Department of Human Services

Human Services Committee Update

July 27, 2018

Broadly-SB 2039 had several key changes

- 50-06-01.4.d Structure of the department
  - Establishment of policy division
  - Establishment of service delivery division
- 50-06-05.2 Accreditation requirement to be licensed
- 50-06-05.3.3 Re-establishment of advisory groups
- 50-06-06.5 Continuum of services
  - Focus on serious and persistent mental illness
  - Add housing options
  - Add peer and recovery support
  - 24/7/365 crisis service
- 50-06-06-14. Placement of children
 - Use of kinship care or other least restrictive care options

Providing access to social determinants involves administering, paying for, providing, and supporting numerous services

Legend: ☐ Administrator[1] **PAYOR** (state[2]) ▨ Provider ☐ Partner

Social Determinant	Components	Social Services & Eligibility	Medical, DD & Long-term care	Behavioral Health Policy & Services[1]	Agency Partners
Economic Stability	• Employment • Income • Expenses • Debt	TANF, LIHEAP, Child Support, Vocational Rehab, Child care assist.		**EXTENDED SERVICES** for those with SMI	Labor / Job Service
Education	• Early Childhood • Literacy/language • Vocational • Higher EDU	Child care licensing			Public Instruction
Food	• Hunger • Access to healthy options	SNAP/ Food stamps	Nutrition Services	**RECOVERY SUPPORT SERVICES** (including Free Through Recovery, PATH for those experiencing homelessness, and other programs)	Health / Local Public Health
Neighborhood & Built Environment	• Housing • Transportation • Safety • Parks	CPS, Foster care, **FOSTER CARE (IV-e)**	**NURSING FACILITIES, ICFs**		Transportation
Social & Community Context	• Integration • Support • Inclusion	In-home supports	**DD, HOME & COMMUNITY BASED SERVICES**		Housing Authority
		CASE MANAGEMENT			Corrections
Health & Healthcare	• Coverage • Providers • Quality of care • Cultural competency		**TRADITIONAL, WAIVERS, VOUCHERS, CHIP,** Expansion, LSTC	**SBIRT, Parent's LEAD, STATE HOSPITAL, LSTC, HSCs[3]**	Juvenile Justice

- This is for illustrative purposes only to capture majority of programs/services/ entities and the connections they provide to social determinants of health; it is not exhaustive of all programs and services or connections
- While other public entities and private stakeholders also have an important role, they are excluded from this picture

1 Administrative role also includes the function of licensing professionals 2 Those programs for which the state pays a large share
3 SBIRT = Screening Brief Intervention & Referral to Treatment, LSTC = Life skills & transition center, HSCs = Human Service Centers

Executive Director
Christopher Jones

Medical Services
Maggie Anderson

Field Services
Tom Eide

Behavioral Health

Administration & Support

Program & Policy
Tom Solberg, Deputy

Life Skills & Transition Center
Sue Foerster

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 Gotvaslee

SCHSC
Dan Cramer

SEHSC
Jeff Stenseth

Behavorial Health Division
Pam Sagness

Executive Asst
Amy Marshall

Fiscal Administration
Tom Eide (Acting)

Human Resources
Marcie Wuitschick

Legal Advisory
Jonathan Alm

Child Support
Jim Fleming

Economic Assistance Policy
Michele Gee

Children & Family
Services
Shari Doe

Aging Services
Nancy Maier

Developmental
Disabilities
Tina Bay

Vocational Rehabilitation/DDS
Robyn Throlson (Acting)

DD Council
Julianne Horntvedt

Information Technolgy

Public Information
Heather Steffl & Luwanna Lawrence

Source: DHS

50-06-01.4.d Structure of the Department

- Re-establishment of policy division
  - Already existed but more formally separated – defined more specifically in SB 2039
- Re-establishment of service delivery division
  - Already existed – just defined more specifically in SB 2039
  - We are better identifying the resources contained within what has been known previously as Field staff
    - BH   482.85
    - VR   77.00
    - DD   112.87
    - Aging   20.00
    - County   28.50
    - Admin (all)   131.40
    - Total   852.62 FTE

Region I
Northwest Human
Service Center

Region II
North Central Human
Service Center

Region III
Lake Region Human
Service Center

Region IV
Northeast Human
Service Center
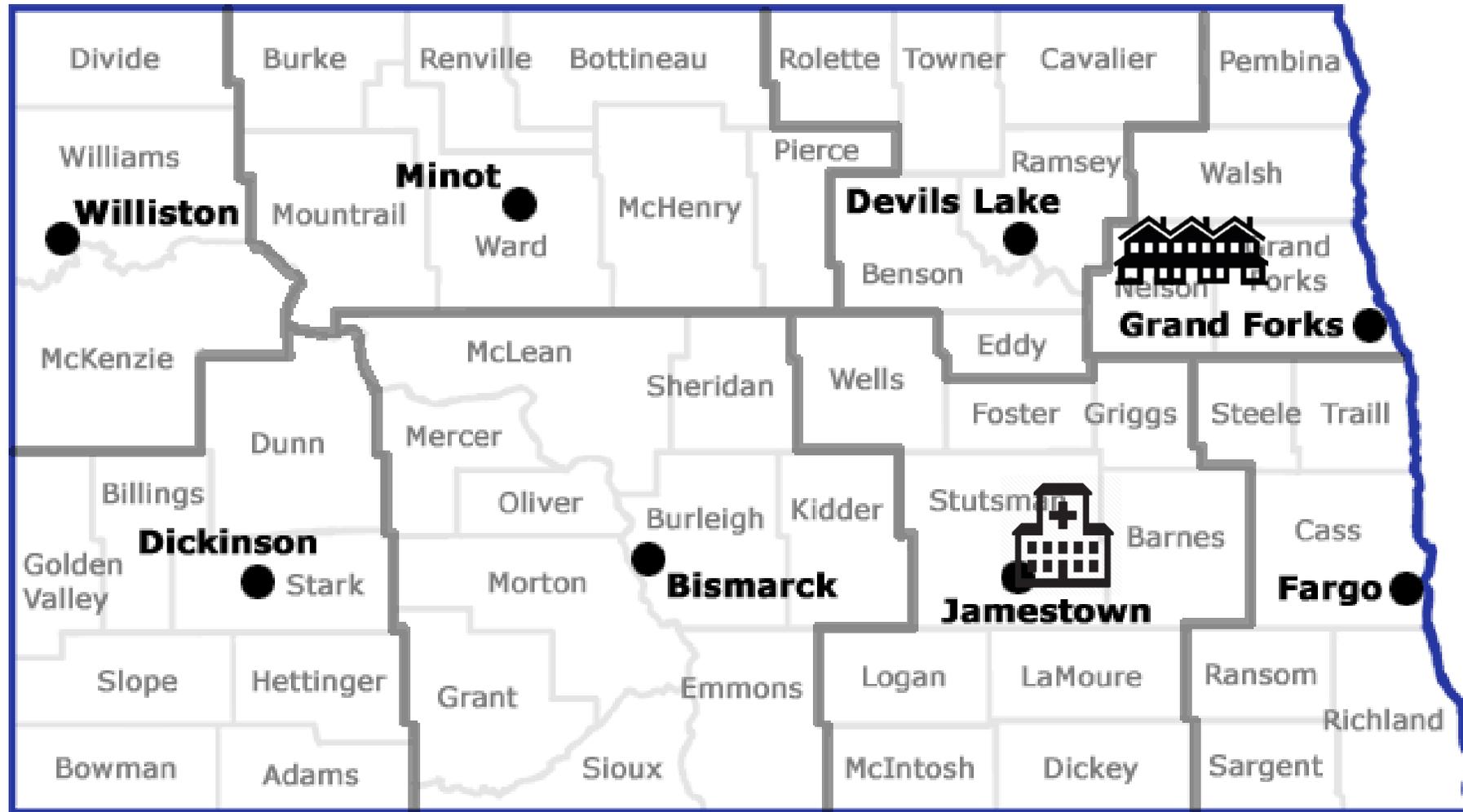
Region VIII
Badlands Human
Service Center

