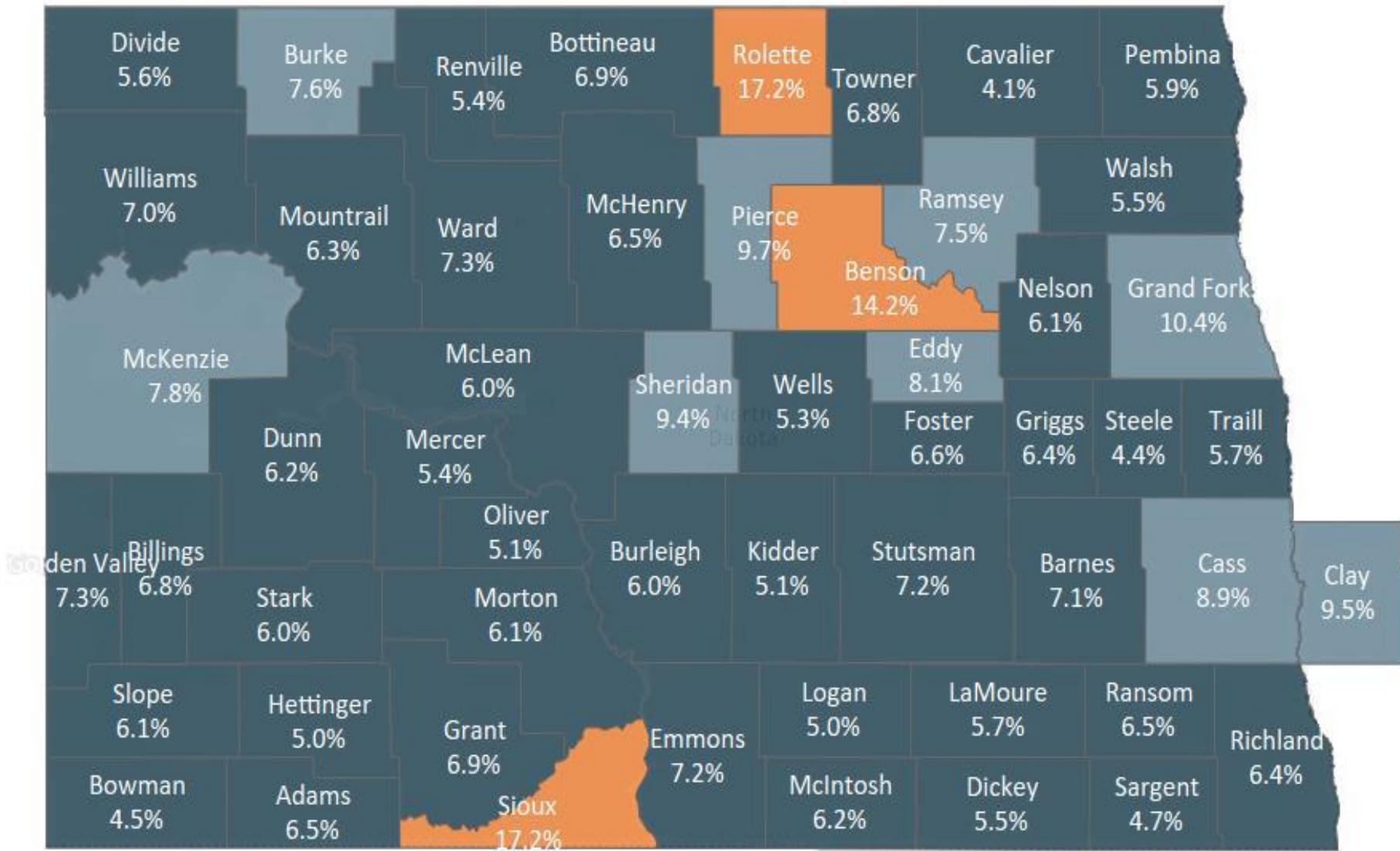
- Congregate Nutrition Sites Only
- Home Delivered Meals (HDM) Only
- Both Congregate and HDM Options
- Café 60 Nutrition Sites

STATE TOTAL:

221

- 13 Congregate Nutrition Sites Only
- 48 Home Delivered Meals (HDM) Only
- 154 Both Congregate and HDM Options
- 6 Café 60 Nutrition Sites





Food insecurity by county.

Source: Great Plains Food Bank "Ending Hunger 2.0 Hunger in ND 2018"

SENIOR NUTRITION SERVICES

1 in 10 North Dakotan's are in need of food assistance; 12 percent are seniors

Seniors with food insecurity can have many negative health consequences:

- Prolonged hospital stays
- Unintentional weight loss that can increase need for physical assistance



Source: Great Plains Food Bank "Ending Hunger 2.0 Hunger in ND 2018"

North Dakota's Circles of Aging Project

NDSU study to explore how seniors centers, nutrition programs can better meet the needs and preferences of the baby boomers

Aging Services Regional Nutrition Meetings

Local meetings with current nutrition providers and other interested partners to discuss creative ways to address senior hunger and its underlying causes

Promising Practices

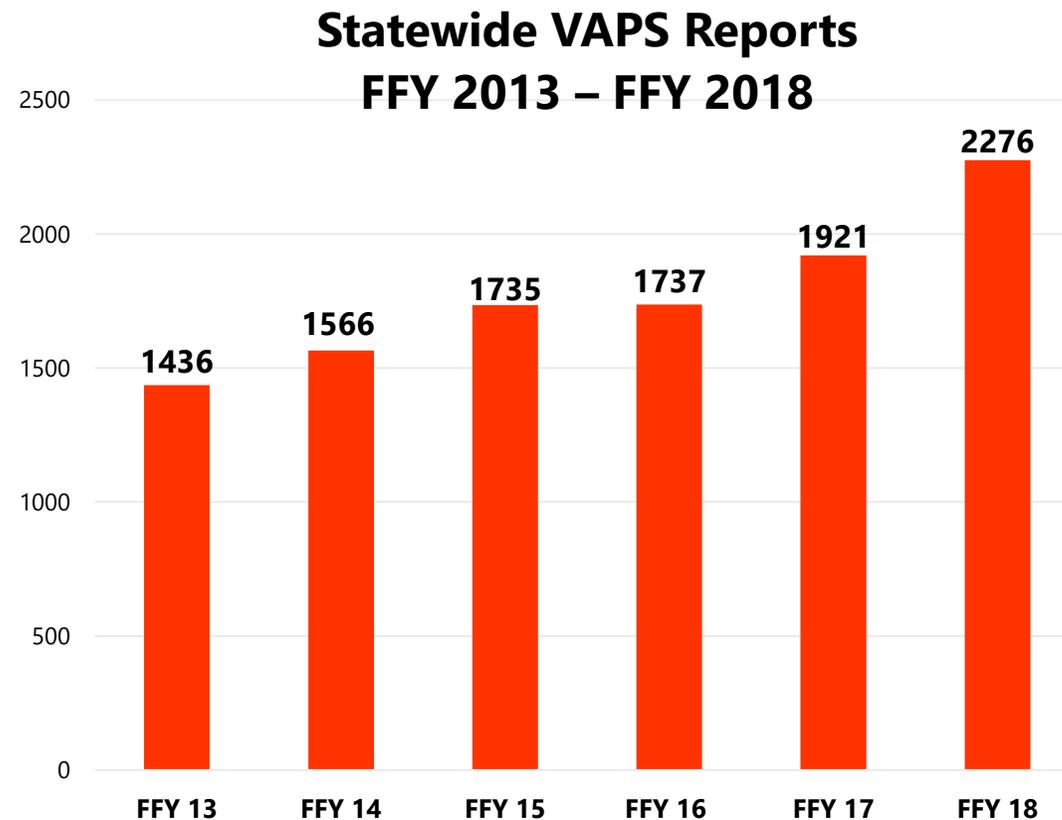
- Voucher system for meals that utilize local restaurants, grocery stores etc.
- Flexibility in the time meals are served and increased meal choices
- Rotating meal sites to locations other than senior centers to attract new consumers

AGING SERVICES DIVISION

Vulnerable Adult Protective Services (VAPS)

- 2,276 reports received in FFY 2018
- 18% increase from FFY 2017
- 58% increase after mandatory reporting law passed in FFY 2013
- Nationally, for every reported case 24 go unreported*

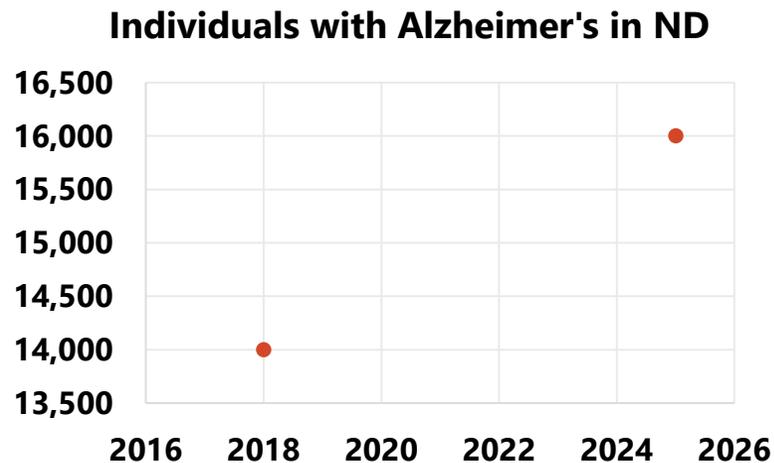
Source: New York State Elder Abuse Prevalence Study



AGING SERVICES DIVISION

State Funded Programs/Services

- Dementia Care Services Program
- Guardianship Establishment Fund
- Telecommunications Equipment Distribution Services



Source: Alzheimer's Association "2018 Alzheimer's Disease Facts and Figures"

AGING SERVICES DIVISION

Home and Community-Based Services

- HCBS long-term care services paid for by Medicaid, SPED, and the Ex-SPED programs
 - Supported 2,546 unduplicated recipients in SFY 2018
- Federal and state funds
- Primarily serves older adults and individuals with physical disabilities
- Recipients must be both functionally and financially eligible
- May have client cost share based on income

AGING SERVICES DIVISION

HCBS Programs /Services

- Adult Day Care
- Adult Foster Care
- Adult Residential Care
- Attendant Care
- Case Management
- Chore Service
- Emergency Response System
- Environmental Modification
- Extended Personal Care
- Family Home Care & Family Personal Care
- Home Delivered Meals
- Homemaker Services
- Non-Medical Transportation
- Personal Care Services
- Respite Care
- Supervision
- Supported Employment
- Specialized Equipment
- Transitional Care

Contact information

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Phone: 701-328-4601

Toll-Free Aging & Disability Resource LINK:

1-855-462-5465

E-mail: carechoice@nd.gov

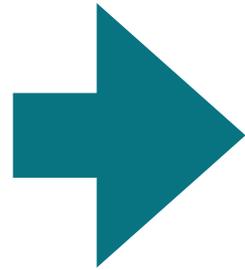
AGING SERVICES DIVISION

DEVELOPMENTAL DISABILITIES DIVISION

Tina Bay, Division Director

DEVELOPMENTAL DISABILITIES DIVISION

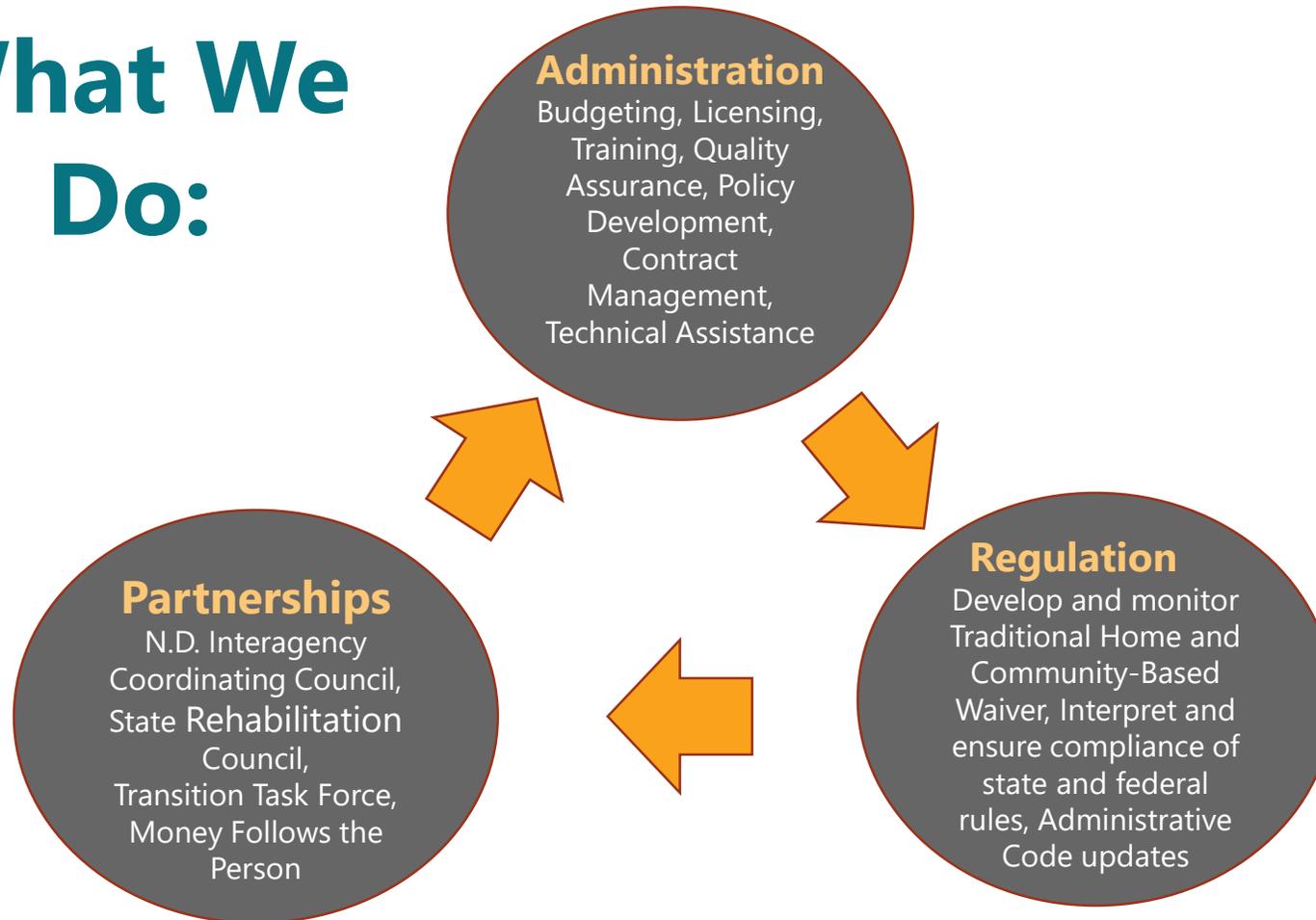
Who We Serve:



- Individuals with an intellectual or developmental disability
- Children birth to three with developmental delays

DEVELOPMENTAL DISABILITIES DIVISION

What We Do:



DEVELOPMENTAL DISABILITIES DIVISION

How Services Are Funded :

- Medicaid Home and Community-Based Services Waiver
- Medicaid State Plan
- Part C of Individuals with Disabilities Education Act (IDEA)
- General fund

DEVELOPMENTAL DISABILITIES DIVISION

Services Available

- **Medicaid Home and Community-Based Services Waiver:**

- Residential Habilitation
- Independent Habilitation
- Day Habilitation
- Employment Services
 - Prevocational
 - Small Group Employment
 - Individual Employment
- Adult Foster Care
- Homemaker
- Family Care Option (FCO)
- Self-Directed Services
 - Environmental Modifications
 - Equipment & Supplies
 - Behavioral Consultation
- Extended Home Health Care (EHHC)
- In-home Supports (IHS)
- Infant Development (ID)
- Parenting Support

DEVELOPMENTAL DISABILITIES DIVISION

Services Available (continued)

- **Medicaid State Plan:**
 - Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
 - Personal Care Services
 - Targeted Case Management with Personal Care Services
- **Part C of Individuals with Disabilities:**
 - Right Track
 - Early Intervention
 - Experienced Parents
- **General Fund:**
 - Section 11
 - Corporate Guardianship

DEVELOPMENTAL DISABILITIES DIVISION

Looking Ahead



Caseload Growth

Eligibility

Home and Community-Based Services

Transitions to/from State Institutions and Diversion

Federal Changes

Contact information

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DEVELOPMENTAL
DISABILITIES
DIVISION

LIFE SKILLS AND TRANSITION CENTER

Susan Foerster, Superintendent

LIFE SKILLS AND TRANSITION CENTER

Who we are:

- The Life Skills and Transition Center (LSTC) is a state-operated, comprehensive support agency serving people with intellectual and developmental disabilities.
- Accredited by the Council on Quality and Leadership since 1989.
- **People served by the LSTC may reside on the campus, in supported living arrangements in the community of Grafton, or in communities across the state.**
- The campus serves as a safety-net for people whose needs exceed community resources.
- Off-campus outreach and consultation services are provided statewide to help people remain in their homes and communities and to prevent admissions.
 - Outreach services include: Residential Habilitation in the community, Clinical Assistance Resource and Evaluation Services (CARES), CARES Clinic and Intellectual Behavioral Health Services and Adaptive Equipment Mobile Service (AES).

