



SB2012

Senate Appropriations Committee
Senator Brad Bekkedahl, Chairman

HHS Overview | January 16, 2023



Health & Human Services

Agenda

- HHS integration journey
- HHS Goal: Help ND become the healthiest state in the nation
- The science of well-being
- HHS priorities and action plans
- Overview of HHS 2023-25 budget changes
- Tactics

HHS integration journey

Key phases and activities of our journey toward one **Better Together Department of Health and Human Services** on Sept. 1, 2022.

June 2022 – September 2022

**BETTER
TOGETHER**
Transforming the Citizen Experience

DELIVER a plan to set up DHHS for success

CORE ACTIVITIES

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans.
- Begin to create new opportunities to **engage and develop one high-performing HHS team.**
- Begin to implement changes that will maintain **day-to-day operations** for all team members in a new unified HHS.

January 2022 – May 2022

DESIGN a new DHHS

CORE ACTIVITIES

- Develop a **new Better Together DHHS team structure** that transitions all current team members into one combined HHS to support transforming the citizen experience.
- Work on **projects across DoH and DHS** that will position us to serve North Dakotans successfully as one unified team.
- Support and engage managers/supervisors and team members with an **enhanced focus on change management and increased communications.**

September – December 2021

DECIDE on a guiding principle for the integration

CORE ACTIVITIES

- Develop a **new process to gain team member input and make decisions** about building a unified approach to health and human services.
- Establish a **guiding principle and goals for the journey** to become one team HHS and to transform the citizen experience.
- Identify several projects that support the guiding principle and goals and **create work teams with representation from DoH and DHS.**

Guiding our Better Together journey toward One Team HHS

Guiding Principle

North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being

Integration Goals

1. Deliver **one streamlined path** to quality and equitable programs and services
2. Continue to improve **quality, effective and efficient** health and human services
3. Create **career growth and development opportunities** for team members and build a new **one-team** culture



Example Objectives

Simplify the customer journey to HHS programs

Improve timeliness and access to services

Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute

Team member participation and engagement were key priorities and central to the process



Culture surveys and focus groups

Team members defined a shared HHS culture.



Workstream Wednesday interactive forums

Team members provided input toward workstream projects.



Team member communications

- Town halls
- Email updates
- Better Together podcasts
- Frequently asked questions



Day 1 HHS Quick Start Guide

Resource for team members to help them understand how the integration will impact day-to-day job functions.

Our approach to designing the future HHS organizational structure



- ✓ Every team member will have a role
- ✓ Transform health and human services for North Dakotans
- ✓ Follow our guiding principle to become the healthiest state in the nation by reinforcing the foundations of well-being

BETTER

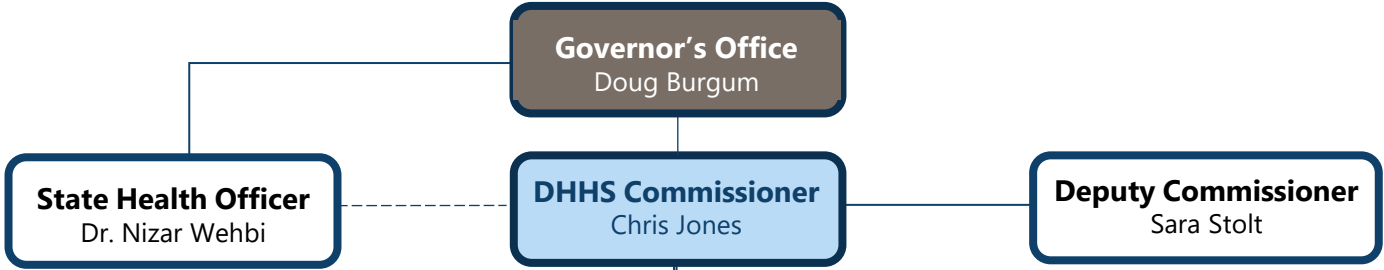
TOGETHER

Transforming the Citizen Experience

North Dakota Department of Health & Human Services

- Core Functions of the SHO**
1. Governor's Cabinet Member
 2. Lead Tribal Health Engagement
 3. Health Liaison to the Legislature
 4. External Stakeholder Engagement
 5. Advisor to specific DHHS focus areas, including:
 - a. Community Engagement
 - b. Health Care Workforce Development
 - c. Emergency Preparedness & Response
 6. Developer of Wellness Strategies for North Dakota

