



DHS OVERVIEW  
CHRIS JONES, EXECUTIVE DIRECTOR

NORTH  
**Dakota** | Human Services  
Be Legendary.™

# TO PROVIDE QUALITY, EFFICIENT, AND EFFECTIVE HUMAN SERVICES, WHICH IMPROVE THE LIVES OF PEOPLE

## Mission Principles

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### 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

# 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

# PROVIDING ACCESS TO SOCIAL DETERMINANTS INVOLVES ADMINISTERING, PAYING FOR, PROVIDING, AND SUPPORTING NUMEROUS SERVICES

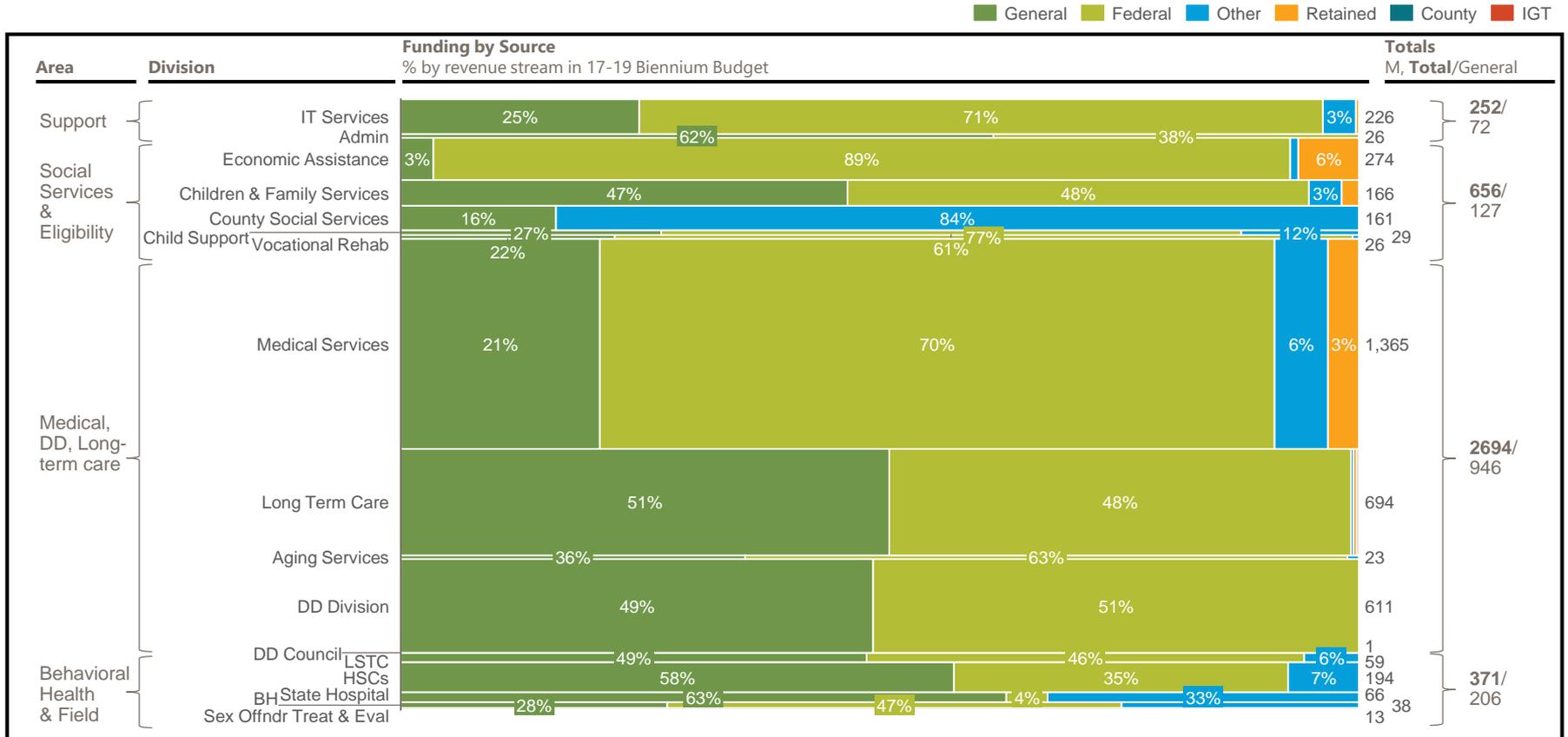
Administrator<sup>1</sup> PAYOR (state)
  Provider
  Partner