LSTC PROGRAMS



Residential
Services



Vocational
Services



Outreach
Services



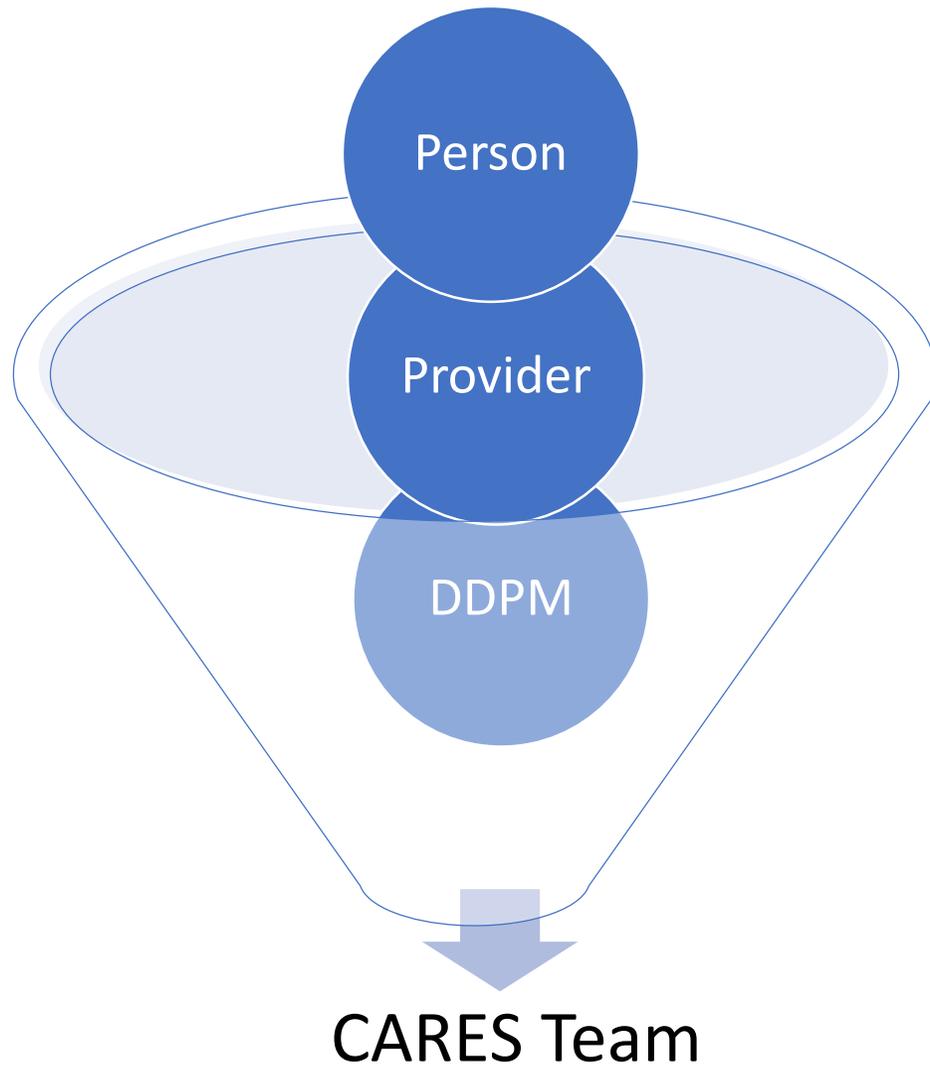
Evaluation
Services (CARES)
Clinical
Assistance
Resource



CARES Clinic



DD Behavioral
Health Services



CARES SERVICES

Supports provided primarily in the persons current living and/or employment settings



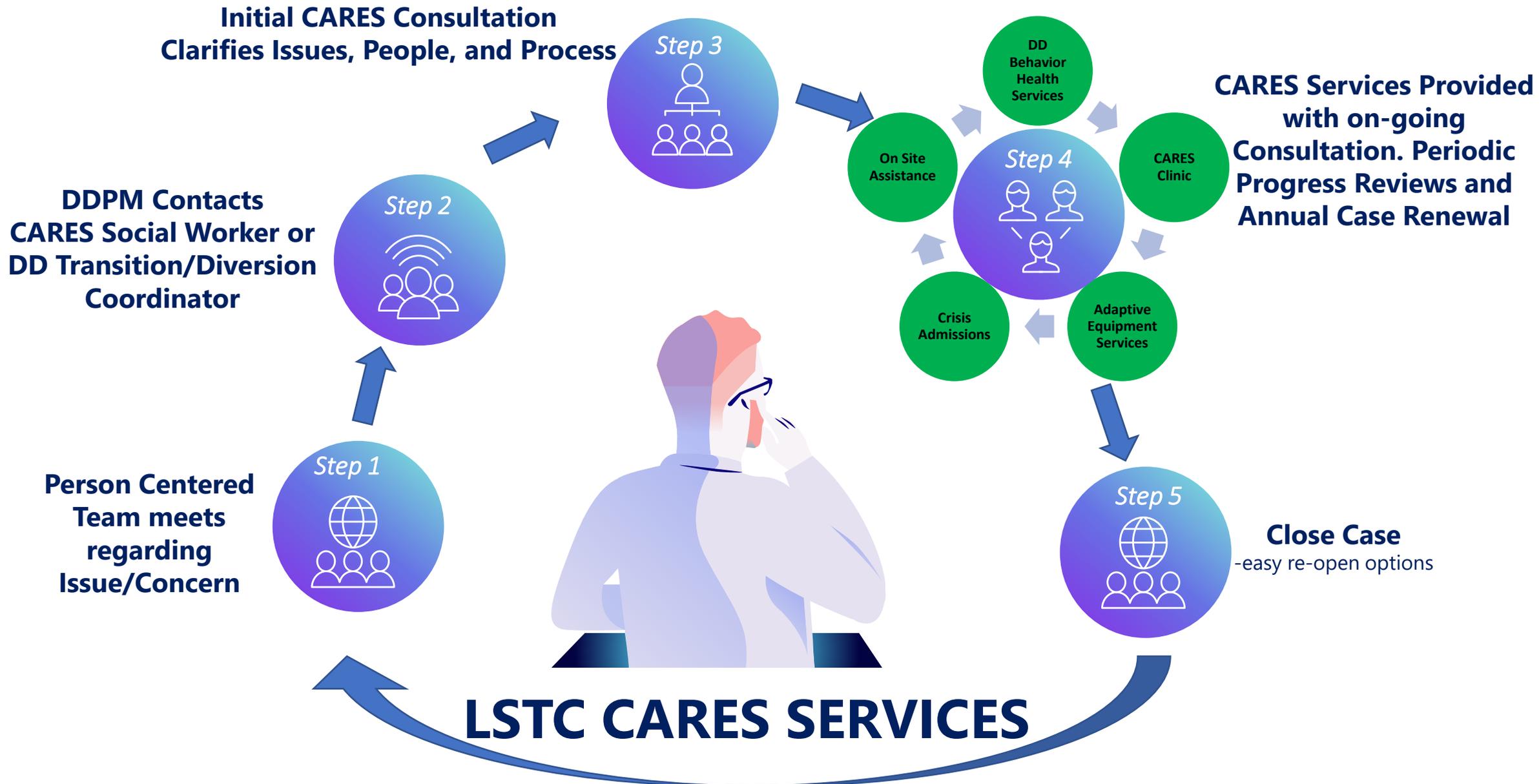
Heavily reliant on private provider/state collaboration



*Phone consultation
Intensive Assessments*



On-site consultation and staff support



CRISIS RESPONSE SERVICES

Provided by LSTC CARES

Features of an effective DD Statewide Crisis Response System

- ❑ Early intervention
- ❑ 24 hour response through *Behavioral Health Mobile Crisis*
- ❑ Reduction of risk/stabilization
- ❑ Strategies to support prevention or re-occurrence
- ❑ Follow-along service after out of home crisis events
- ❑ Community capacity building
- ❑ Crisis team members located statewide

STATEWIDE CARES WILL PROVIDE THE FOLLOWING SERVICES

- *In-home remote crisis supports/services (Behavioral Health Team with CARES specialists)*
 - *In-home technical assistance*
 - *Training for community professionals, direct support staff, families and law enforcement or other emergency responders*
 - *Assessment/observation services remote in persons' home.*
 - *Crisis beds at the LSTC for short term admissions and stabilization.*
-

CAMPUS CONSOLIDATION AND IMPROVEMENTS

Campus Consolidation

- Smaller Footprint
- Update and remodel
 - General Living Area Improvements
 - Kitchen Improvements

Campus Improvements

- Demolition of:
 - Pleasant View Building
 - Refectory Building
- UNESCO Energy Upgrade

PROGRAM PRIORITIES CRISIS SUPPORTS

- Prioritize and enhance state wide crisis response services.
- Work collaboratively with Behavioral Health Division on Statewide Crisis Planning.
- Continue building DD admission prevention and crisis support systems:
 - CARES Team (7.5 FTEs OAR)
 - Includes 1.5 FTE for Applied Behavior Analyst services)
 - CARES Clinic
 - DD Behavioral Health Service: continue Applied Behavior Analyst growth

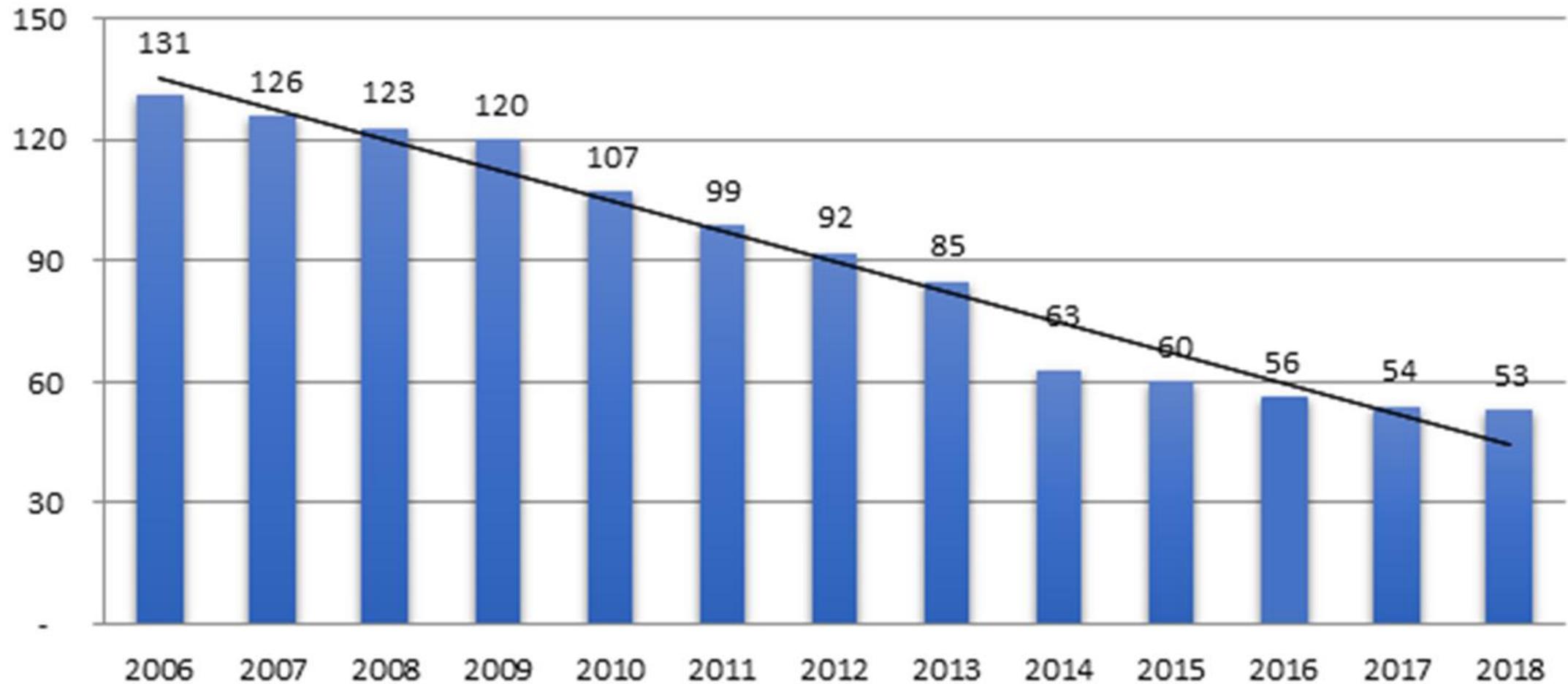
LIFE SKILLS AND TRANSITION CENTER

Transitions:

- From 2000 to 2018, the number of adults residing at the LSTC dropped from 149 to 53.
- **Transition to the Community Task Force:** This includes DHS representatives, private providers and disability advocates. The role of the task force is to develop recommendations to DHS relative to community capacity building which would in turn result in a reduced population at the LSTC.
- People with developmental disabilities are admitted to the LSTC through their local Human Services Center when their needs exceed community resources.
- If an admission to the LSTC is being considered, it is expected that a CARES referral be completed and Protection and Advocacy be notified of a community crisis situation.
- When planning for discharge, people served and their guardians decide which regions/providers/setting that they are willing to consider to move to.
- Once a provider and a setting has been selected, the person served, guardian, LSTC team, and new provider team work together to develop a person-centered transition plan to support the person to successfully move to the community.

LIFE SKILLS AND TRANSITION CENTER

Adult Population



LSTC CENSUS

- Current

- Adults: 52
- Youth: 15
- Residential Habilitation: 9
(Community Waiver Services)

- Proposed 2019-2021

- Adults: 45 and 4 crisis beds
- Youth: 8 and 4 crisis beds
- Residential Habilitation: 9
(Community Waiver Services)

Contact Information

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Grafton, N.D. 58237

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ND Relay TTY: 1-800-366-6888
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LIFE SKILLS AND TRANSITION CENTER

VOCATIONAL REHABILITATION DIVISION

Robyn Throlson, Interim Division Director

VOCATIONAL REHABILITATION DIVISION

Program Purpose

- To assist individuals with disabilities to obtain and maintain competitive, integrated employment.



VOCATIONAL REHABILITATION DIVISION

Eligibility

- Physical or mental disability
- Barrier to seeking, maintaining, or advancing in employment due to disability
- Individual requires and will benefit from VR services

VOCATIONAL REHABILITATION DIVISION

Services

- Vocational counseling and guidance
- Job Placement
- Assistive Technology
- Vocational Training
- Pre-employment services to transition students with disabilities
- Business Services

VOCATIONAL REHABILITATION DIVISION

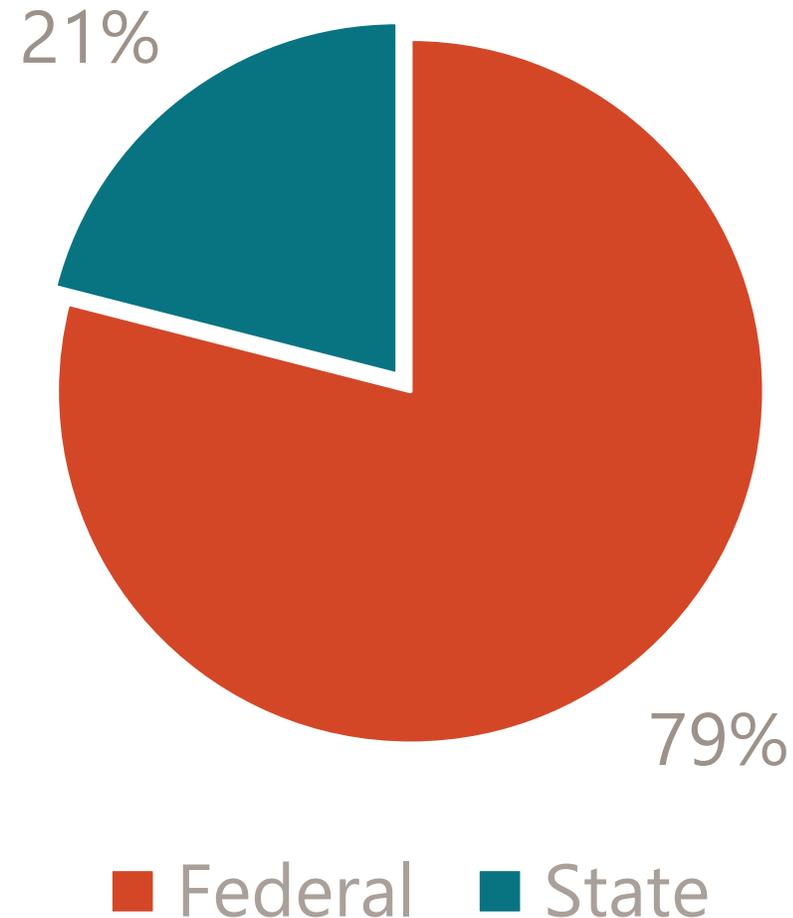
Funding

- 79% Federal
- 21% State

Value

For every \$1 spent by VR,
clients earn \$8.25

For every \$1 spent by VR,
clients pay \$1.65 in taxes



VOCATIONAL REHABILITATION DIVISION

■ Pre-Employment Transition Services

VR is required to make available 5 Core Services:

- Job exploration
- Work-based learning experiences
- Counseling on post-secondary opportunities
- Workplace readiness training
- Instruction in self-advocacy



VOCATIONAL REHABILITATION DIVISION

Services to Businesses

- Recruit qualified applicants with disabilities
- Retention of employees with new or worsening disabilities
- Opportunities for work-based learning experiences
- Training and technical assistance on the employment of people with disabilities
 - Disability awareness training
 - ADA information

VOCATIONAL REHABILITATION DIVISION

Older Individuals who are Blind

- Assessment of need for home modifications and equipment
- Training in:
 - Use of low vision devices
 - Safe cooking techniques
 - Orientation and mobility
- Counseling on personal adjustment to their vision loss

VOCATIONAL REHABILITATION DIVISION

Disability Determination Services (DDS) Unit

Determines eligibility of applicants for Social Security Disability Benefits

- Local federal Social Security Office accepts applications for disability benefits
- The application is sent to the DDS Unit
- Upon completion of the medical determination of eligibility, the claim is routed back to the local Social Security Office
- Funding for DDS is 100% federal

Contact information

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Interim Division Director

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VOCATIONAL
REHABILITATION
DIVISION

CHILDREN AND FAMILY SERVICES DIVISION

Lauren Sauer, Acting Division Director

PERMANENCY

- Foster Care
- Adoption
- Guardianships
- Interstate Compacts for the Placement of Children
- Unaccompanied Minor Services
- Independent Living Services
- Licensing
 - Residential Child Care Facilities
 - Child Placing Agencies

SAFETY

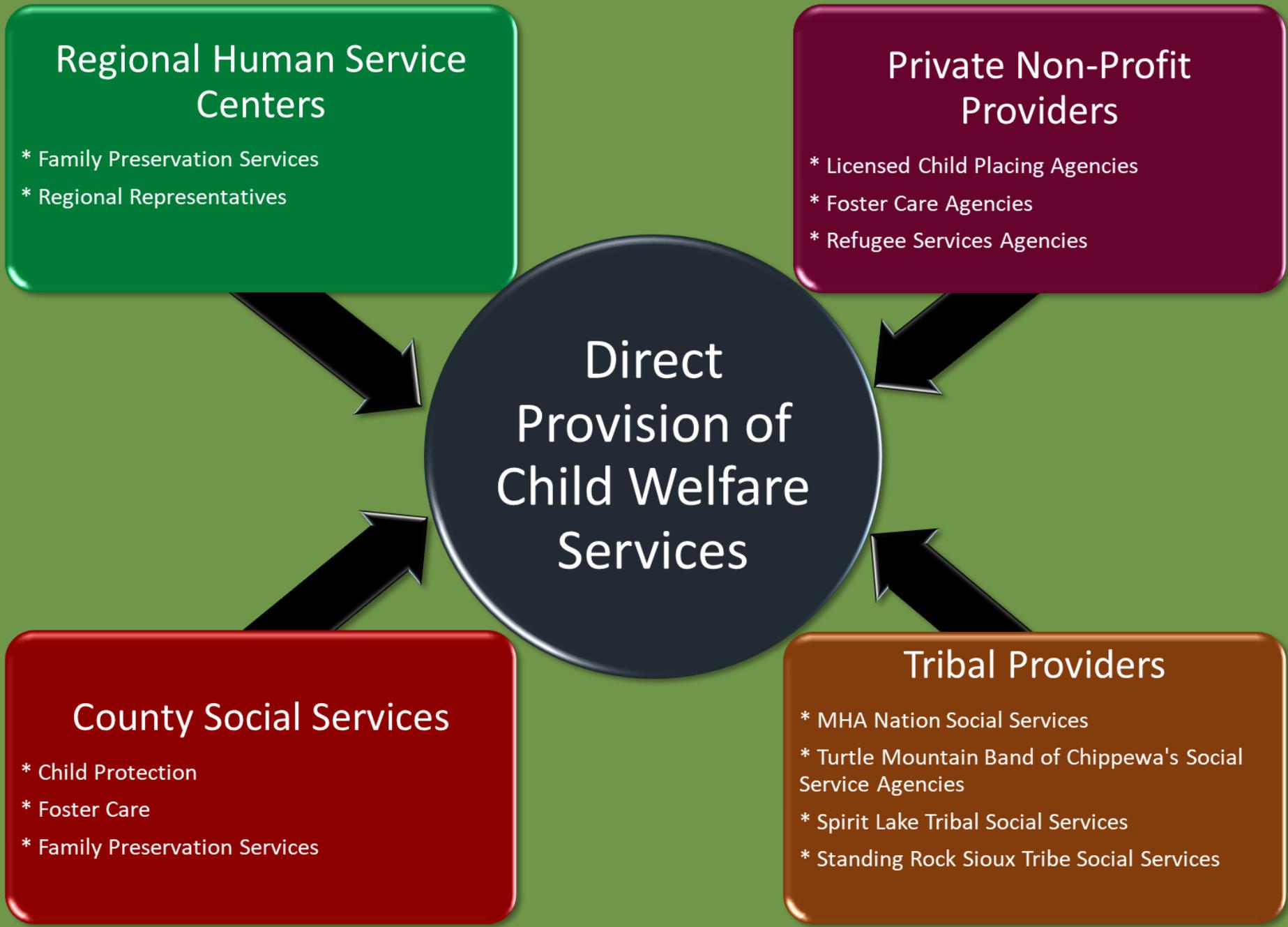
- Child Protection Services
- Child Fatality Review Panel
- State Child Protection Team
- Parent Resource Centers
- Alliance for Children's Justice
- Nurturing Parenting Programs
- Healthy Families
- Criminal Background Check Unit

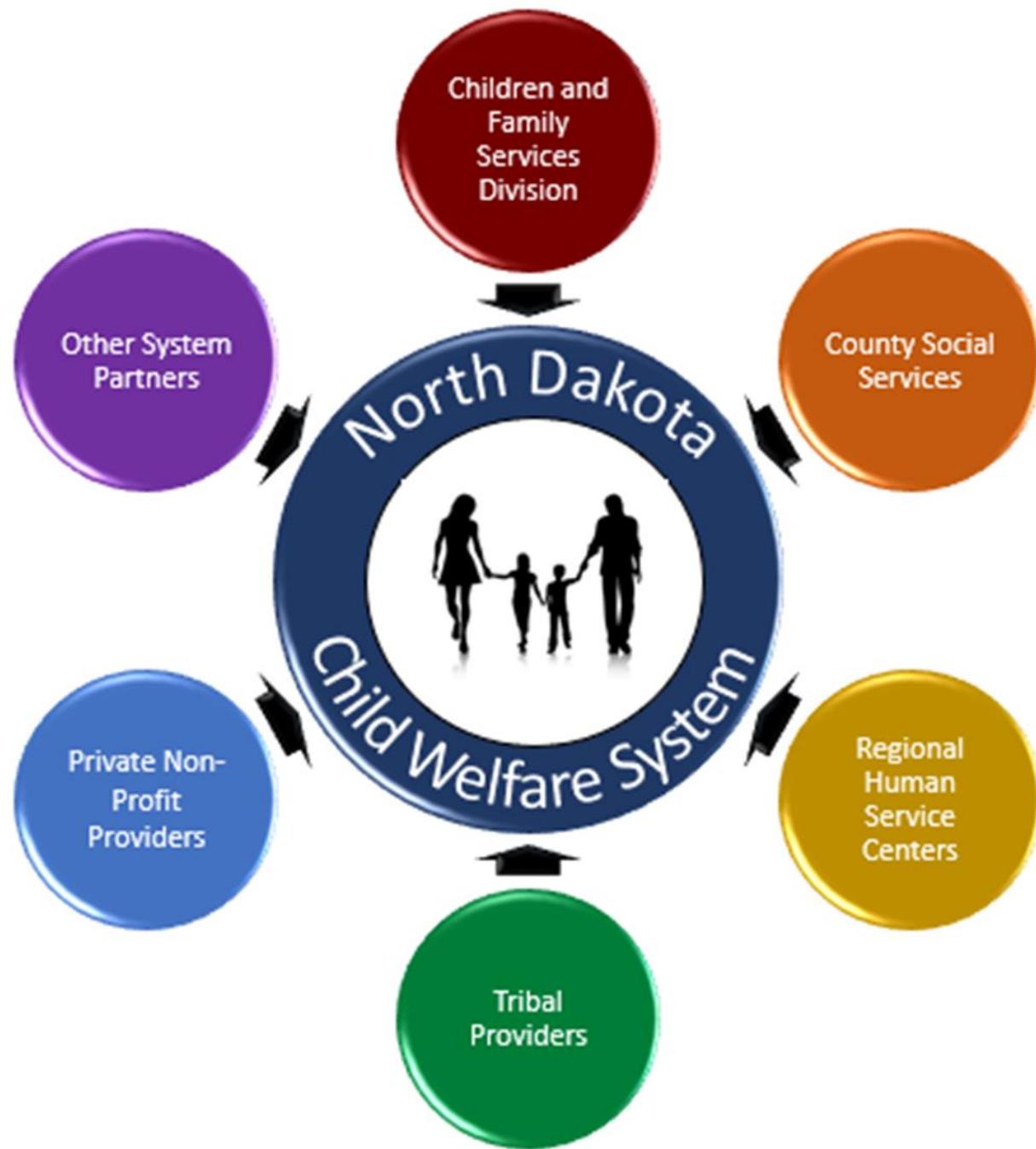
Children and Family Services

CHILD/FAMILY WELLBEING

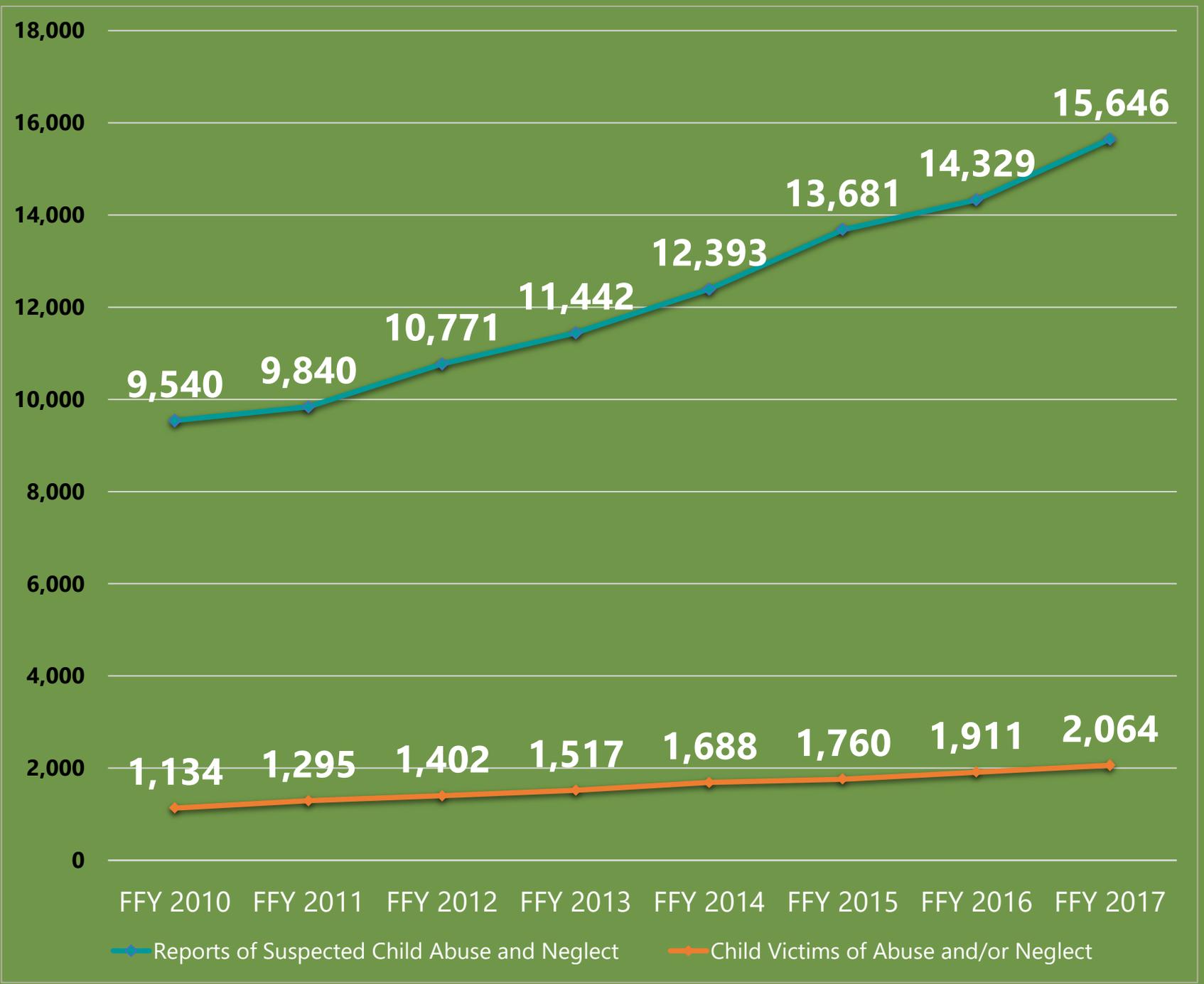
- Family Preservation Services
- Intensive In-home Therapy
- Parent Aide
- In-Home Case Management
- Respite Care
- Family Centered Engagement
- Early Childhood Services
- Licensing
- Training