Region VII
West Central Human
Service Center

Region VI
South Central Human
Service Center

Region V
Southeast Human
Service Center

50-06-05.2 Accreditation requirement to be licensed

Accreditation Planning and Implementation

Statewide Planning and Regional Planning will occur.

Statewide Accreditation Director and the Regional Accreditation Coordinators will work closely together to identify tasks at the state level and tasks at the regional level.

Who is involved?

Statewide DHS staff

- Human Resources Division
- Fiscal Division
- Legal Division
- Risk Management
- Information and Technology Services Division
- Field Services

Human Service Center staff

- **Directors**
- Clinical Directors
- **Accreditation Coordinators**
- Fiscal Managers
- other HSC staff as needed

Accreditation Roles and Responsibilities

2018 Accreditation Timeline

March 2018 Accreditation Training

May 2018 Initial Accreditation Planning meeting

June 2018 Accreditation Planning meeting

August 2018
- Statewide Accreditation meeting

September 2018
- All Accreditation Planning should be completed

October 2018 Mock Survey
- SEHSC
- SCHSC

December 2018 Mock Survey
- WCHSC
- BLHSC
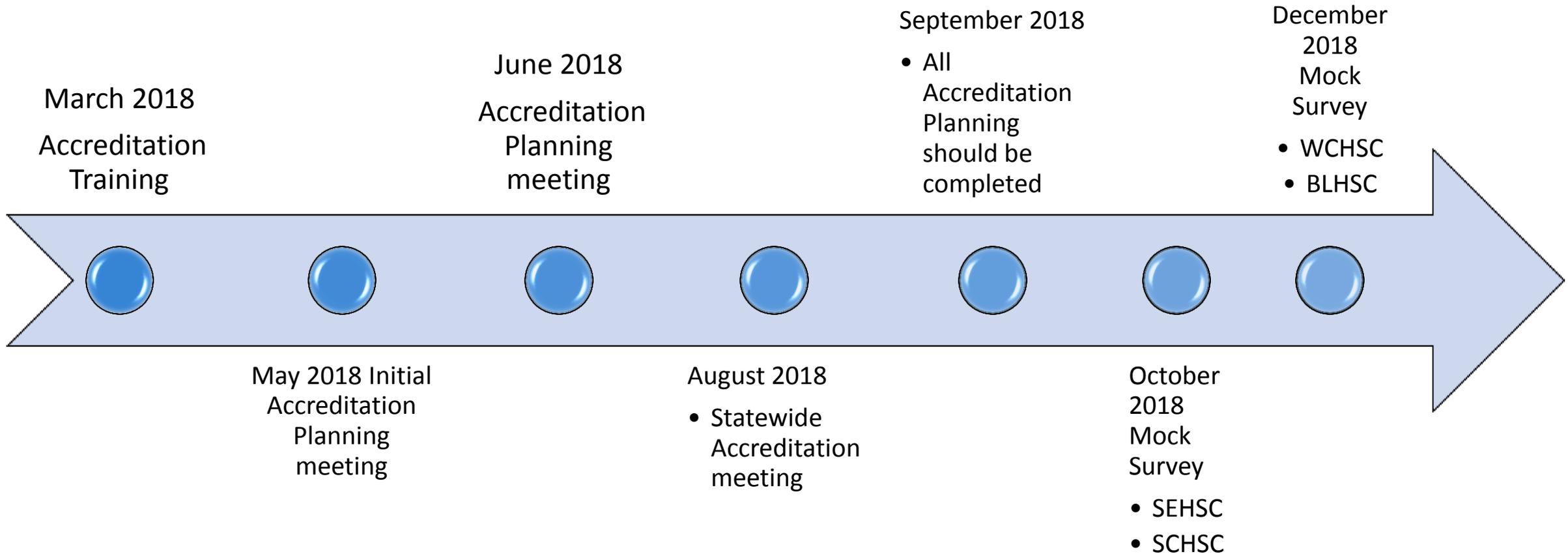
2019 Accreditation Timeline