- Core Functions of the DC**
1. **Day-to-Day Operations**
 - a. Constituent Services/Appeals Review
 - b. Facilities Planning/Operations Management
 - c. Criminal Background Check Services
 - d. Document Management
 - e. Contact Center Operations Coordination
 - f. Refugee Support Services
 - g. DD Council
 2. **Transformation Centers**
 - a. Portfolio and Project Management
 - b. Process Improvement & Quality Management
 - c. Change Management
 - d. Customer Experience Management
 - e. IT and Data Governance



Executive Director Public Health
Dirk Wilke

- Disease Control and Forensic Pathology
- Healthy & Safe Communities
- Health Response and Licensure
- Laboratory Services
- Health Statistics and Performance

Executive Director Medical Services
Krista Fremming, Interim

- Medicaid

Executive Director Behavioral Health
Pamela Sagness

- Human Service Centers
- State Hospital
- Behavioral Health Policy

Executive Director Human Services
Jessica Thomasson

- Disability Determination Srvc
- Human Service Zone Operations
- Economic Asst
- Vocational Rehabilitation
- Children & Family Services
- Child Support
- Early Childhood
- Life Skills and Transition Center
- Aging Services
- Developmental Disabilities

Chief Financial Officer
Arnold Strebe

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

Chief Human Resources Officer
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/Employee Health
- Safety/Disaster Preparedness

Chief Communications Officer
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

Chief Legal Officer
Jon Alm

- Legal Advisory
- Attorney General Office Coordination regarding the Public Health Division and Litigation

Day 1 and the Road Ahead

Key milestones in our journey toward one **Better Together Health and Human Services** on Sept. 1, 2022, and our priorities for the road ahead

Sept. 2021 – Sept. 1, 2022

KEY MILESTONES ACCOMPLISHED

- Identified 18 **program integration opportunities** to improve the delivery of programs and services for North Dakotans.
- Identified more than **50 workstream projects across six workstreams** that will be accomplished as part of the integration.
- Designed a new **organizational structure** for HHS.
- Developed a **new, unified HHS website**.
- Established consistent **branding guidance**.
- Reviewed and **aligned all HR policies**.
- Implemented **New Workplace guidance**.
- Launched **new team member intranet**.

Sept. 1, 2022, and beyond

KEY PRIORITIES TO COME DOWN THE ROAD

- **Begin to see our unified approach take shape!** Continue to work on projects that will help HHS improve the health and well-being of North Dakotans **through September 2022 and BEYOND**.
- Begin to create new opportunities to **engage and develop one high-performing HHS team**.
- Begin to implement changes that will support **day-to-day operations** for all team members in a new unified HHS.

Make ND the Healthiest State in the nation by reinforcing the foundations of well-being



Physical
Health



Behavioral
Health



Economic
Health

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

Ensure everyone has the
opportunity to realize
their **POTENTIAL**



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy



Be Active



Find & Prevent
Disease Early



The science of well-being

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

The science



Socioecological Model



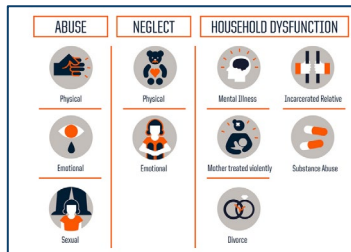
Social Determinants of Health

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
<ul style="list-style-type: none"> -Low community attachment -Community disorganization -Parental transitions and mobility -Low and inconsistent availability of drugs -Language disadvantage (not measured in youth survey) 	COMMUNITY	<ul style="list-style-type: none"> -Opportunities for parental involvement in the community -High degree of parental involvement -Access to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> -Low family responsiveness and discipline -Family conflict -A family history of antisocial behavior -Favorable parental attitudes to the problem behavior 	FAMILY	<ul style="list-style-type: none"> -Attachment and bonding to family -Opportunities for parental involvement in the family -Recognition of parental involvement
<ul style="list-style-type: none"> -Academic failure (low academic achievement) -Low enrollment in school -Not being 	SCHOOL	<ul style="list-style-type: none"> -Opportunities for parental involvement in school -High degree of parental involvement
<ul style="list-style-type: none"> -Risk behaviors -Early initiation of problem behavior -Impulsiveness -Antisocial behavior -Vulnerable and/or high-risk problem behavior -Interaction with family, medical or substance behavior -Genetic loading -Friends for and social involvement 	CHILD	<ul style="list-style-type: none"> -Social skills -Skill in the moral code -Emotional control -Interaction with prosocial peers