CHILDREN AND FAMILY SERVICES DIVISION





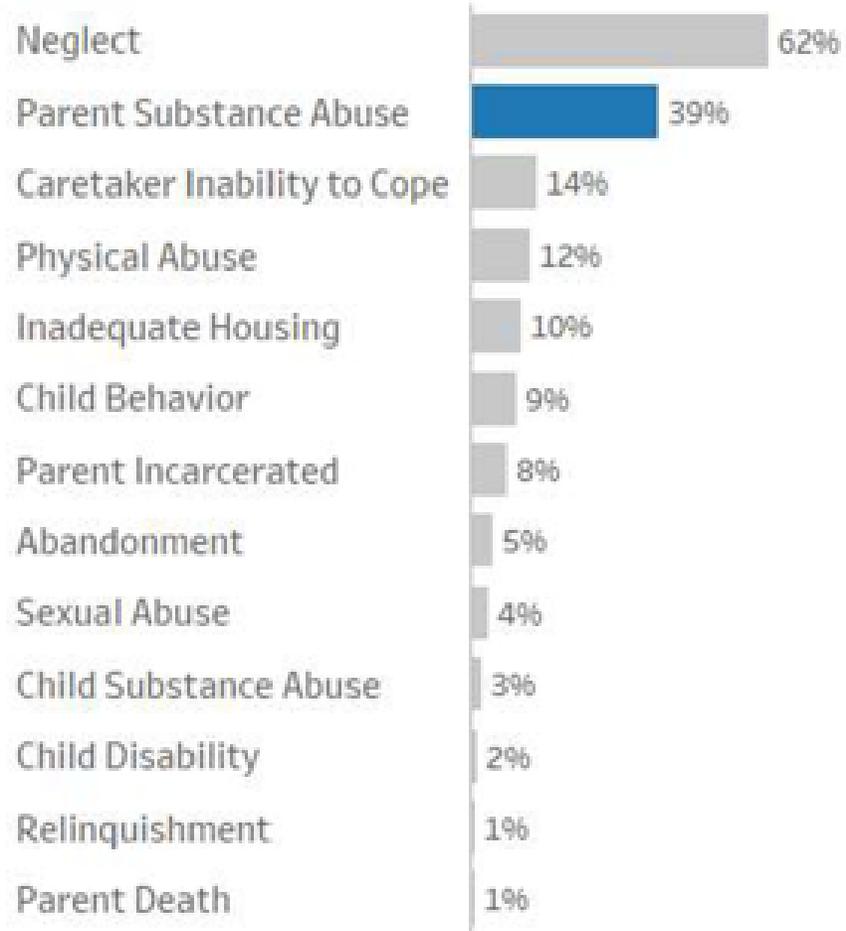
CHILDREN AND FAMILY SERVICES DIVISION



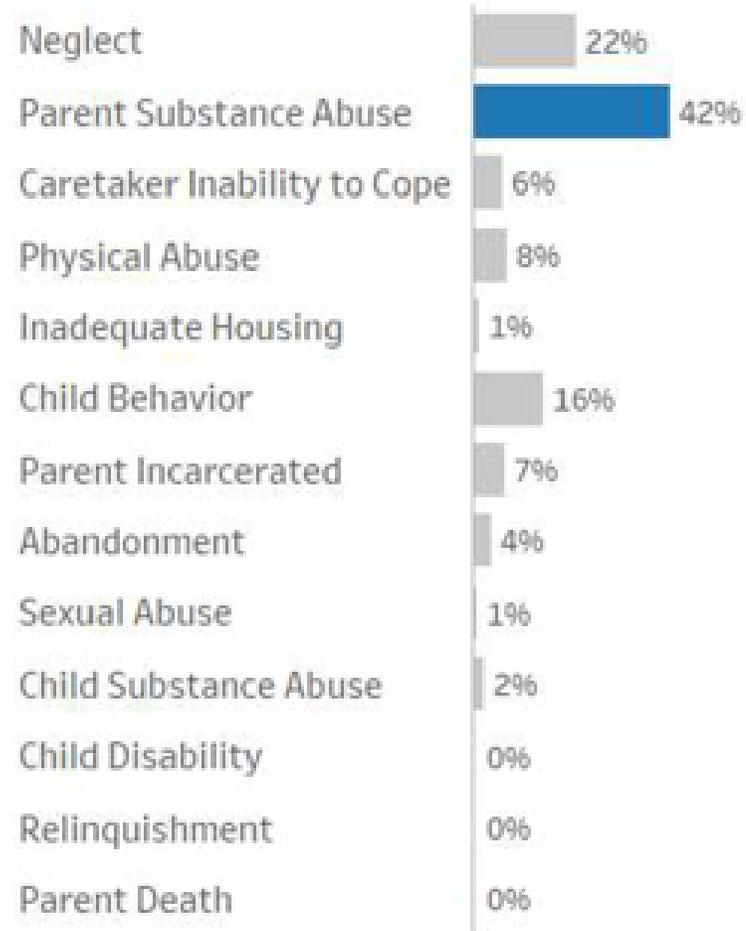
CHILDREN AND FAMILY SERVICES DIVISION

REPORTS AND VICTIMS

National



North Dakota

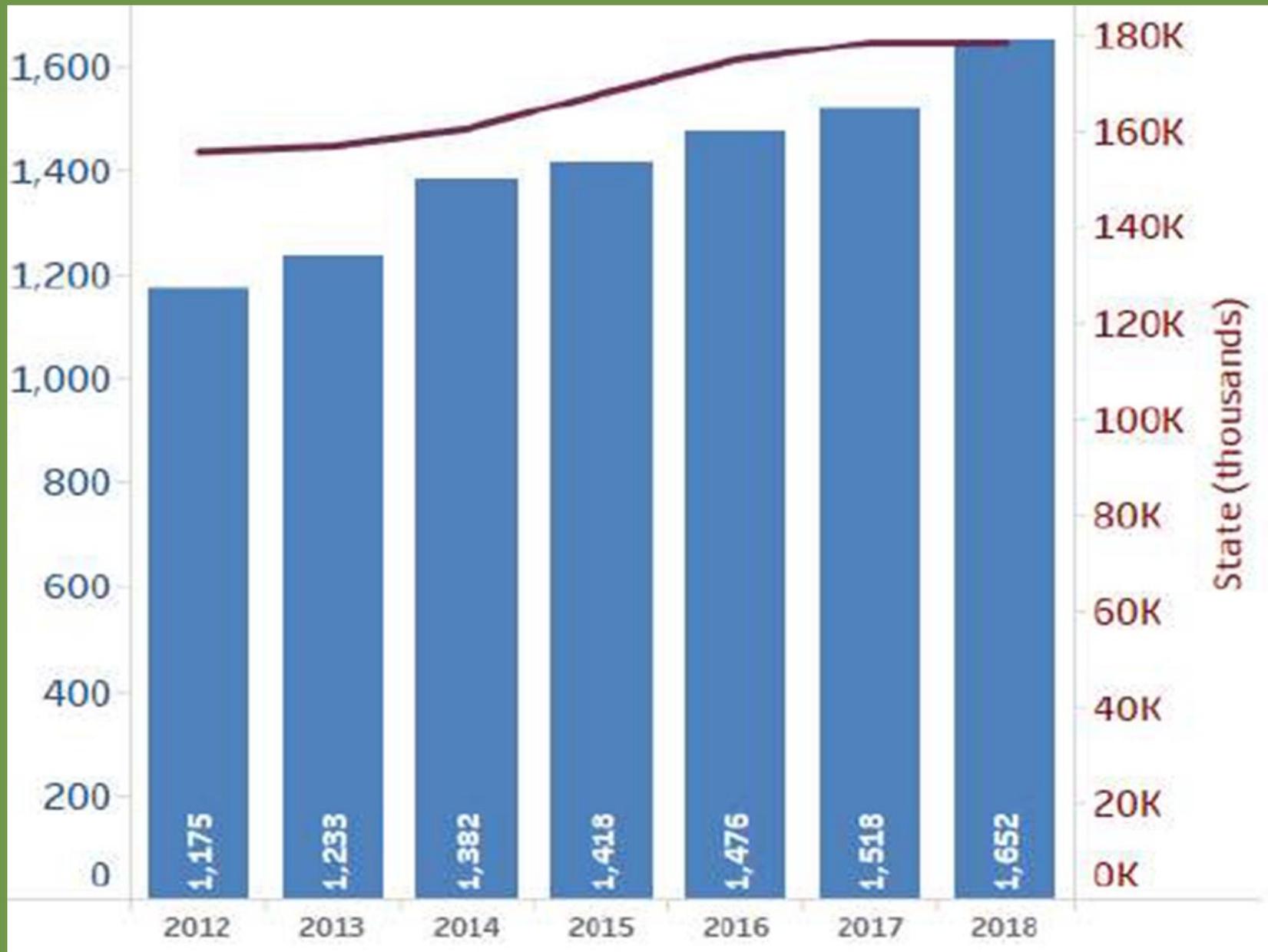


CHILDREN AND FAMILY SERVICES DIVISION

REMOVAL REASONS

Data source: state-submitted AFCARS data

Percent of children entering care for each removal reason
Note: Multiple reasons may be selected for a single child, FFY 2007



CHILDREN AND FAMILY SERVICES DIVISION

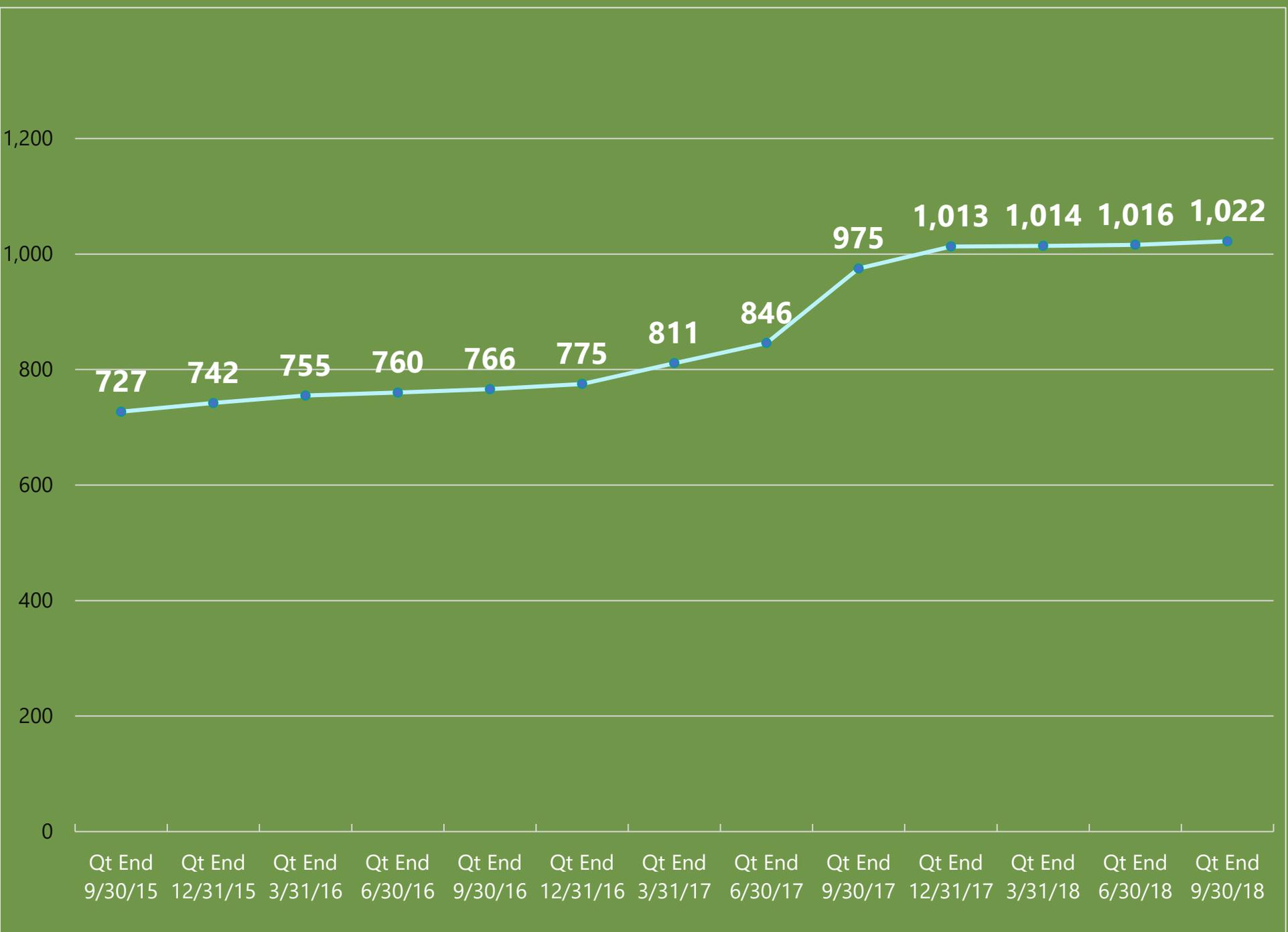
FOSTER CARE POPULATION

Change (2012-2018)