April 2019
Accreditation
Survey

- SEHSC
- SCHSC

June 2019
Accreditation
Survey

- WCHSC
- BLHSC

July 2019

QI Plan Due

- SEHSC
- SCHSC

September 2019

QI Plan Due

- WCHSC
- BLHSC

July 2019
Mock Survey

- LRHSC
- NEHSC

October 2019
Mock Survey

- NWHSC
- NCHSC

2020 Accreditation Timeline

January 2020
Accreditation
Survey

- LRHSC
- NEHSC

April 2020
Accreditation
Survey

- NWHSC
- NCHSC

April 2020

QI Plan Due

- LRHSC
- NEHSC

July 2020

QI Plan Due

- NWHSC
- NCHSC
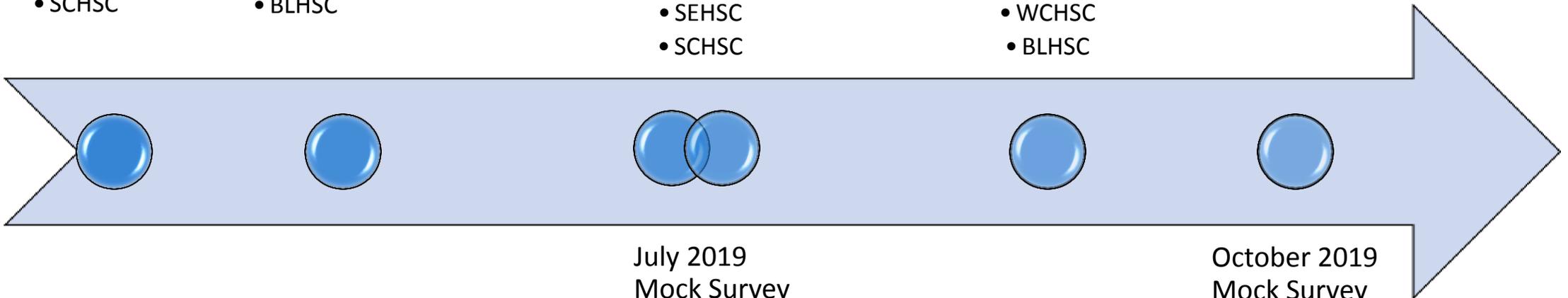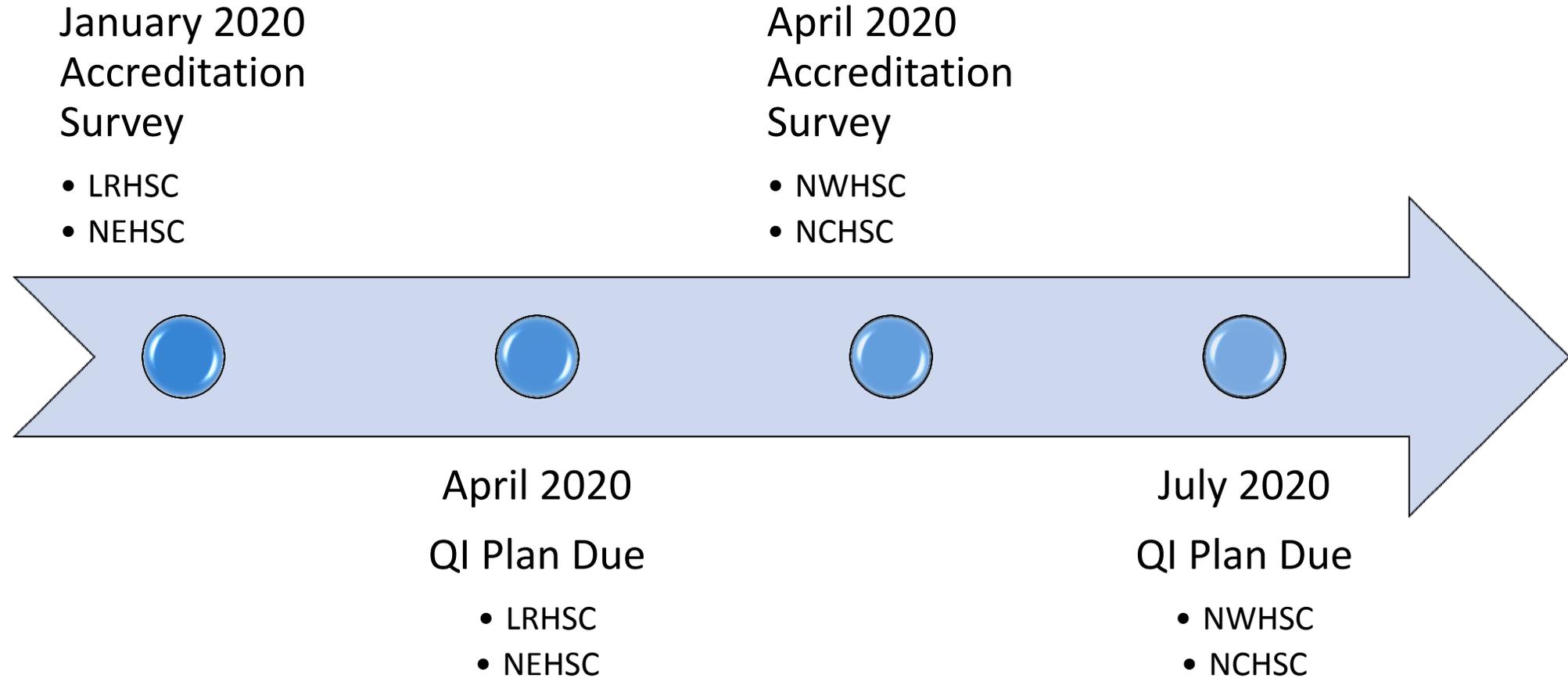
50-06-05.3.3 Re-establishment of Advisory Groups

- All groups are now established and have met twice in each region
- This year, there will be 3 meetings of which one was the organizational meeting
- Go Forward plan is to meet twice annually
- Common agendas for all regions with some specifics for local concerns

50-06-06.5 Continuum of Services

- Focus on serious and persistent mental illness
- 24/7/365 crisis service
- Housing options
- Peer and recovery support

Current Field Initiatives

- **Improving Access and Quality**
  - Open Access
  - Integrated Assessment
  - Re-organize Emergency Service
  - Expand Telehealth Services
  - Develop Psychiatric Rehabilitation Services
  - Develop Recovery Management Services
  - Quality Audits

Current Field Initiatives

- **Improving Access and Quality**
  - Team-Based Care
  - Roll Out New Electronic Health Record System
  - Increase Client Facing Time
  - Tobacco Free Environments
  - Standardization of Behavioral Health Contract Scopes
  - Implement Change Necessary for Accreditation