Social Determinant	Components	Social Services & Eligibility	Medical, DD & Long-term care	Behavioral Health Policy & Services <sup>1</sup>	Agency Partners
Economic Stability	<ul style="list-style-type: none"> <li>Employment</li> <li>Income</li> <li>Expenses</li> <li>Debt</li> </ul>	TANF, LIHEAP, Child Support, Vocational Rehab, Child care assist.		<b>EXTENDED SERVICES</b> for those with SMI	Labor /Job Service Public Instruction Health / Local Public Health Transportation Housing Authority Corrections Juvenile Justice
Education	<ul style="list-style-type: none"> <li>Early Childhood</li> <li>Literacy/language</li> <li>Vocational</li> <li>Higher EDU</li> </ul>	Child care licensing			
Food	<ul style="list-style-type: none"> <li>Hunger</li> <li>Access to healthy options</li> </ul>	SNAP/ Food stamps	Nutrition Services	<b>RECOVERY SUPPORT SERVICES</b> (including Free Through Recovery, PATH for those experiencing homelessness, and other programs)	
Neighborhood & Built Environment	<ul style="list-style-type: none"> <li>Housing</li> <li>Transportation</li> <li>Safety</li> <li>Parks</li> </ul>	CPS, Foster care, <b>FOSTER CARE (IV-e)</b>	<b>NURSING FACILITIES, ICFs</b>		
Social & Community Context	<ul style="list-style-type: none"> <li>Integration</li> <li>Support</li> <li>Inclusion</li> </ul>	In-home supports	<b>DD, HOME &amp; COMMUNITY BASED SERVICES</b>		
Health & Healthcare	<ul style="list-style-type: none"> <li>Coverage</li> <li>Providers</li> <li>Quality of care</li> <li>Cultural competency</li> </ul>		<b>TRADITIONAL, WAIVERS, VOUCHERS, CHIP, Expansion, LSTC</b>	<b>SBIRT, Parent's LEAD, STATE HOSPITAL, LSTC, HSCs<sup>3</sup></b>	