In care: 41%. General population: 15%

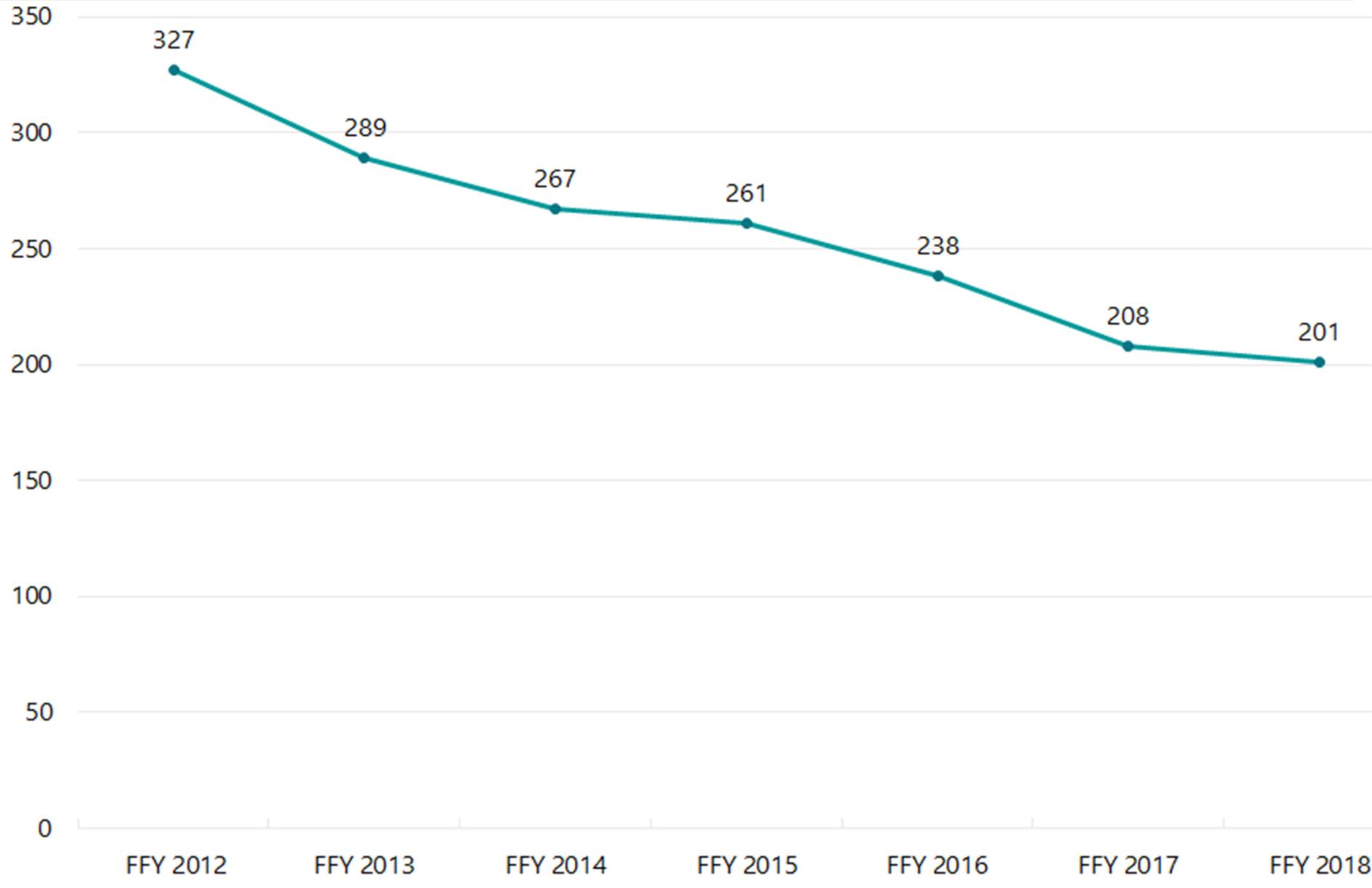
CHILDREN AND FAMILY SERVICES DIVISION

LICENSED FOSTER CARE FAMILIES BY QUARTER



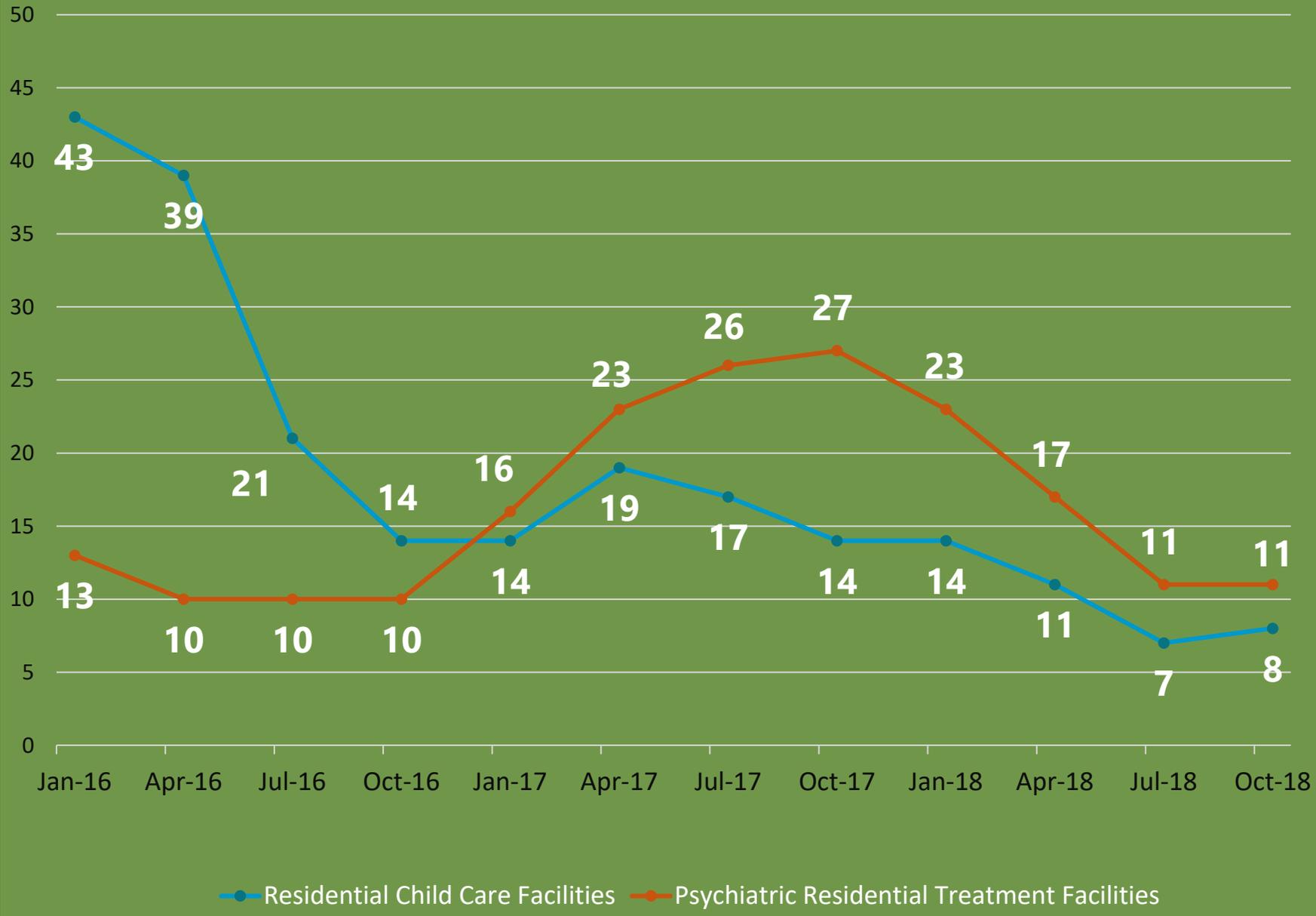
CHILDREN AND FAMILY SERVICES DIVISION

CHILDREN IN CONGREGATE CARE



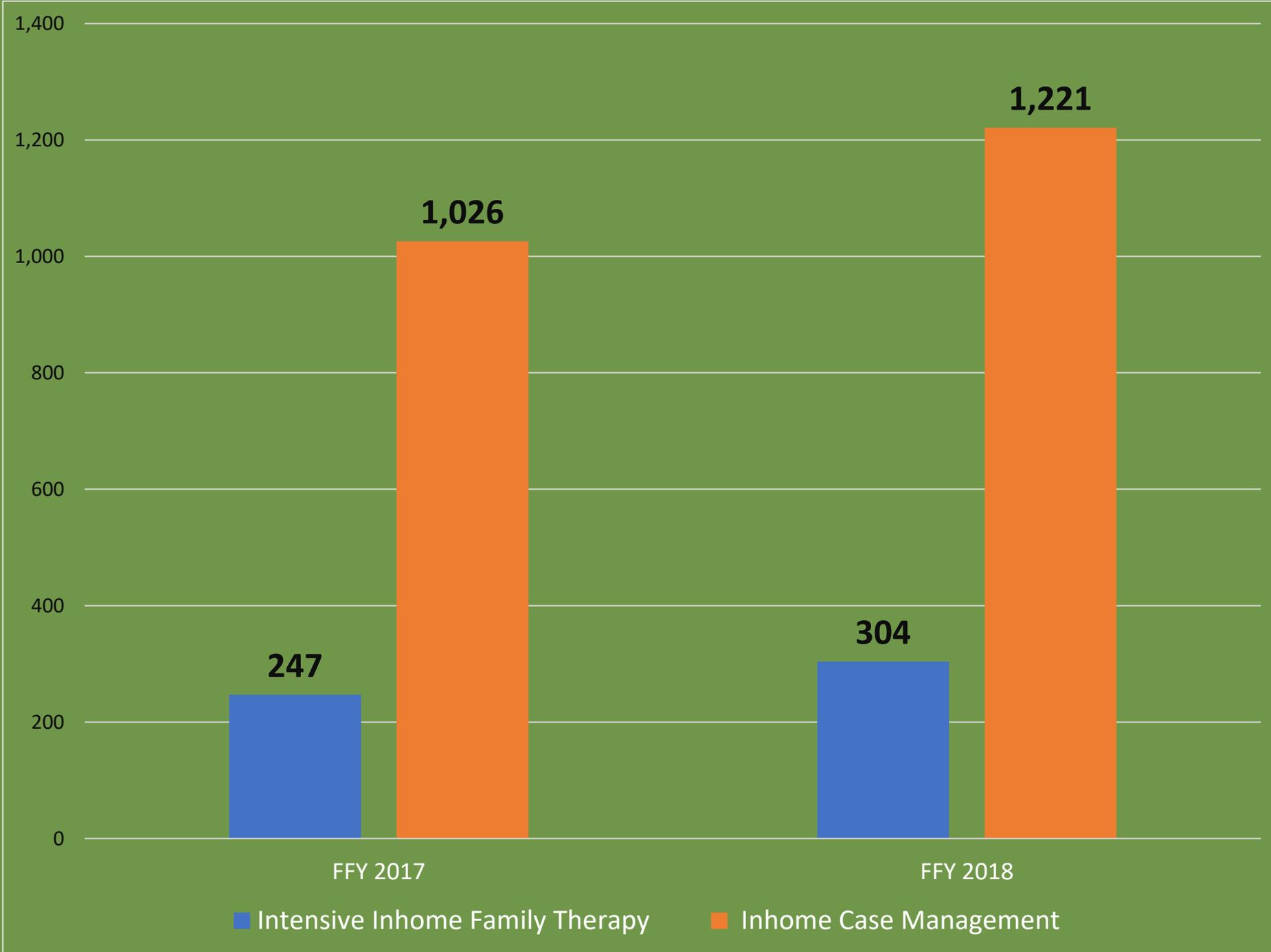
CHILDREN AND FAMILY SERVICES DIVISION

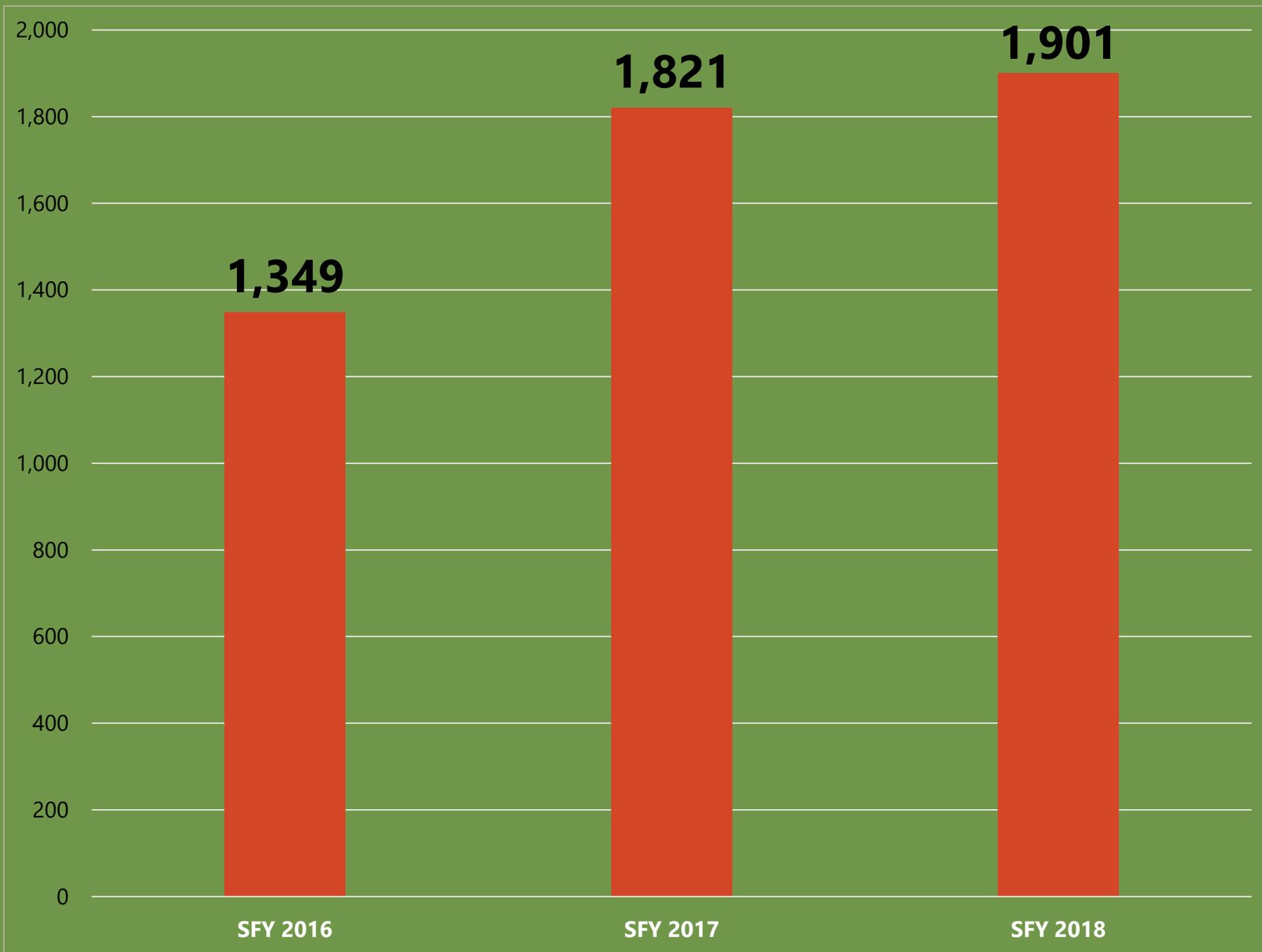
OUT-OF-STATE PLACEMENTS



CHILDREN AND FAMILY SERVICES DIVISION

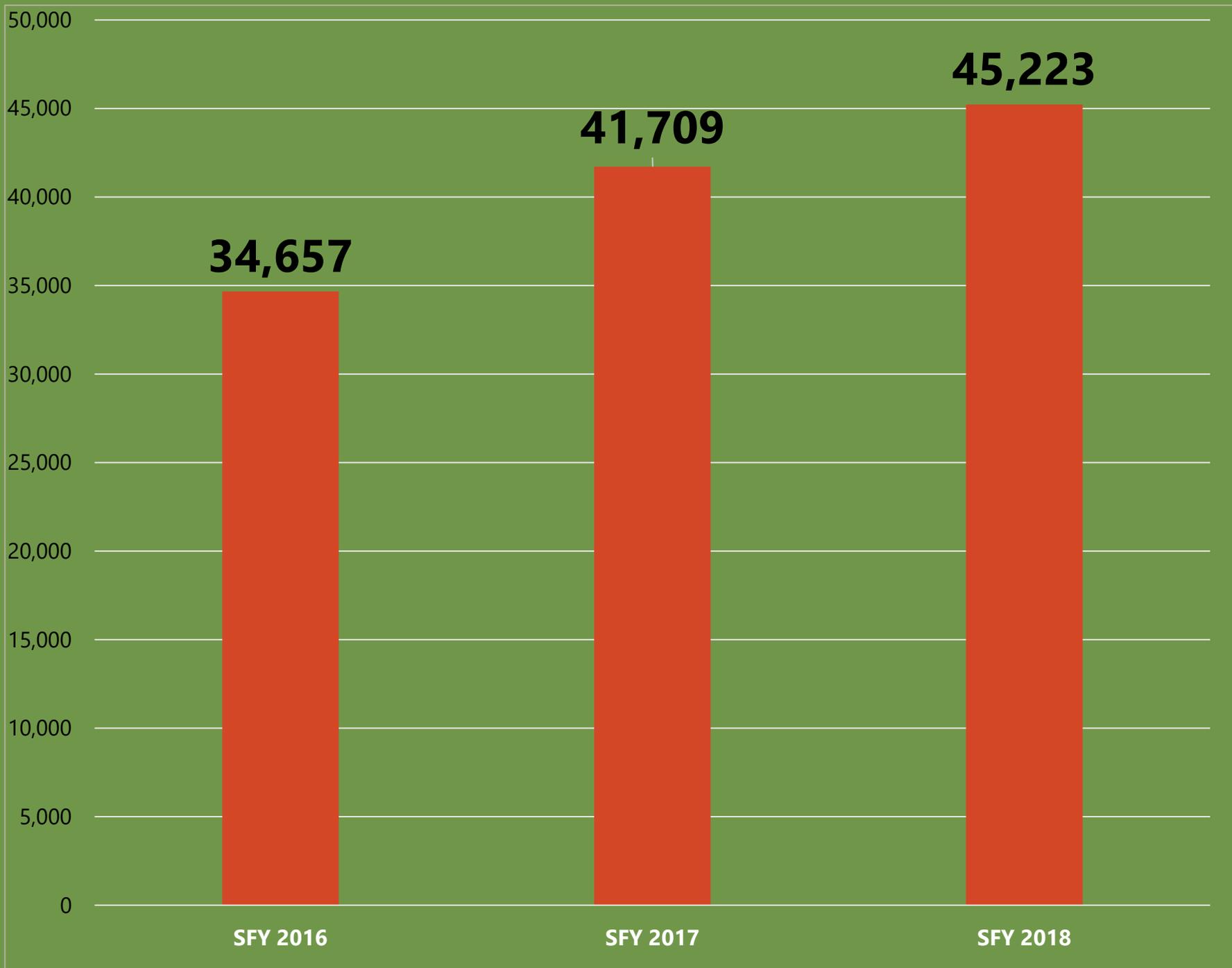
INTENSIVE IN-HOME FAMILY THERAPY AND CASE MANAGEMENT





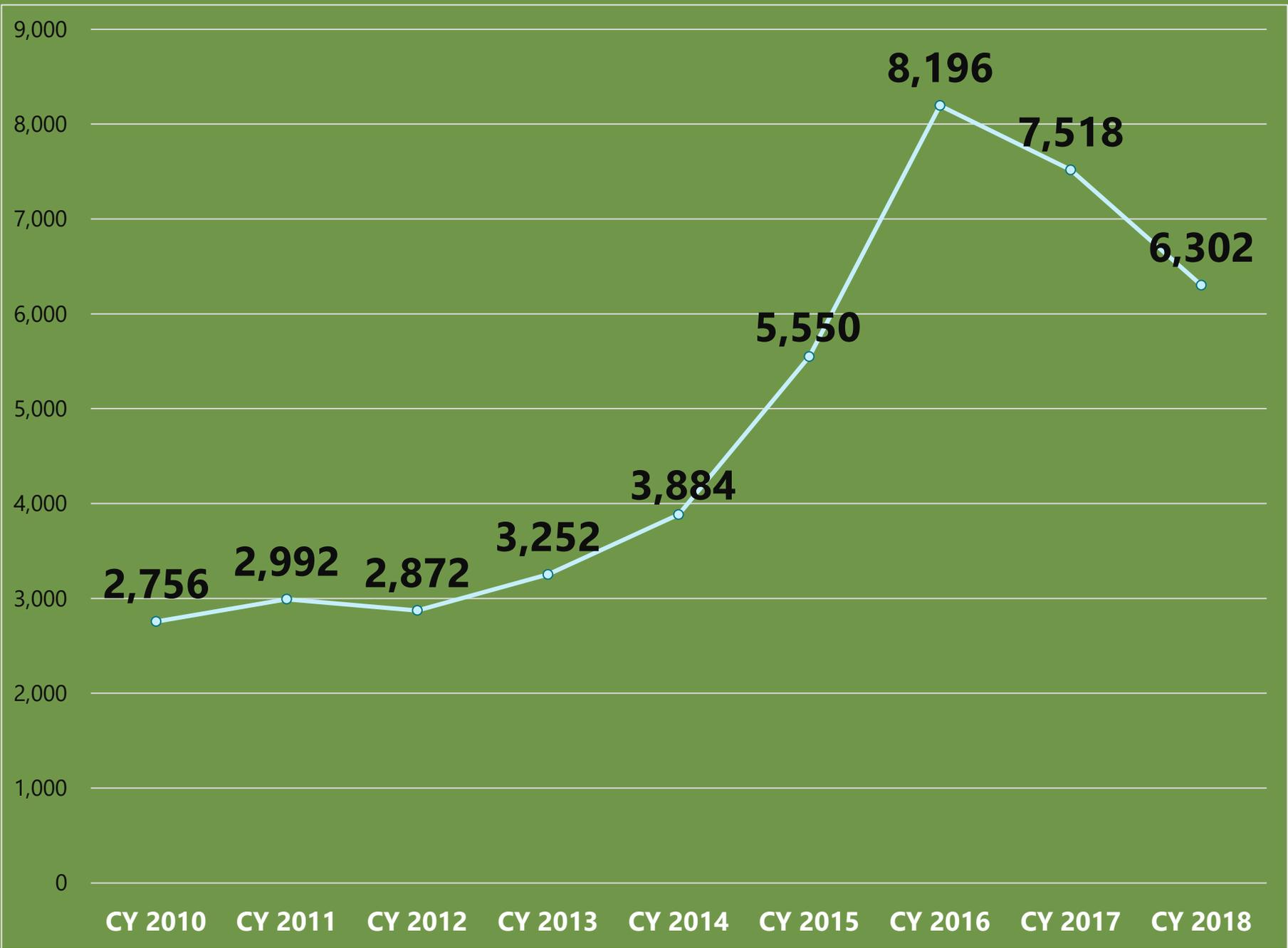
CHILDREN AND FAMILY SERVICES DIVISION

LICENSED
CHILD CARE
PROVIDERS



CHILDREN AND FAMILY SERVICES DIVISION

LICENSED
CHILD CARE
CAPACITY



CHILDREN AND FAMILY SERVICES DIVISION

COMPLETED
BACKGROUND
CHECKS

Child Welfare in North Dakota 1,600 Reasons Why



Elizabeth Muralt

- Entered Foster Care at age 5
- Participated in the 18+ Foster Care Program
- Participated in the Independent Living Program through PATH
- Recipient of Education and Training Vouchers to assist with college costs
- Active member of the ND Youth Leadership Board
- Attends NDSU, majoring in Social Work