OPEN ACCESS
BEHAVIORAL HEALTH WALK-IN

EMERGENT	URGENT	ROUTINE
ACUTE HIGH SEVERITY	ACUTE MODERATE	ROUTINE AVERAGE

EMERGENT	URGENT	ROUTINE
IMMEDIATE	WITHIN A DAY	WITHIN A WEEK

Open Access Review

- Open Access Initiated September 2015
- Group Based Services Initiated September 2016
- Open Access Statewide June 2017
- Integrated Assessment Statewide January 2018

Average Statewide # of days from assessment to first day of treatment

PRIORITY AND CORE

CORE SERVICES

PRIMARY FUNCTION

SMI/SED
SEVERE SUD
DUAL

EMERGENCY SERVICES
ASSESSMENT &REFERRAL
REHABILITATION&RECOVERY
SOCIAL SERVICES
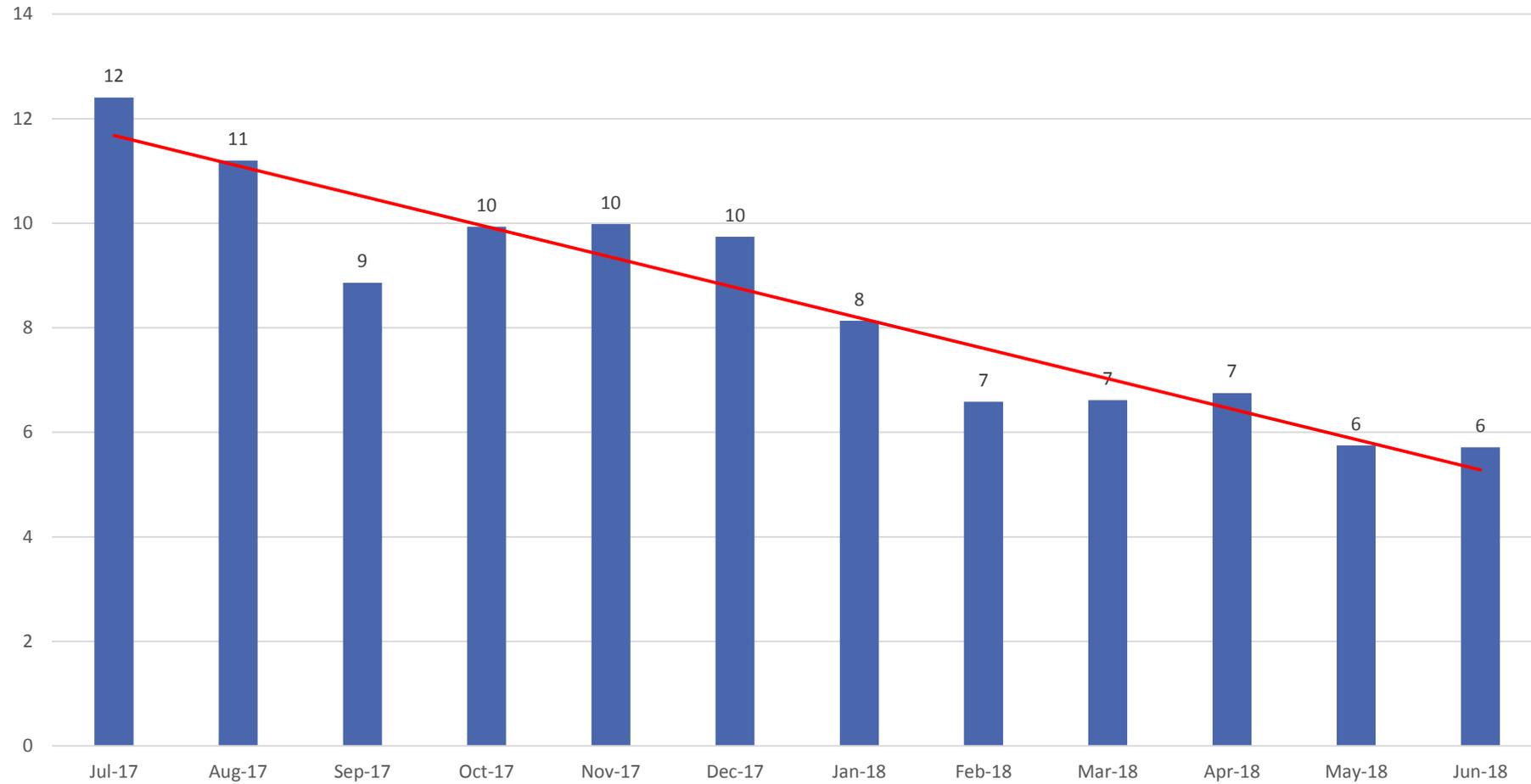
RECOVERY MANAGEMENT
PSYCHOSOCIAL REHABILITATION
PSYCHOTHERAPY
ADDICTION COUNSELING
MEDICATION MANAGEMENT
CASE MANAGEMENT
CARE COORDINATION
SUPPORTED EMPLOYMENT
SUPPORTED HOUSING
RESIDENTIAL CARE
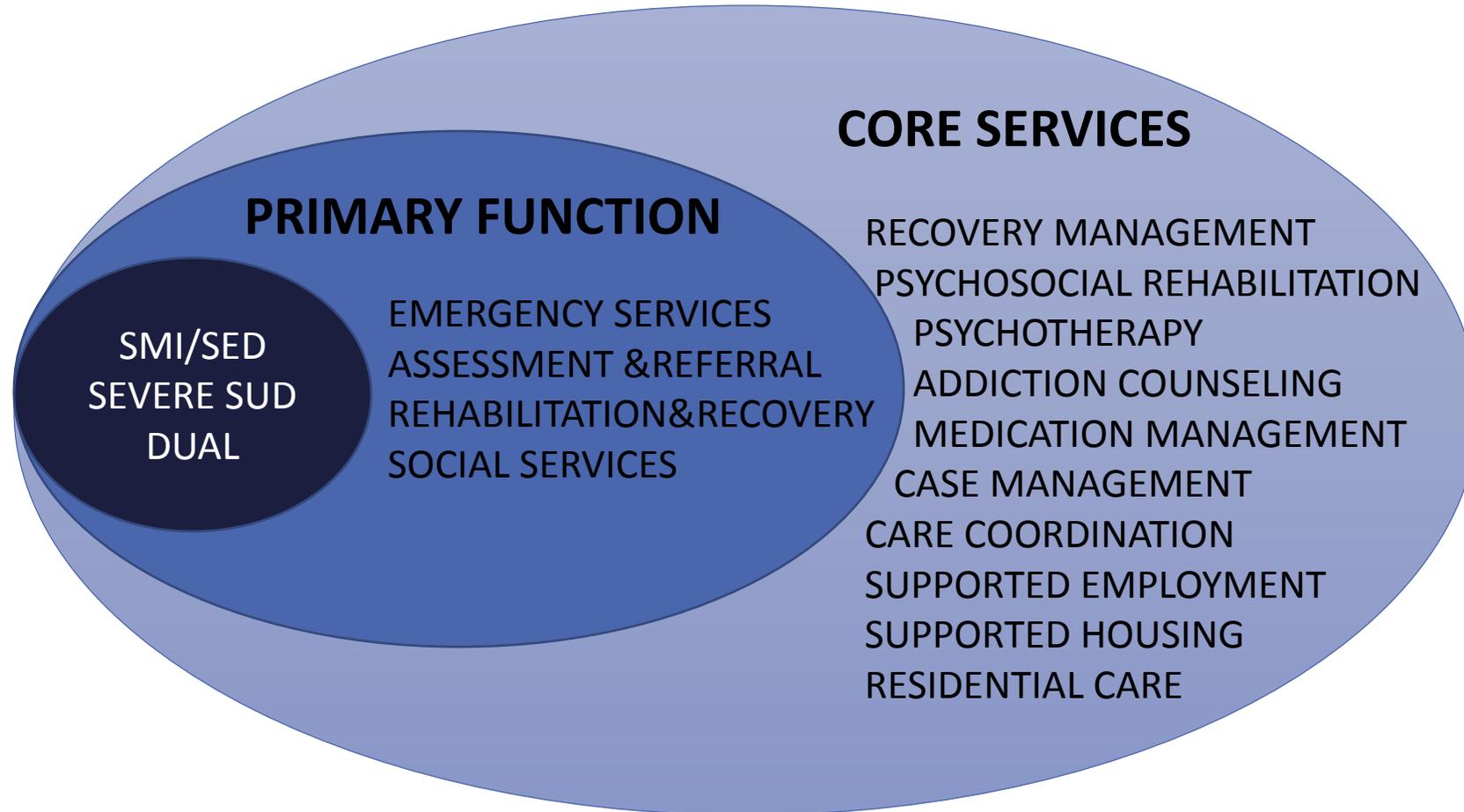
Psychosocial Rehabilitation and Recovery Management