Risk/Protection Factors



Resilience



Adverse Childhood Experiences (ACEs)

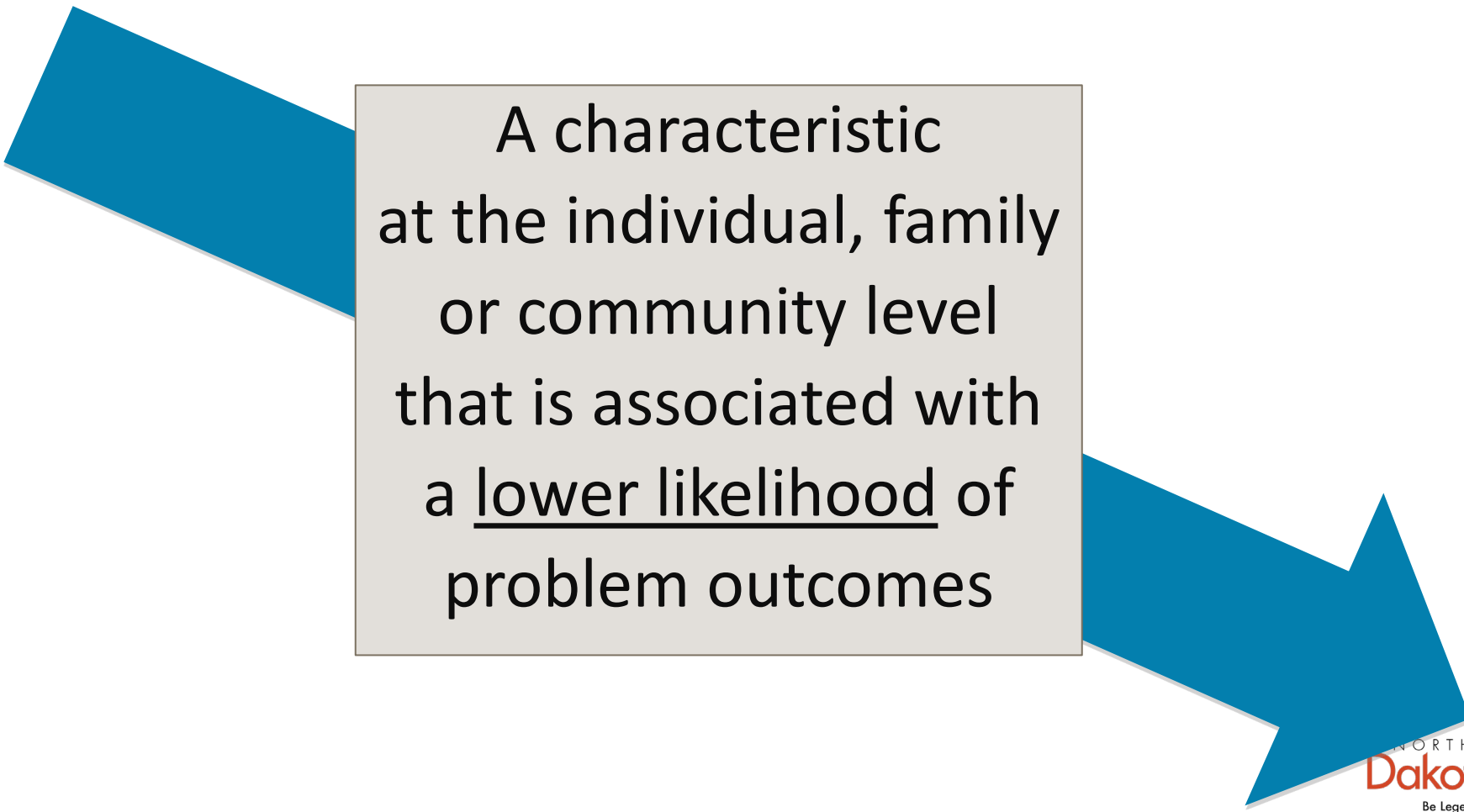
Multiple levels of influence surround each of us.