"I want to push to give everyone that doesn't have a voice a voice in the foster care system." Elizabeth Muralt

Contact Information

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CHILDREN
AND FAMILY
SERVICES
DIVISION

ECONOMIC ASSISTANCE POLICY DIVISION

Michele Gee, Division Director

ECONOMIC ASSISTANCE POLICY DIVISION

Economic Assistance Programs

- Child Care Assistance Program (CCAP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) Program

- Basic Care Assistance Program (BCAP), Medicaid and Children's Health Insurance Program (CHIP) Eligibility Policy

ECONOMIC ASSISTANCE POLICY DIVISION

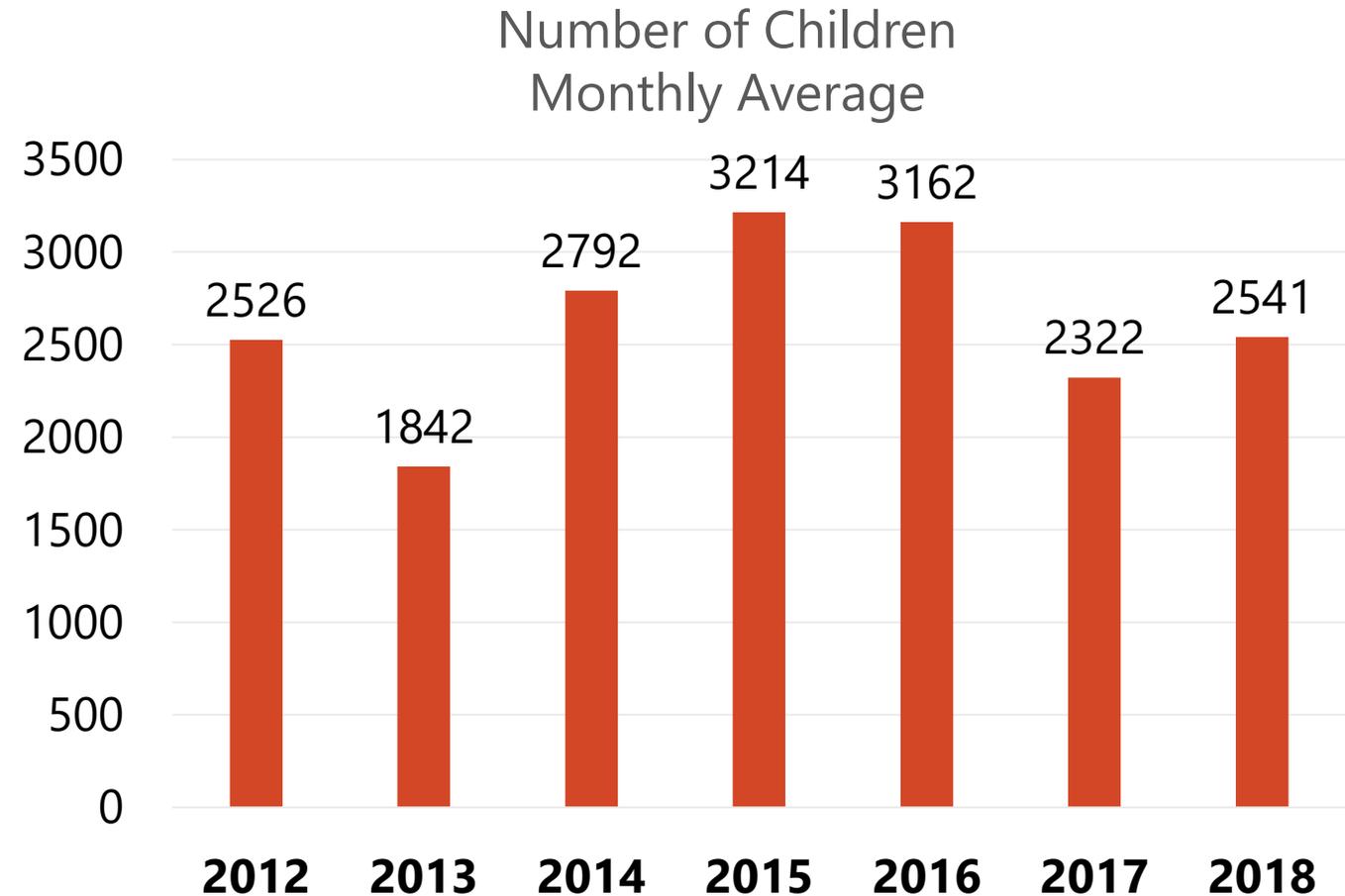
Program Supports

- Quality Assurance and Control
- Regional Representatives
- System Support and Development

ECONOMIC ASSISTANCE POLICY DIVISION

CCAP MONTHLY AVERAGES

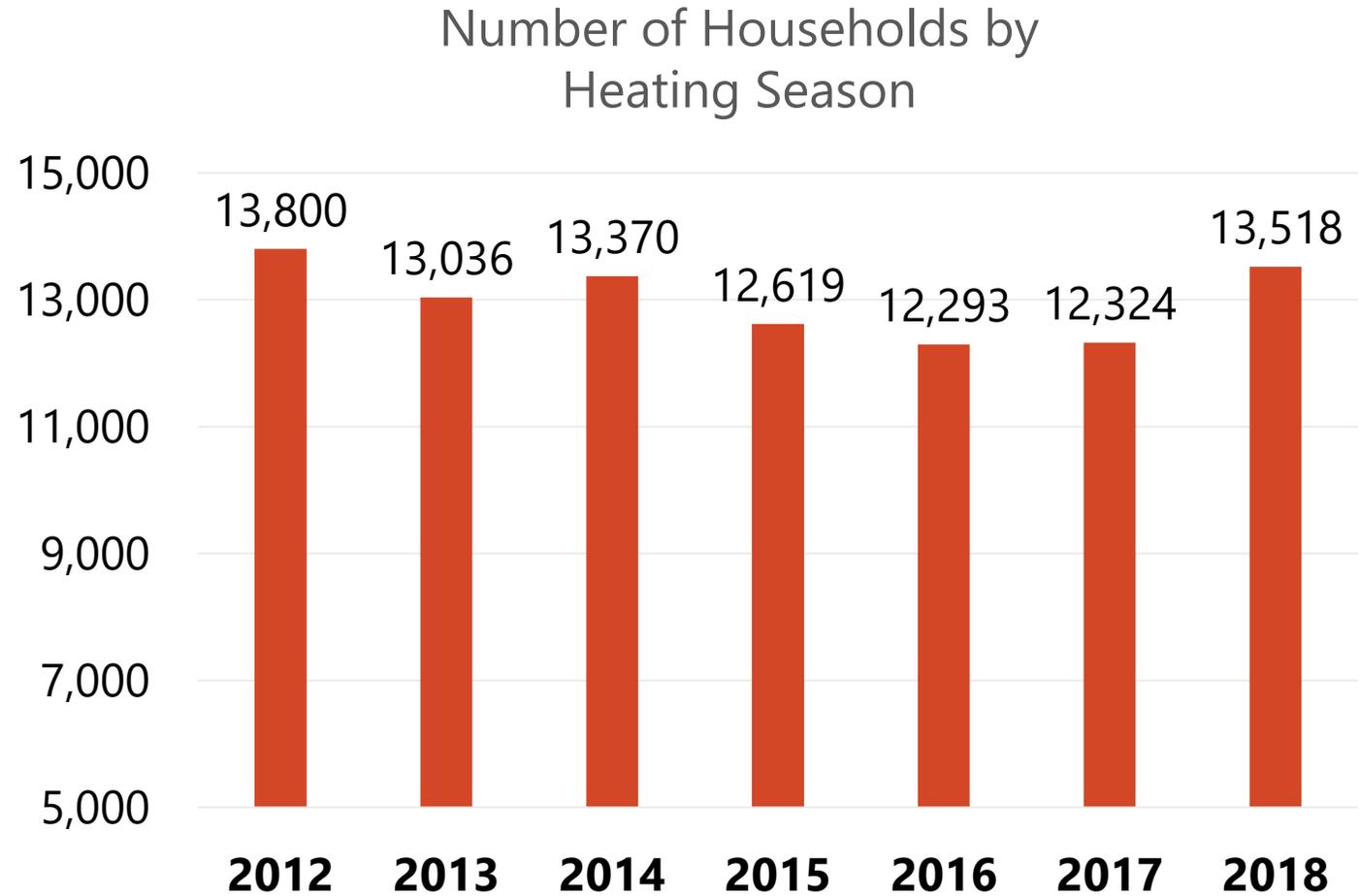
- 2,541 Children
- \$384 Average Cost per Child
- 1,658 Households
- \$589 Average Payment per Household



ECONOMIC ASSISTANCE POLICY DIVISION

LIHEAP HEATING SEASON

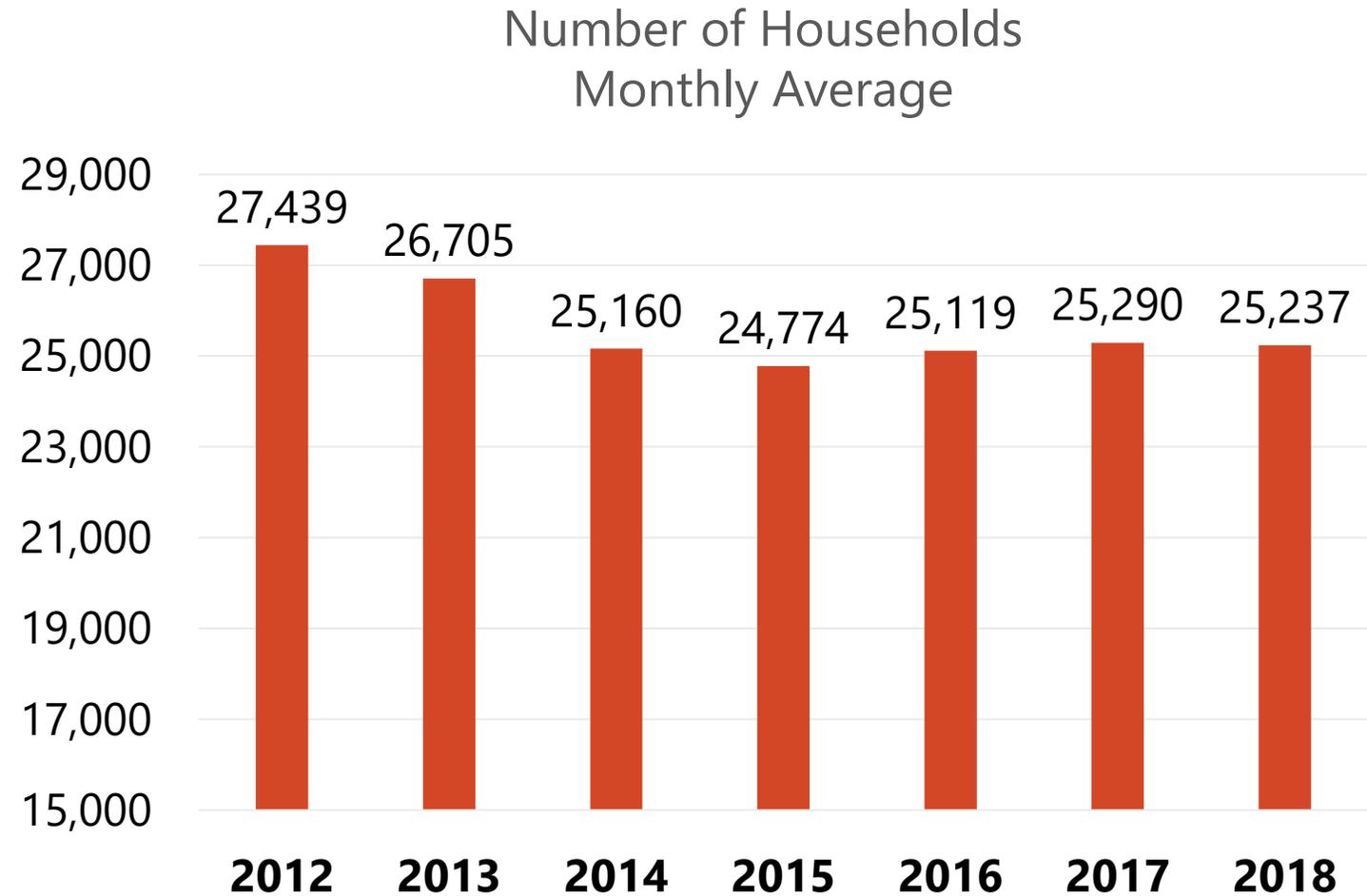
- 13,518 Households
- 9.69% Increase from Prior Heating Season
- \$936 Average Benefit per Household



ECONOMIC ASSISTANCE POLICY DIVISION

SNAP MONTHLY AVERAGES

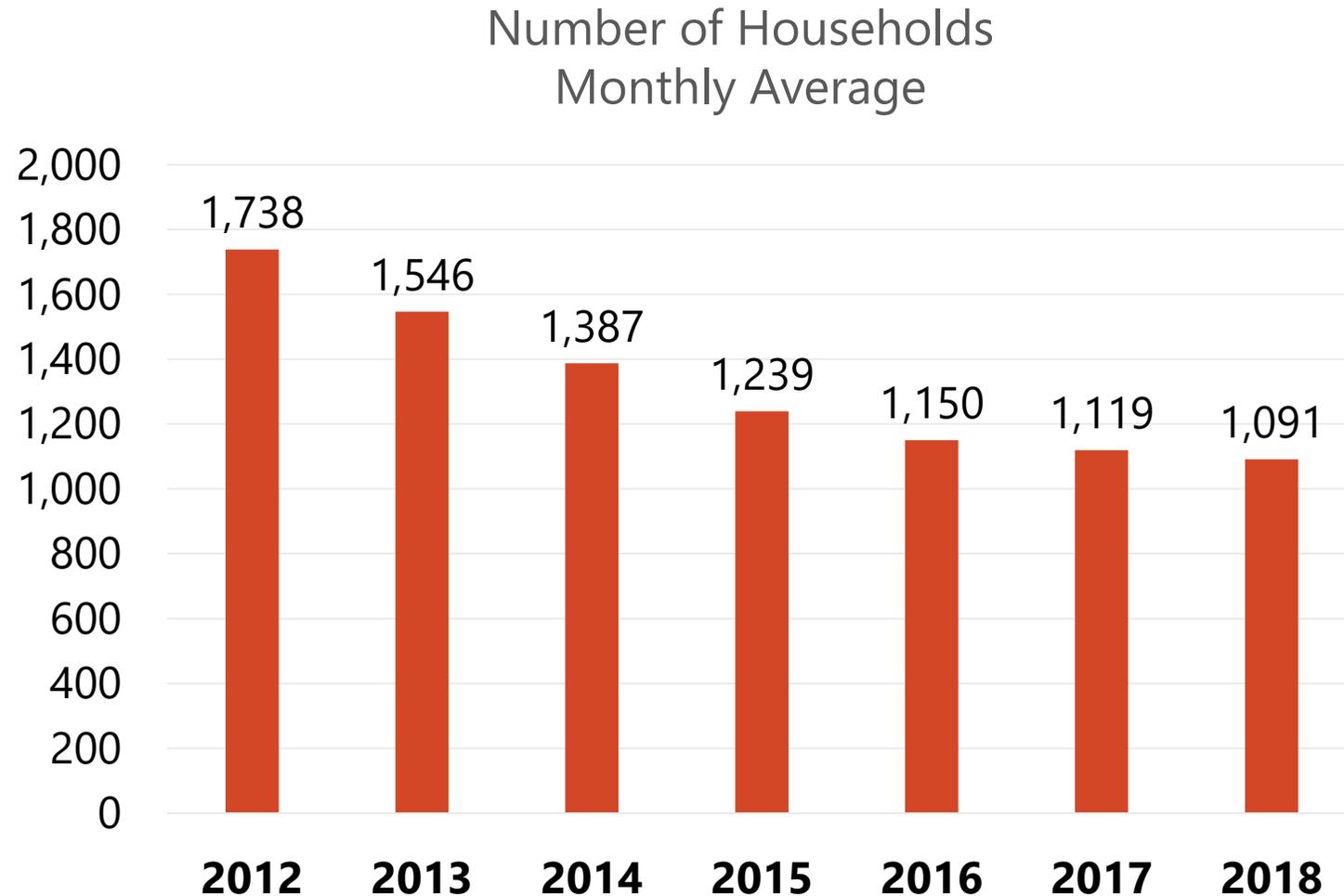
- 25,237 Households
- 53,189 Individuals
- 5,721 Elderly Individuals
- 24,047 Children
- 8,240 Households with Earned Income
- \$252 Average Benefit per Household



ECONOMIC ASSISTANCE POLICY DIVISION

TANF MONTHLY AVERAGES

- 1,091 Households
- \$280 Average Benefit per Household
- 494 Child Only Households
- 709 - Average Number of Individuals Participating in Work Activities



ECONOMIC ASSISTANCE POLICY DIVISION

Other TANF Funded Programs

- Alternatives to Abortion
- Crossroads
- Kinship Care
- Parental Responsibility Initiative for the Development of Employment (PRIDE)