- Service Units Replaced with Team Based Care
- Integrated Assessment and Treatment Services
- Long Term Individualized Services
- Individualized Skills Training and Skills Integration Services
- Individualized Clinical and Support Services

Team-Based/Integrated

- Completed agency assessments to determine team configuration needs based on regional client service trends

- Ensured most intensive service teams staffing needs were met

- Assessment of training needs for teams

- Client level evaluations and transitions are in process now

Youth Services

- Integrated youth-specific Integrated Assessment
- Specialized Intensive Family Therapy – Multisystemic Family Therapy
- Trauma-Focused Cognitive Behavioral Therapies
- Statewide Review Team for problem-solving difficult cases
- Region-specific Intensive In-Home Therapies
- Safety-Net provider for Psychiatric Residential Treatment Services
- Targeted Adolescent Residential Substance Use Disorders Treatment

# Unique Count of Clients Served at Regional Human Service Centers, Statewide, by Quarter

Quarter	Count
OCT NOV DEC 2016	10,859
JAN FEB MAR 2017	10,985
APR MAY JUN 2017	10,778
JUL AUG SEP 2017	9,960
OCT NOV DEC 2017	9,867
JAN FEB MAR 2018	10,020
APR MAY JUN 2018	10,510
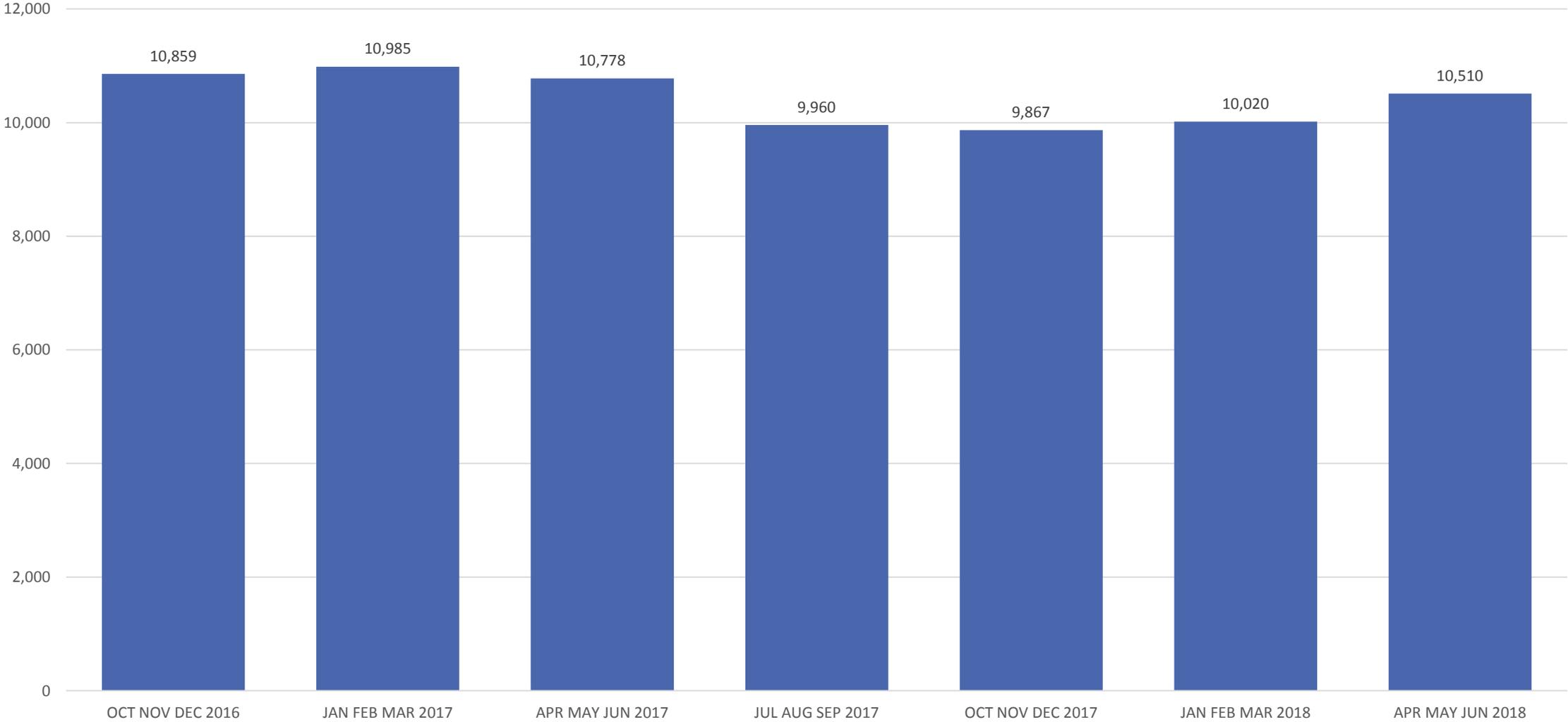
Unique Clients Served at Regional Human Service Centers, by Center, by Quarter
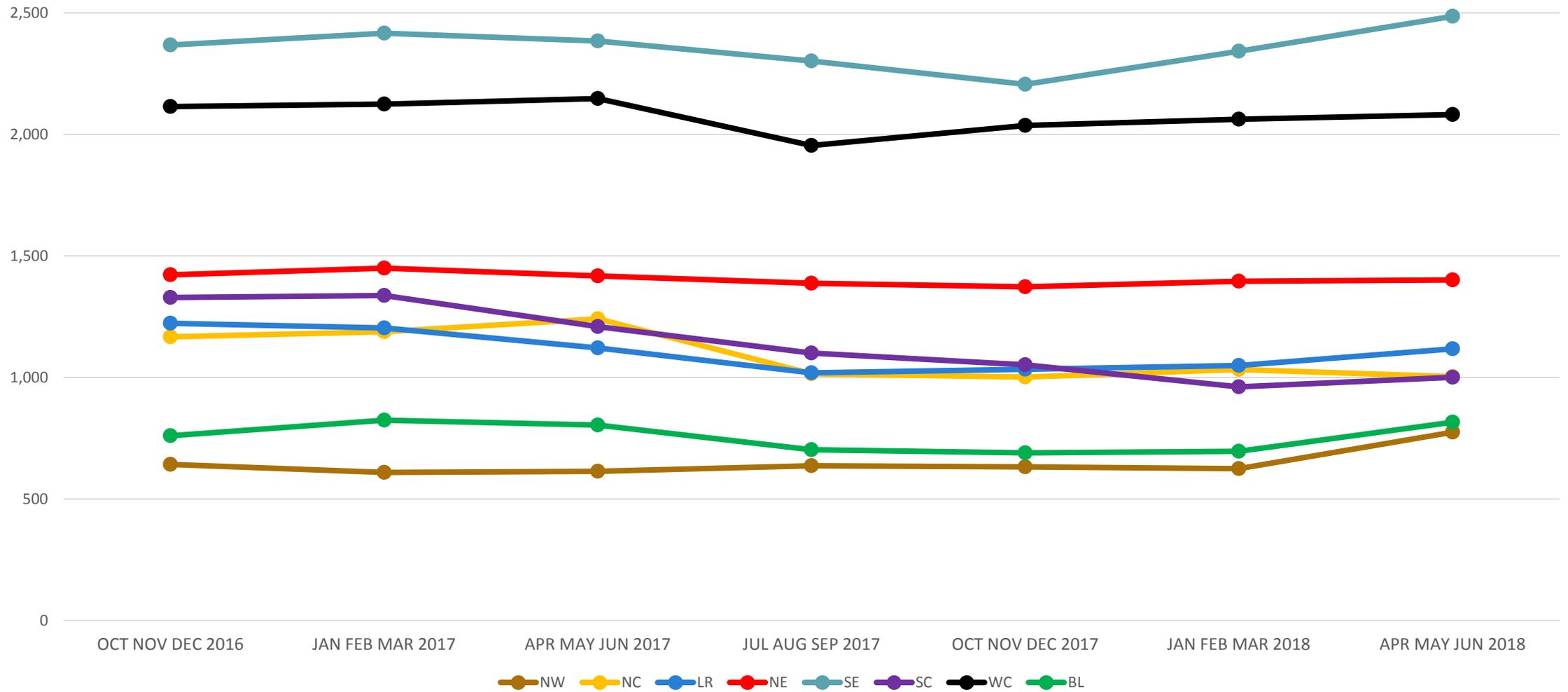
Count of Services Provided at Regional Human Service Centers, Statewide, by Quarter
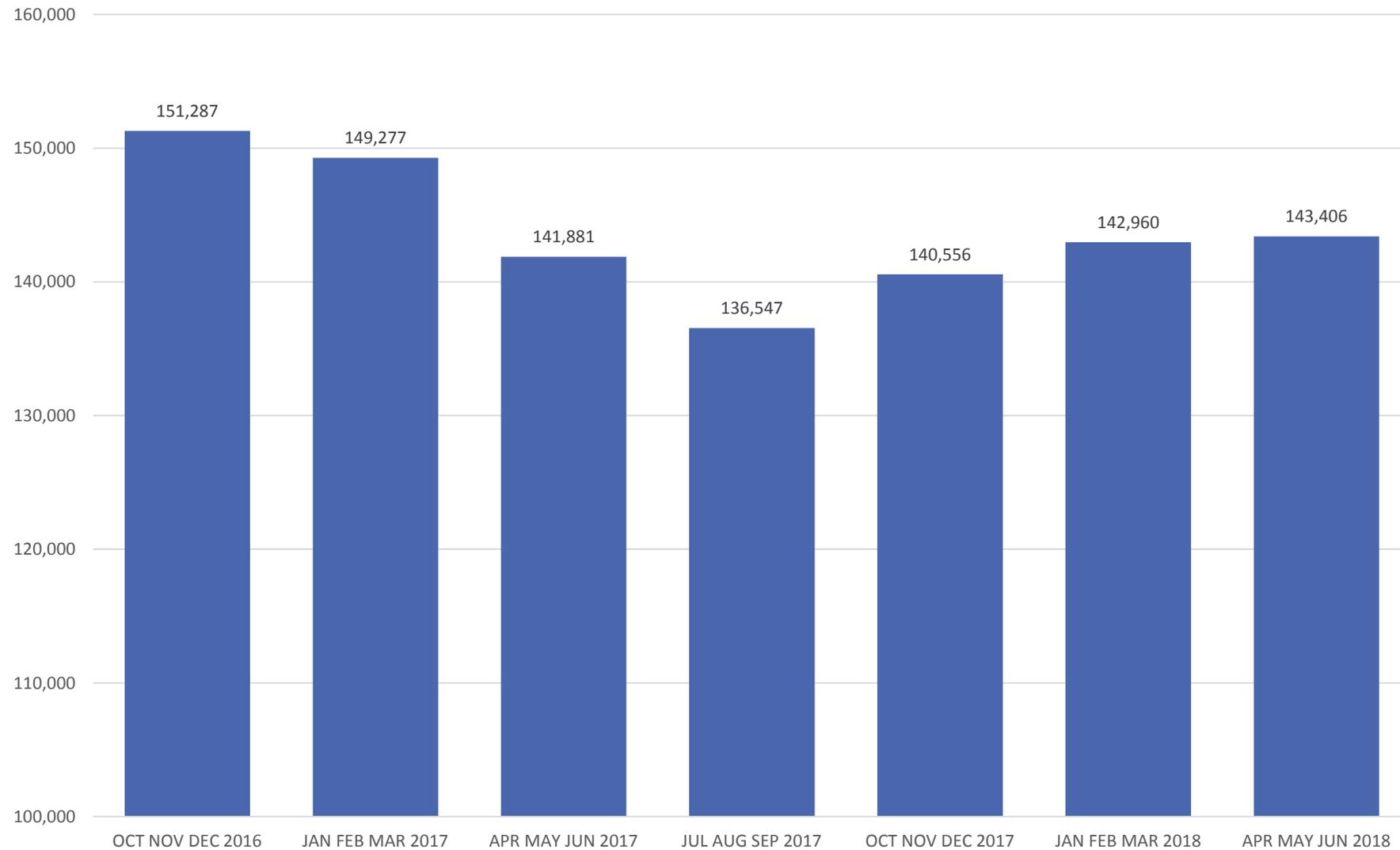
Count of Services Provided by Regional Human Service Centers, by Quarter
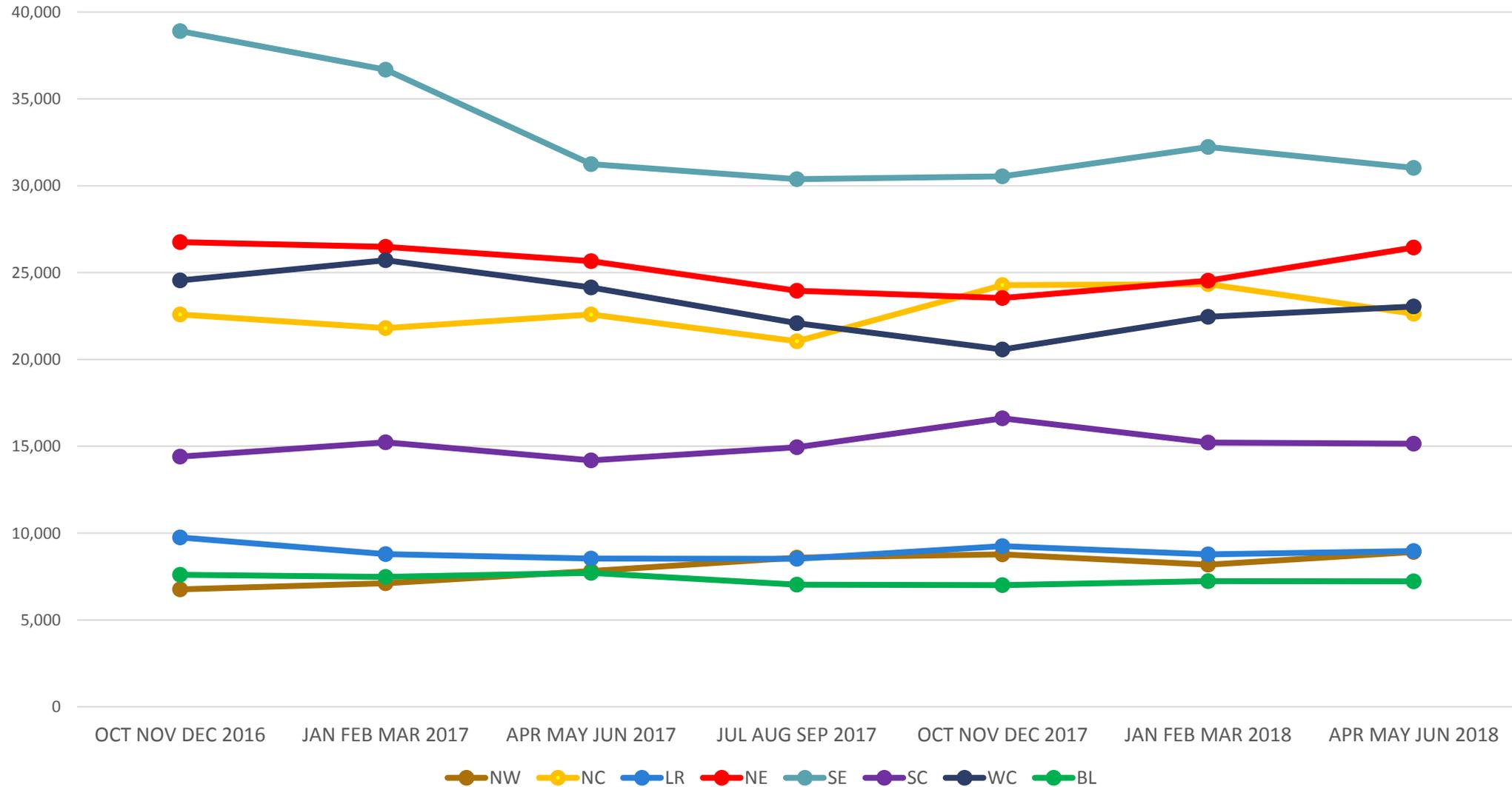
Count of Clients, Count of Sessions, and Number of Hours For Clients Receiving Tele-health Services, Statewide, by Quarter
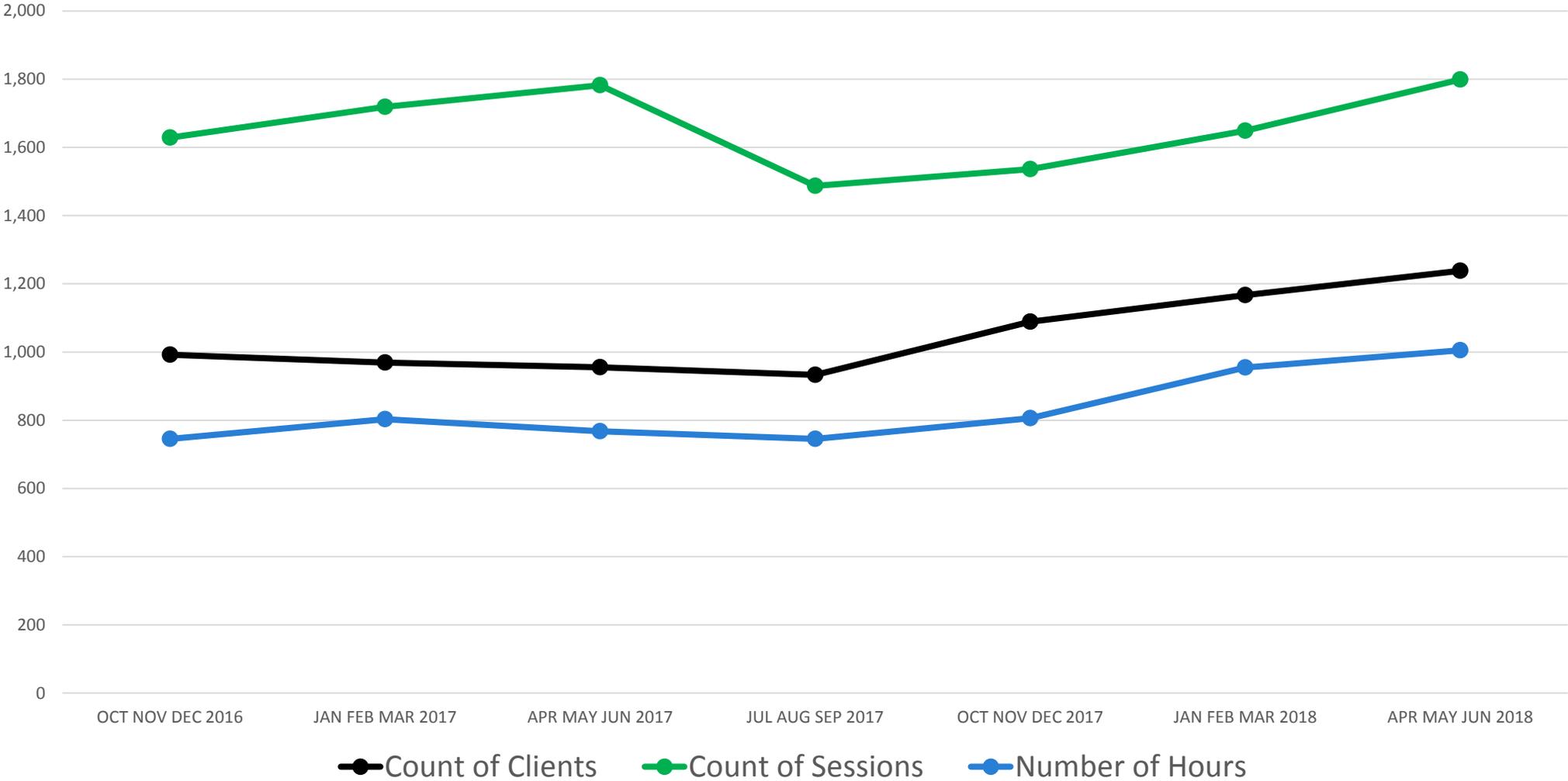
Emergency and Crisis Service Updates