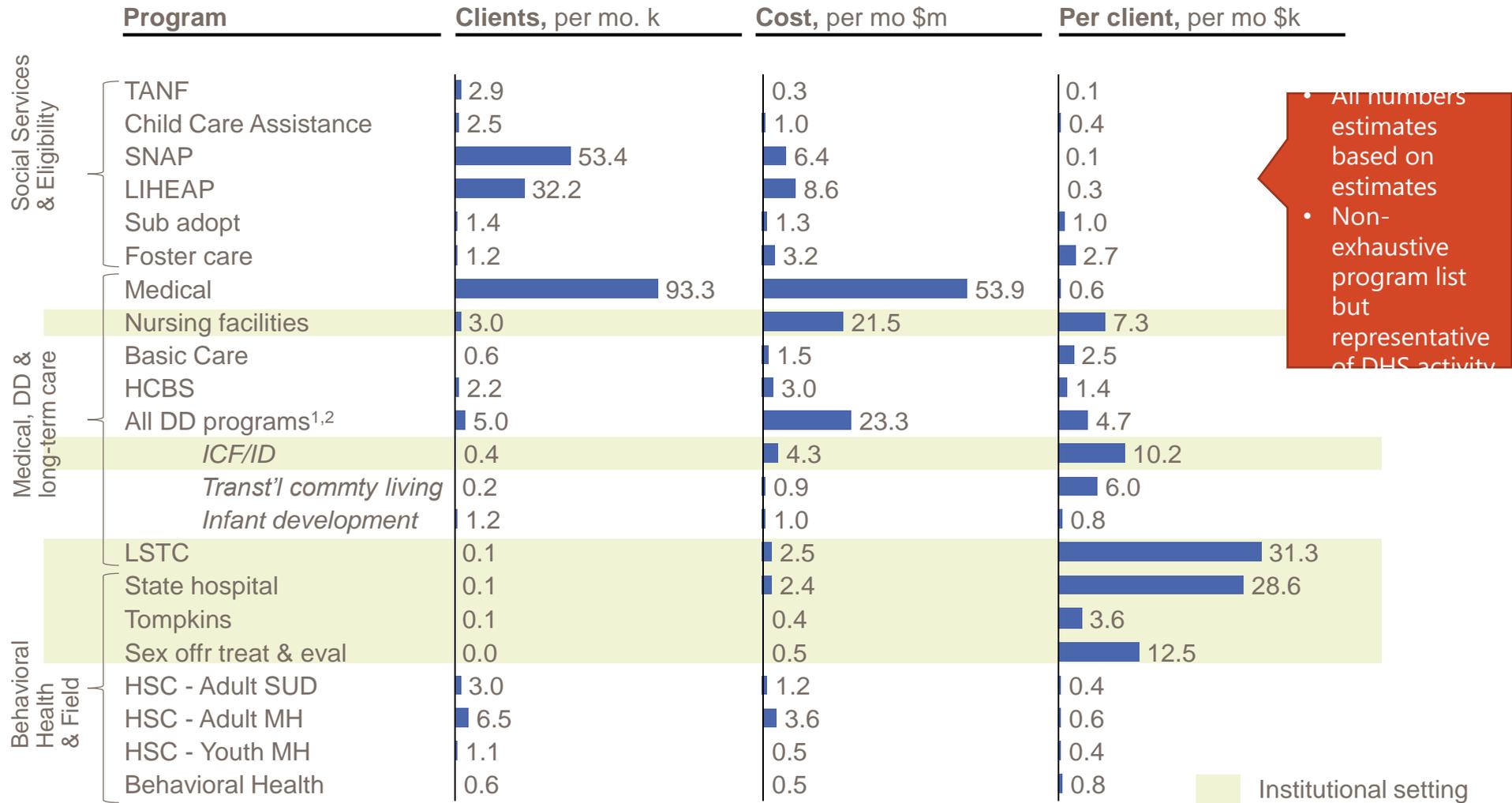
This is for illustrative purposes only to capture majority of programs/services/ entities and the connections they provide to social determinants of health; it is not exhaustive of all programs and services or connections
 

- While other public entities and private stakeholders also have an important role, they are excluded from this