Risk factors





A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes

Protective factors



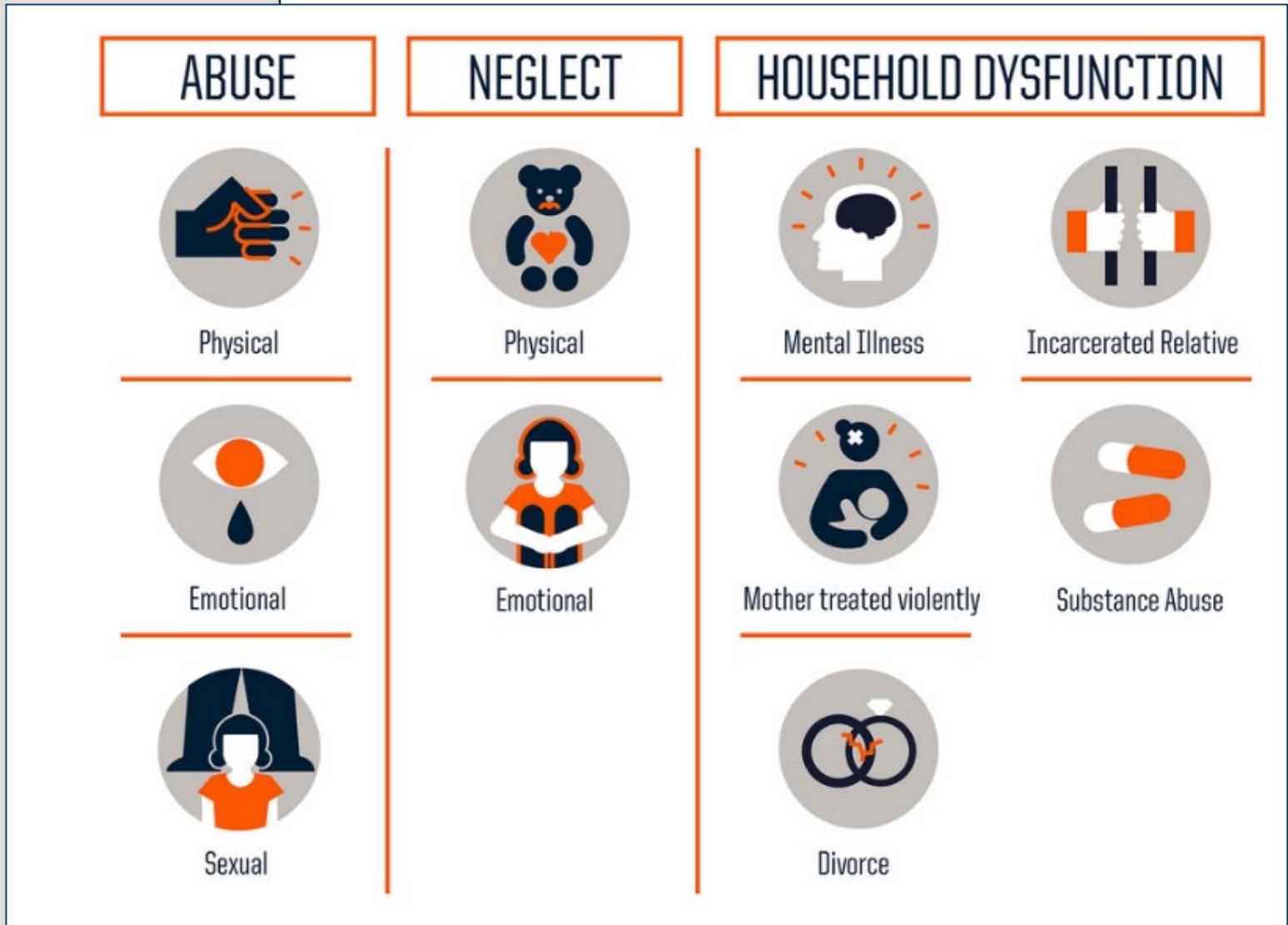
A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes

Risk and protective factors impacting healthy development of children and adolescents.

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> • Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey) 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in the community <ul style="list-style-type: none"> • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
<ul style="list-style-type: none"> • Poor family management and discipline <ul style="list-style-type: none"> • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour 		<ul style="list-style-type: none"> • Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Academic failure (low academic achievement) • Low commitment to school • Bullying 		<ul style="list-style-type: none"> • Opportunities for prosocial involvement in school • Recognition of prosocial involvement
<ul style="list-style-type: none"> • Rebelliousness • Early initiation of problem behaviour <ul style="list-style-type: none"> • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour <ul style="list-style-type: none"> • Sensation seeking • Rewards for antisocial involvement 		<ul style="list-style-type: none"> • Social skills • Belief in the moral order <ul style="list-style-type: none"> • Emotional control • Interaction with prosocial peers

Source: Communities That Care

TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)



Social determinants of health

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.