Contact Information

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ECONOMIC
ASSISTANCE
POLICY DIVISION

FIELD SERVICES

Tom Eide, Field Services Director, Interim CFO

Rosalie Etherington, NDSH Superintendent, Chief Clinics Officer

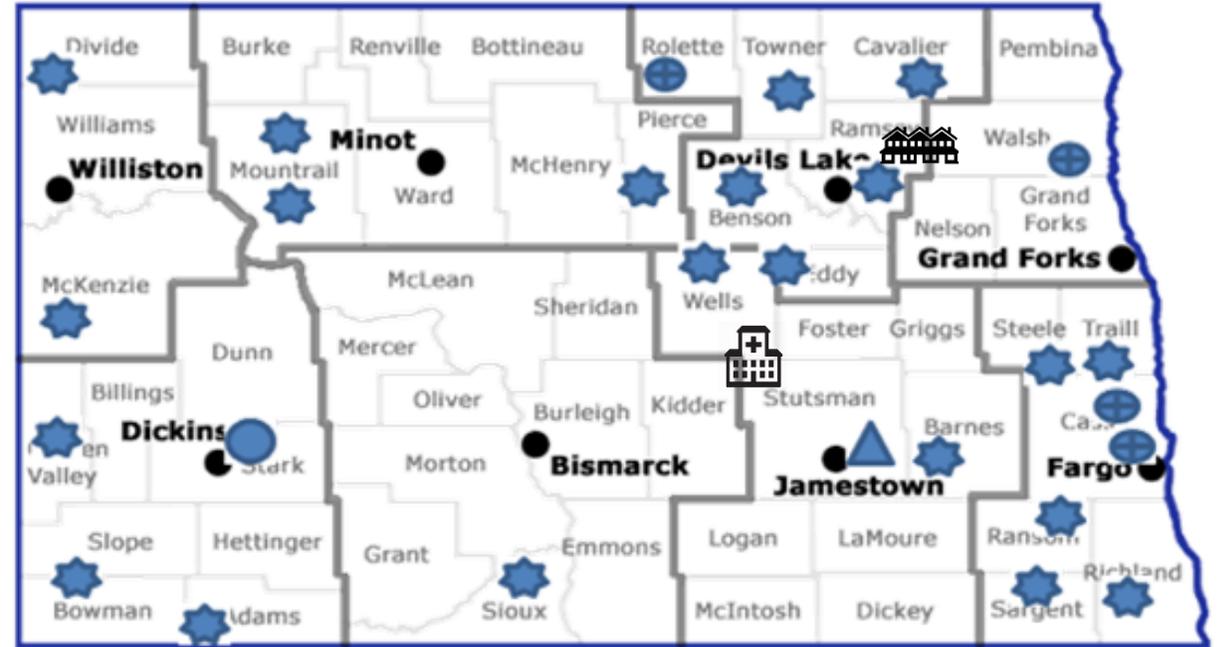
Jeff Stenseth, SEHSC Director, Chief Operating Officer

FIELD SERVICE PURPOSE

- Serve those most functionally impacted
- Support/Increase Independent Functioning
- Support individuals achieving their recovery goals

FIELD SERVICE AREA

- 1 North Dakota State Hospital
- 8 Regional Human Service Centers
- 4 Satellite Clinics
- 33 Outreach Sites
- 1 Life Skills and Transition Center



FIELD SERVICE DIVISION: HUMAN SERVICE CENTER Core Functions

- Outpatient Therapies
- Outpatient Rehabilitation Services
- Medication Services
- Residential and Hospital Services
- 24-hour Crisis Services
- Case Management Services
- DD Case Management

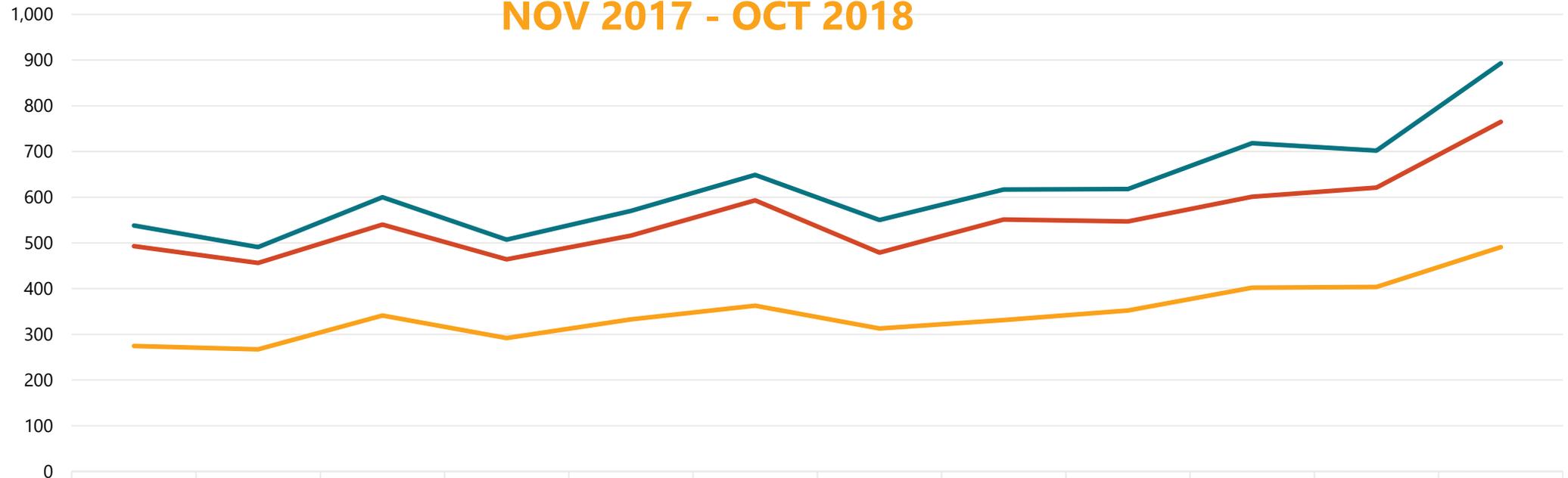
FIELD SERVICES DIVISION: State Hospital Core Functions

- Acute, Sub-acute, and Specialized Rehabilitation
- Specialized Substance Abuse Treatment
- Specialized Sex Offender Treatment

HUMAN SERVICE CENTER CLIENT COUNT

Unique Count of Clients, Total Sessions, and Total Hours for Telehealth Services Statewide

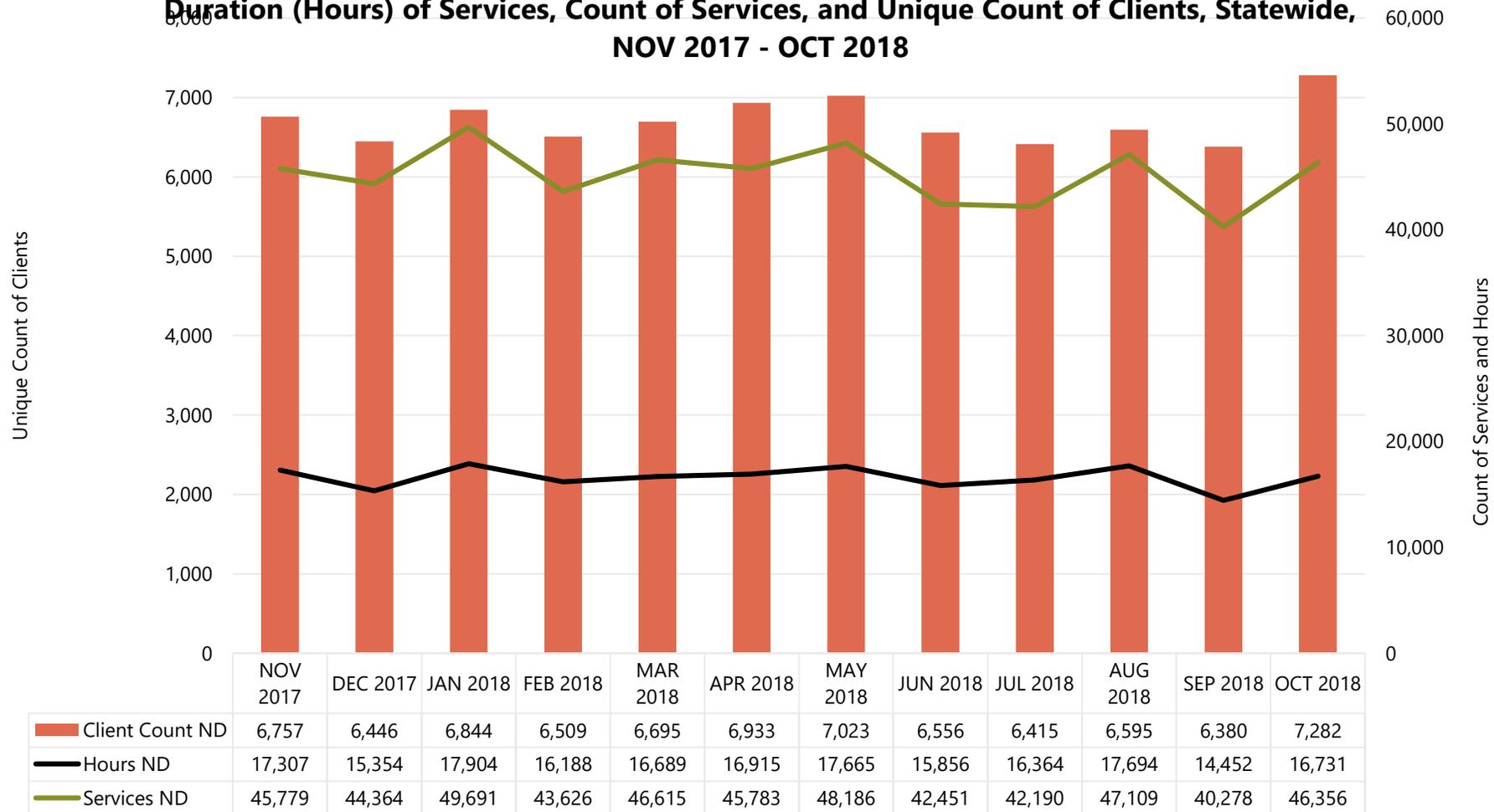
NOV 2017 - OCT 2018



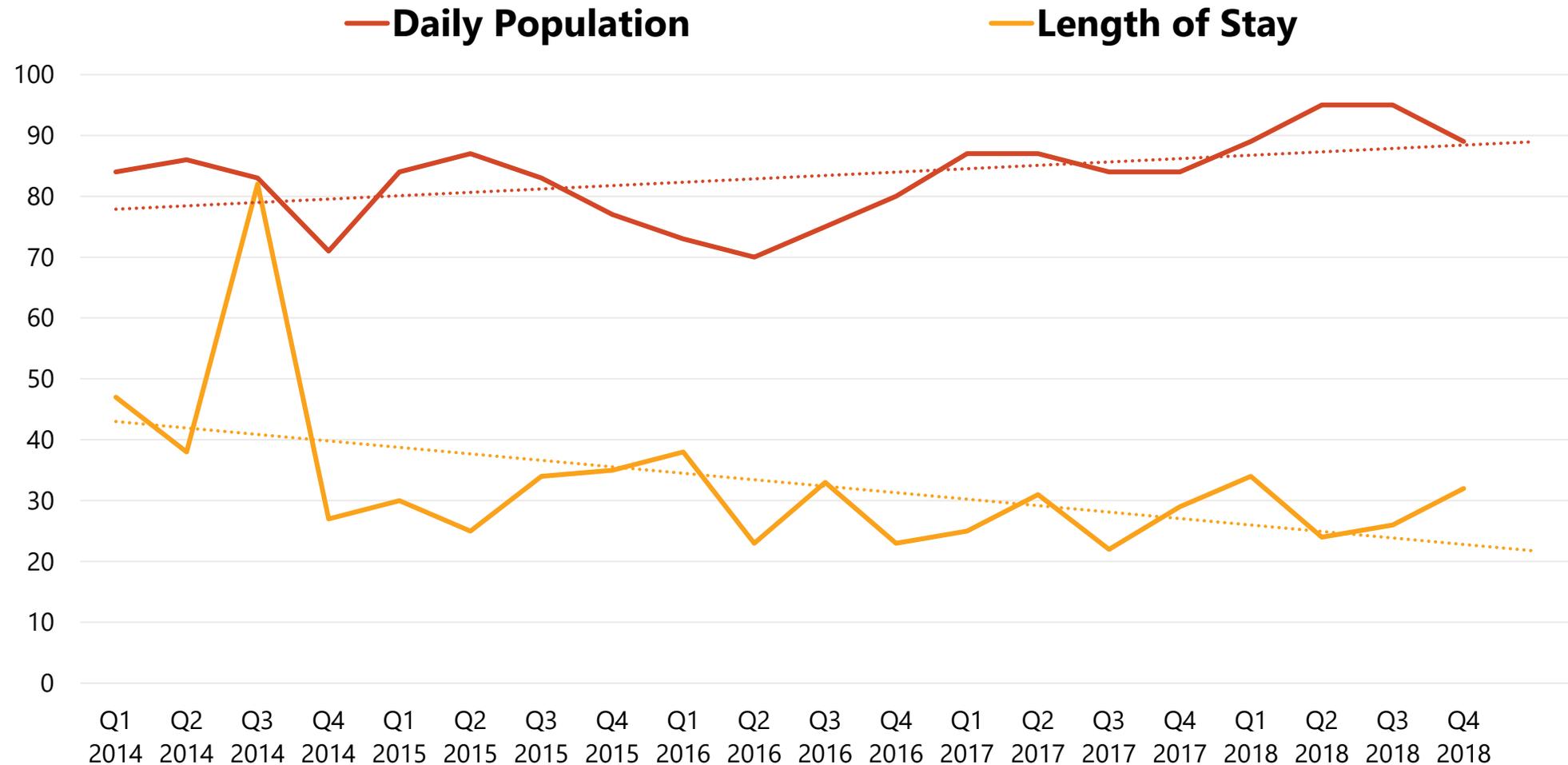
	NOV 2017	DEC 2017	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	OCT 2018
Client Count	493	456	540	464	516	593	479	551	547	601	621	765
Count of Sessions	538	491	600	507	570	649	550	617	618	718	702	893
Number of Hours	274	267	341	292	333	363	313	331	352	402	403	491

HUMAN SERVICE CENTER CLIENT COUNT

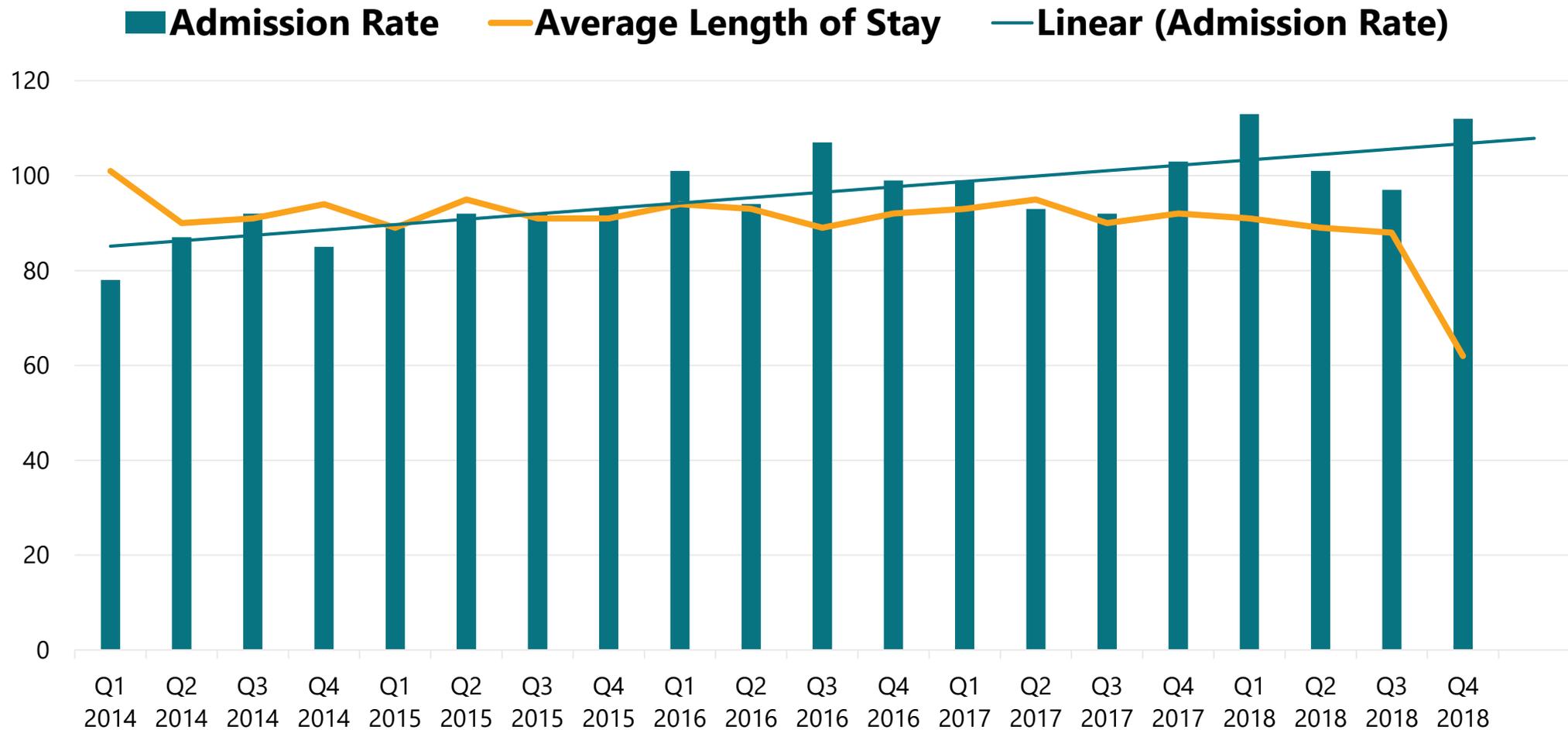
Duration (Hours) of Services, Count of Services, and Unique Count of Clients, Statewide, NOV 2017 - OCT 2018