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

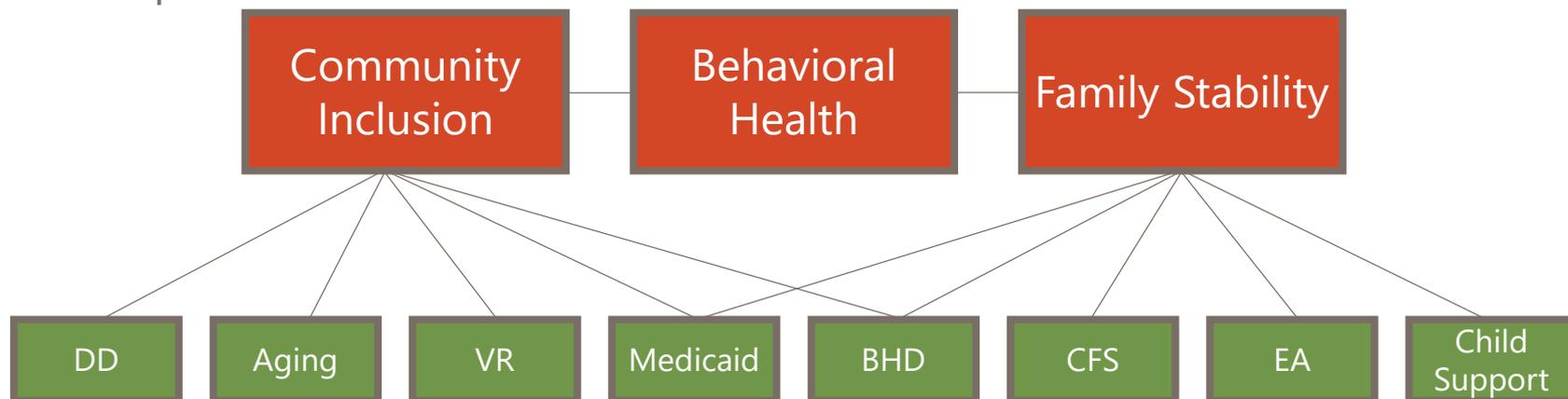


# IN COST OF SERVICES, HIGHEST SPEND FOR CARE/SERVICES PER PERSON IS IN DD PROGRAMS AND INSTITUTIONAL SETTINGS



# WHO/WHAT IS THE DEPARTMENT OF HUMAN SERVICES?

## Overall Purpose



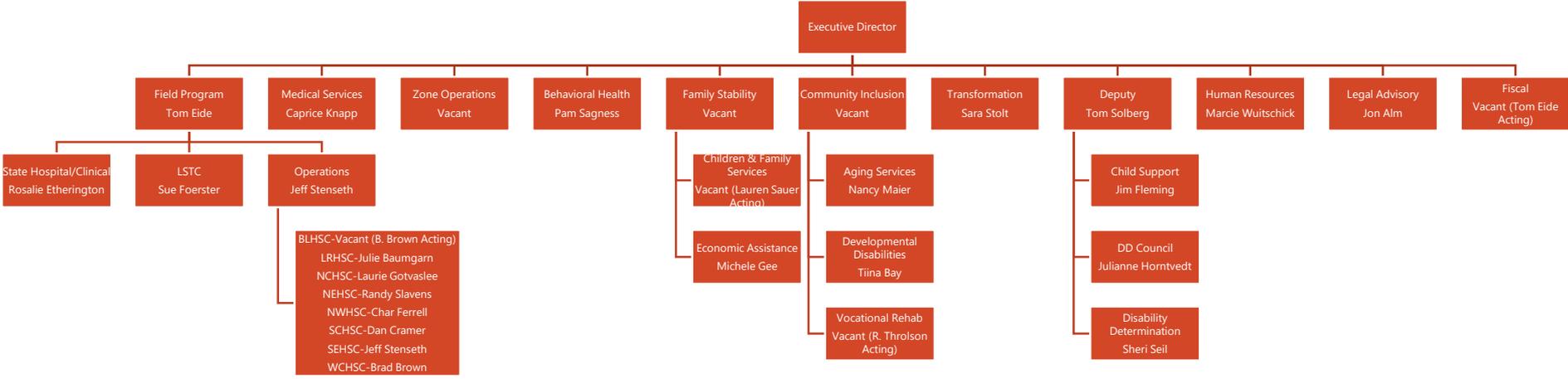
## Policy Division



## Service Delivery



# DHS ORGANIZATIONAL CHART

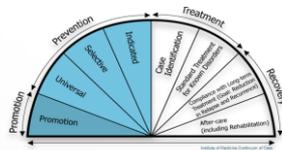


# 19-21 DHS LEGISLATIVE INITIATIVES

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



# 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

# SUPPORT THE FULL CONTINUUM OF CARE

- Restore funding for the Parents Lead prevention program
- Sustain behavioral health prevention and early intervention in schools
- Transfer suicide prevention program from Department of Health to Department of Human Services
- Behavioral health recovery housing grant program
- Implement trauma screening to identify individuals needing service

# INCREASE COMMUNITY-BASED SERVICES

- Expand *Free Through Recovery* to the non-criminal justice population
- 1915i Medicaid state plan amendment
- Expand crisis services capacity across regions
- Enable access to peer support by certifying peer support specialists as part of the behavioral health workforce
- Medicaid-funded peer support
- Expand access to Substance Use Disorder (SUD) Voucher services and supports