Planning Phase of Emergency Services Transformation

- Standardizing 24-hour crisis line services
- Standardizing 24 hour in-person emergency services

Emergency Service Calls

	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC	Total
Jan	0	41	23	5	471	304	156	38	1,038
Feb	12	24	10	8	507	268	77	10	916
Mar	7	14	7	13	512	220	114	22	909
Apr	9	14	6	14	359	316	110	20	848
May	21	16	5	15	448	203	54	30	792
Jun	23	16	18	6	394	177	80	6	720
Jul	13	18	25	9	424	173	92	23	777
Aug	45	22	20	5	469	137	116	27	841
Sep	36	32	24	14	335	159	12	33	645
Oct	39	10	29	14	401	168	113	24	798
Nov	43	6	17	9	389	150	42	20	676
Dec	20	16	22	12	445	163	57	19	754
Total	268	229	206	124	5,154	2,438	1,023	272	9,714

National Governor's Association Behavioral Health Integration Learning Lab

Develop effective and efficient statewide crisis services

- Environmental scan of initiatives and resources complete

- Private and public provider roles clarified

- TA received regarding Crisis Now (national outcome based model) and child/adolescent specialization

- 3 primary system change areas: centralized call center, 24-hour clinic and outreach based crisis assessment and clinical intervention capability, and sub-acute stabilization facilities

National Governor's Association
Behavioral Health Integration Learning Lab

- RFP for mobile crisis service in WCHSC pilot region

- Statewide and Regional Staffing Plan Development in process

- Consideration of Optional Adjustment Request (OAR)

- Communication and Stakeholder Engagement Plan pending

50-06-06.5 Continuum of Services

- Focus on serious and persistent mental illness
- 24/7/365 crisis service
- Housing options
- Peer and recovery support

Housing Options

There has not been extensive work to this point but options being considered for next session – currently:

- Housing First

- On-site case management - MFP

- Ad hoc gap funding

- Partnering with housing authority

FREE THROUGH Recovery

Mission: To improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services, linked with effective community supervision.

Key Principles:
- Recidivism is reduced by attending to criminogenic risk and need.
- Recovery from substance use and mental health disorders is a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential.

50-06-06-14. Placement of children

- Use of kinship care or other least restrictive care options
- CFS continues to use this as a valid option identifying relatives as the first option when placing outside the home
- Other work being done to prioritize this option when appropriate