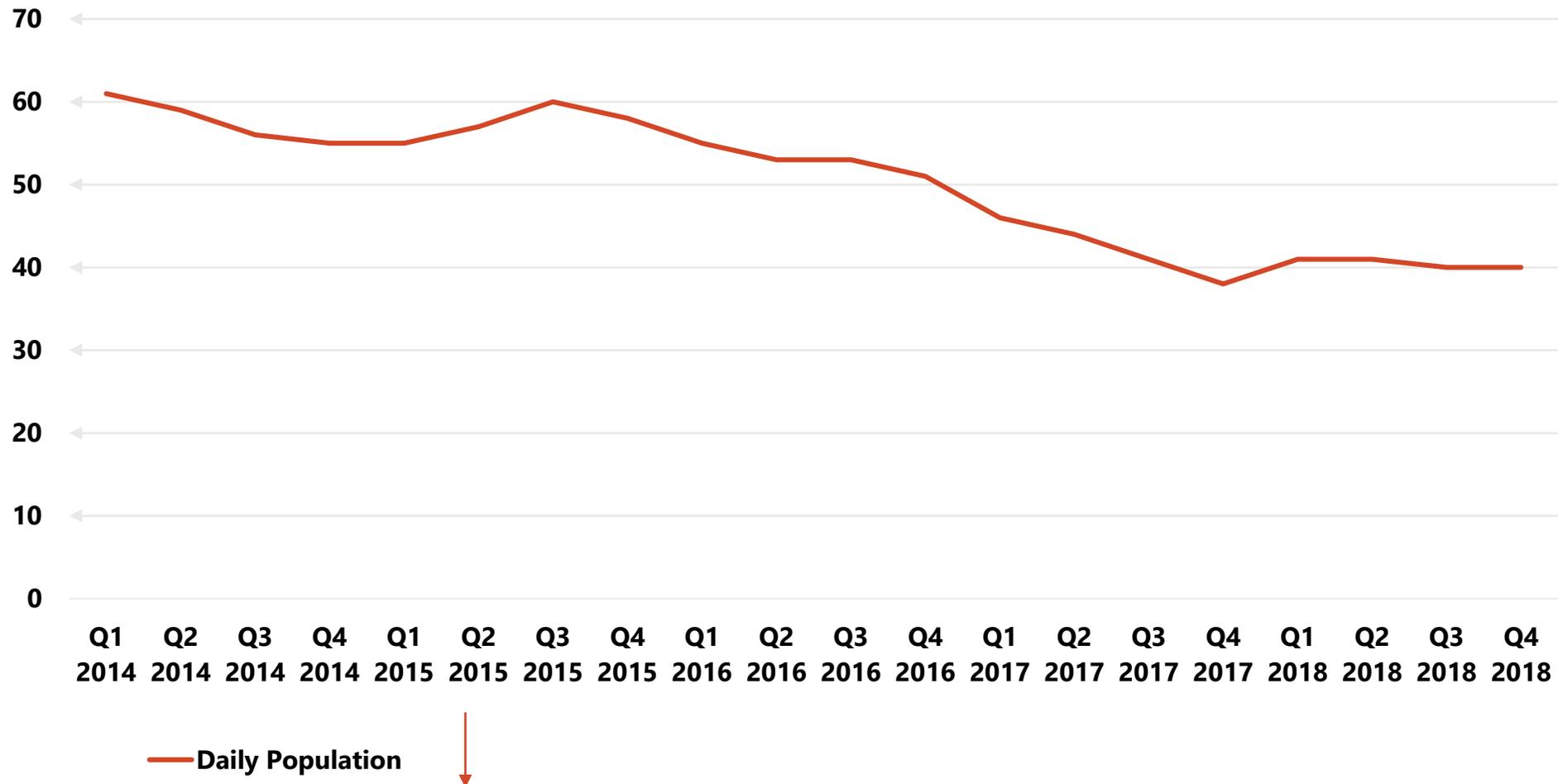
NDSH INPATIENT POPULATION TRENDS



TOMPKINS REHABILITATION CENTER TRENDS



NDSH SEX OFFENDER POPULATION TRENDS



FIELD SERVICE DIVISION INITIATIVES: IMPROVING ACCESS AND QUALITY

- Transform to Multi-disciplinary Team Based Care
- Improving Psychosocial Rehabilitation
- Increasing CRU beds for social detox and crisis services
- Create Tobacco Free Environments

FIELD SERVICE DIVISION INITIATIVES: IMPROVING ACCESS AND QUALITY

- New Electronic Health Record System
- Increase Client Facing Time
- Standardize Behavioral Health Contract Scopes
- Achieve Accreditation Readiness
- Appoint Regional Director at each HSC
- Appoint Hospital Administrator

Contact information

Tom Eide, Field Director/Interim CFO

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Rosalie Etherington

Chief Clinics Officer/NDSH Superintendent

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Jeff Stenseth

Chief Operating Officer/SEHSC Director

E-mail: jstenseth@nd.gov

FIELD SERVICES DIVISION

BEHAVIORAL HEALTH DIVISION

Pamela Sagness, Division Director

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.

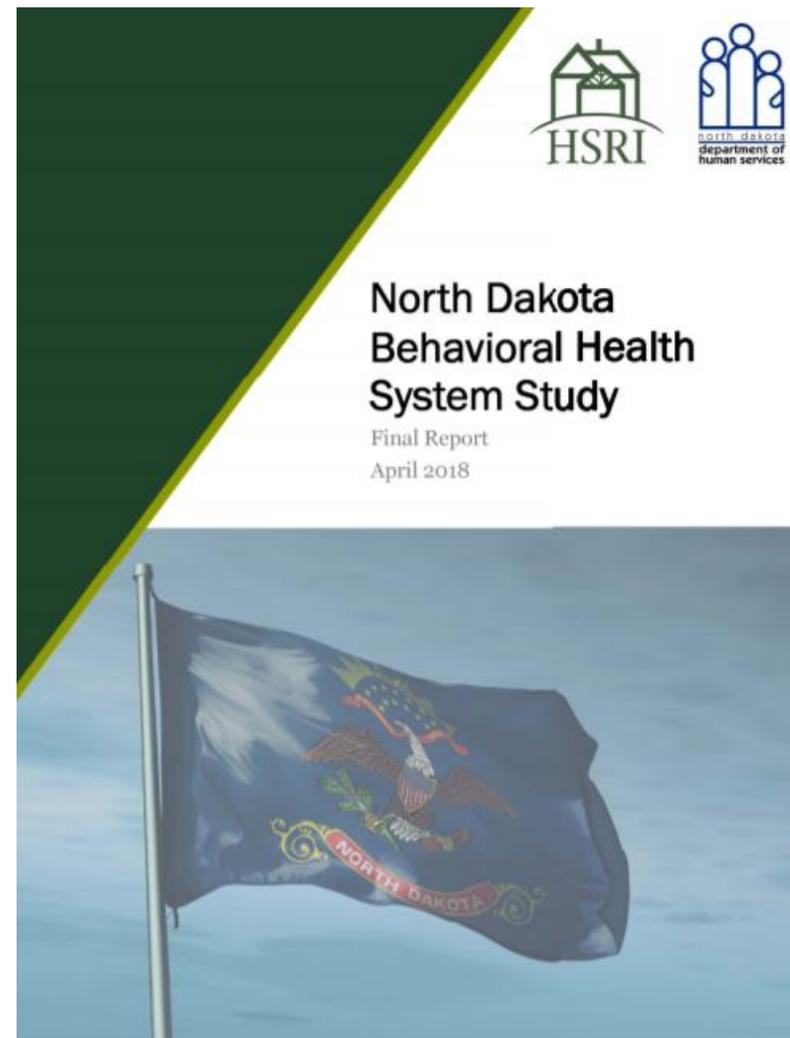


What is Behavioral Health?

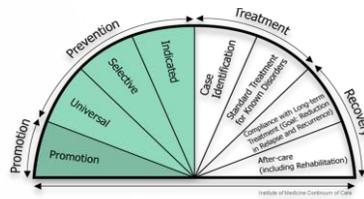
North Dakota Behavioral Health System Study

April 2018

“A well-functioning behavioral health system attends not only to the intensive needs of children, youth, and adults with serious mental health conditions and substance use disorders but also to the outpatient and community-based service and support needs of individuals, and, critically, to the social and emotional well-being of the majority of the population who have not been diagnosed with a behavioral health condition—especially children, youth, and young adults.”



Keys to Reforming North Dakota's Behavioral Health System



Support the full Continuum of Care



Increase Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition



1

Reviewing and identifying service needs and activities in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



2

Establishing quality assurance standards for the licensure of substance use disorder program services and facilities



3

Providing policy leadership in partnership with public and private entities

The Behavioral Health Division is a policy division, with responsibilities outlined in NDCC 50-06-01.4

The Division identifies goals and administers over 70 programs/projects in these four primary areas:



COMMUNITY BEHAVIORAL HEALTH PROMOTION

- 1. Increase implementation of effective prevention statewide^{2/3/10}
- 2. Decrease underage drinking²
- 3. Decrease adult binge drinking and related consequences²
- 4. Decrease opioid misuse and overdose²
- 5. Develop early intervention capacity^{2/3}

CHILDREN'S BEHAVIORAL HEALTH

- 1. Increase capacity for community-based services^{3/4/8/10}
- 2. Improve family-driven services and supports⁵
- 3. Develop early intervention capacity^{2/3}
- 4. Improve access to quality services¹⁰
- 5. Partner with schools to support children's behavioral health across the continuum⁵
- 6. Develop diversion capacity and support individuals in juvenile justice⁶

ADDICTION PROGRAM AND POLICY

- 1. Improve access to quality services^{3/4/8/10}
- 2. Develop and enhance recovery support services⁴
- 3. Develop early intervention capacity^{2/3}
- 4. Stop shame and stigma surrounding addiction¹⁰
- 5. Develop diversion capacity and support individuals with substance use disorder in the justice system⁶

MENTAL HEALTH PROGRAM AND POLICY

- 1. Increase capacity for community-based services^{3/4/8/10/12}
- 2. Develop and enhance recovery support services⁴
- 3. Develop early intervention capacity^{2/3}
- 4. Stop shame and stigma surrounding mental illness and promote mental health¹⁰
- 5. Develop diversion capacity and support individuals with mental illness in the justice system⁶

A photograph of a cornfield with green leaves and tassels, set against a cloudy sky. The image is dimly lit, with a dark overlay that makes the white text stand out.

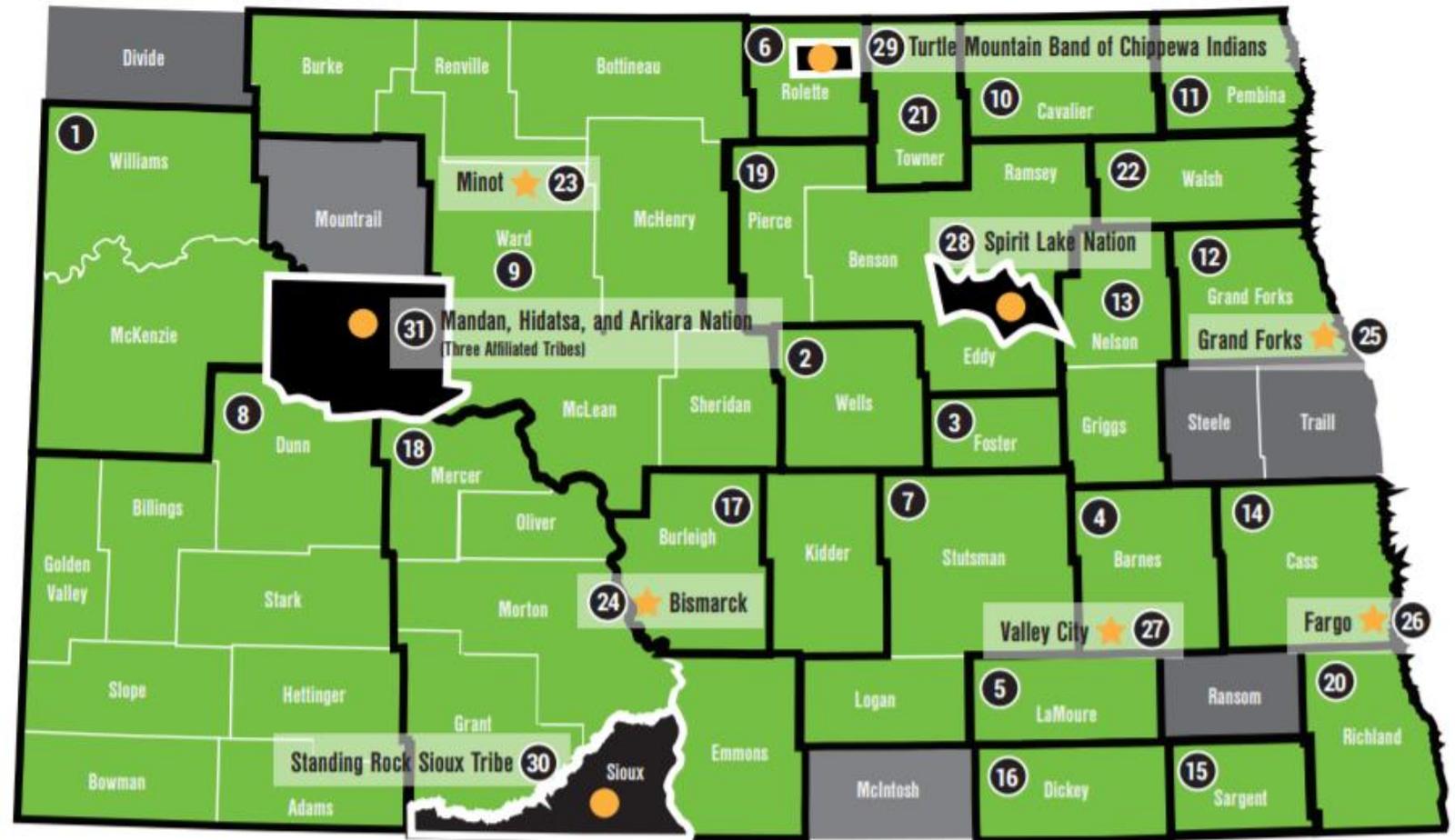
EXAMPLES OF CURRENT PROGRAMS AND EFFORTS

Behavioral Health Division

Community Behavioral Health Promotion

Evidence-based practices have been proven to be cost-effective, saving up to \$64 dollars for every dollar invested.

The Division funds prevention efforts covering 53 counties (22 local public health units, 5 cities and 4 tribes) in the state.



Program Type	Number of Licensed Programs
Adult Substance Abuse Treatment Programs	74
Adolescent Substance Abuse Treatment Programs	46
Opioid Treatment Programs (OTP)	3
DUI Education Programs	48
Psychiatric Residential Treatment Facilities (PRTF)	6
Human Service Centers	8

Regulation

The Division is responsible for developing and enforcing NDAC for the licensing of Substance Use Disorder Treatment Programs, Opioid Treatment Programs, Psychiatric Residential Treatment Facilities and the Human Service Centers.

Free Through Recovery

A Justice Reinvestment Initiative

Goals:

- Engage community organizations to be providers of care coordination & recovery support services
- Reduce stigma of individuals with substance use disorder and mental illness



843 Referrals



556 Active Participants



837 Program Capacity



14 substance use disorder treatment programs are providing services through the SUD Voucher.



1,782 individuals have been approved since inception of the SUD Voucher program.

Substance Use Disorder (SUD) Voucher

GOALS:

1. Allow individuals to choose provider
2. Improve access to quality services

SUBSTANCE USE

 IN NORTH DAKOTA

DATA BOOK 2019



NORTH DAKOTA
**BEHAVIORAL
HEALTH**



All data resources are available at www.prevention.nd.gov/data.

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QUESTIONS?