# INCREASE COMMUNITY-BASED SERVICES

- Expand Substance Use Disorder (SUD) Voucher providers to include local public health and tribes
- Expand Voluntary Treatment Program to prevent out-of-home placement, supporting families
- Increase access to Medication-Assisted Treatment (MAT) through the establishment of Medication Units
- Decrease regulatory burden for Substance Use Disorder Treatment Programs
  - Support workforce development around trauma-informed practices

# PREVENT CRIMINAL JUSTICE INVOLVEMENT

- Continue *Free Through Recovery*
- Expand *Free Through Recovery* to diversion population

FREE THROUGH  
*Recovery*

# BEHAVIORAL HEALTH INITIATIVES – FIELD SERVICES

- Study of Hospital/Psychiatric Care needs in the state
  - Develop a statewide plan to address acute psychiatric and residential care needs
- Additional funding for supportive housing (*LaGrave Place/Cooper House*)
- Mobile Crisis Teams fully funded
- CARES team fully funded to support people with developmental disabilities in the community
  - Life Skills and Transition Center experts work with community providers, individuals and families to support individuals in the community and prevent admissions to the center
- Capital funding
  - North Dakota State Hospital campus work (new boiler)
  - Continued work towards campus consolidation at Life Skills and Transition Center

# LONG-TERM SERVICES AND SUPPORTS

- Funding enhancements
  - Increases the nursing facility operating margin up to 4.4% beginning Jan. 1, 2020 and ending June 30, 2021
- Expanded Autism Spectrum Disorder (ASD) waiver
  - Increases qualifying age from 11 to 13
- Greater flexibility in Autism (ASD) Voucher program services
- Autism (ASD) extended services
  - Adds 24 slots for individuals with ASD to help them maintain employment
- Study of payment methodology for nursing facility services
  - Recommended changes to be presented in Executive Budget in 2021

# LONG-TERM SERVICES AND SUPPORTS

- Service Payments for Elderly and Disabled (SPED) program eligibility expansion
  - Functional eligibility criteria and qualifying income changes to serve more people in the community and prevent institutional care
- Medicaid Home and Community-Based Services (HCBS) waiver expansion
  - New adult companion services to reduce isolation
  - New residential habilitation and community support services to sustain more people in community living settings
- Aging and Disability Resource Link (ADRL)
  - 5 FTE for infrastructure to educate about care choices and connect people with HCBS services
- Funding for contracted services



# SOCIAL SERVICE REDESIGN

- Continue transition planning and pilot projects to improve processes that lead to better client outcomes
- Expand delivery of services beyond a social service or human service building to places in the community where clients access (schools, jails, public health)
- Remove boundaries and allow clients to access services where they choose
- Creation of up to 19 human service zones (administrative hubs)
- Transition of about 125 FTEs to state employment for specific program areas

# MEDICAL SERVICES HIGHLIGHTS

- Provision of pharmacy services (Medicaid Expansion) and coverage for Children's Health Insurance Program clients will be transitioning to traditional Medicaid fee-for-service
  - Cost savings for state
  - Additional services for clients (Early Periodic Screening Diagnosis & Treatment program)
- Medicaid Expansion payment methodology change
  - Reimbursement to providers within the same provider type and specialty at consistent levels and with consistent methodology
- 1915i Medicaid waiver for adults and children
  - More services to support people in the community
  - Housing support funding



# MEDICAL SERVICES HIGHLIGHTS

- Expanded eligibility for children with disabilities (buy-in program)
  - Qualifying income: 250% Federal Poverty Level (FPL)
- Expanded eligibility for pregnant women
  - Qualifying income: 162% FPL
- Withdrawal Management services
- Targeted Case Management
  - Expands types of providers who can be reimbursed for providing these services to adults with serious mental illness and children with serious emotional disturbance
- Provider increases at 2% (Year 1) and 2.5% (Year 2)