Childhood Experience



Housing



Education



Social Support



Family Income



Employment



Our Communities

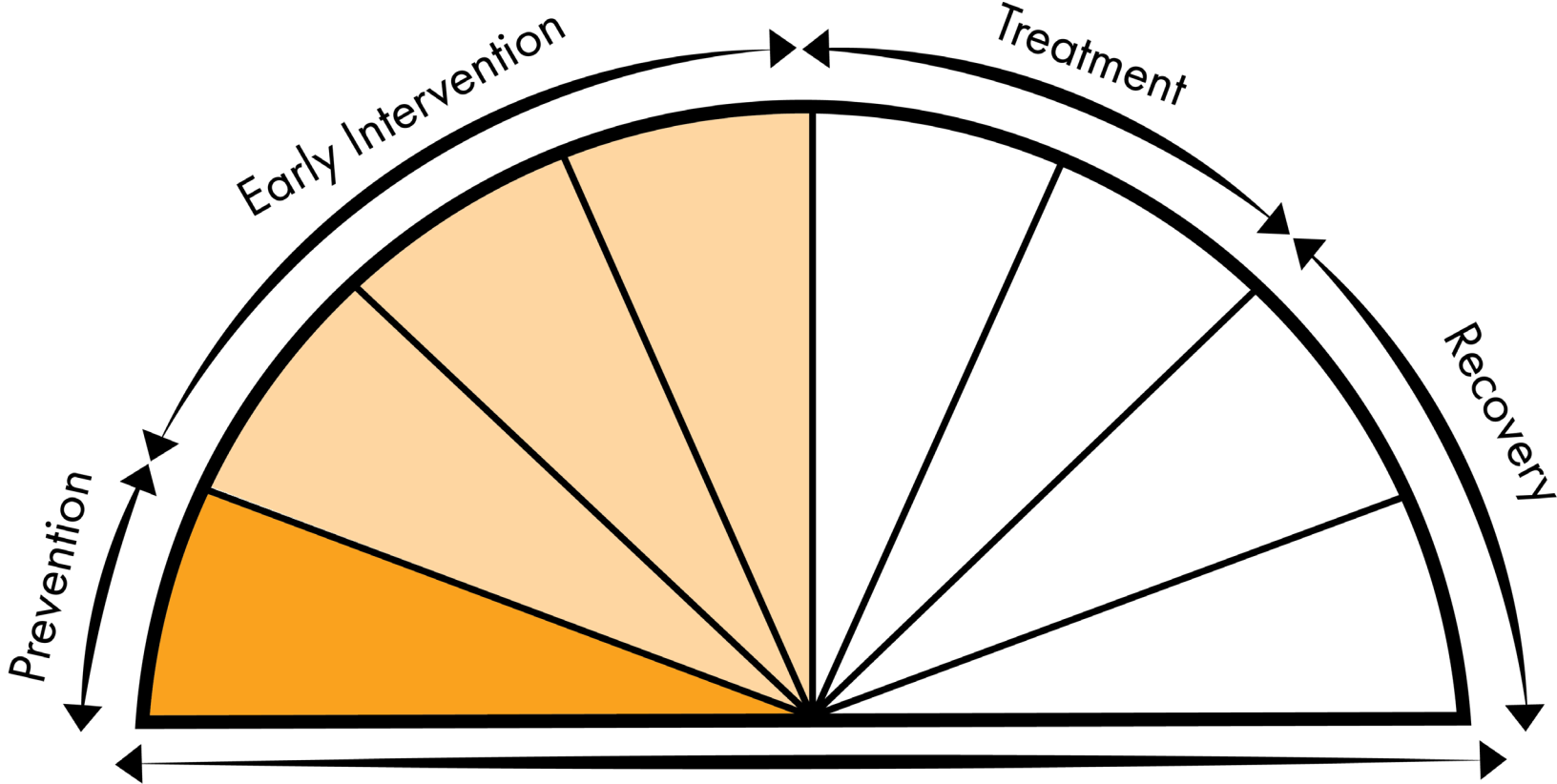


Access to Health Services

PROTECTIVE FACTORS BUILD RESILIENCE



Services and support occur along a continuum



Institute of Medicine Continuum of Care

Reinforce the foundations of well-being



Physical Health

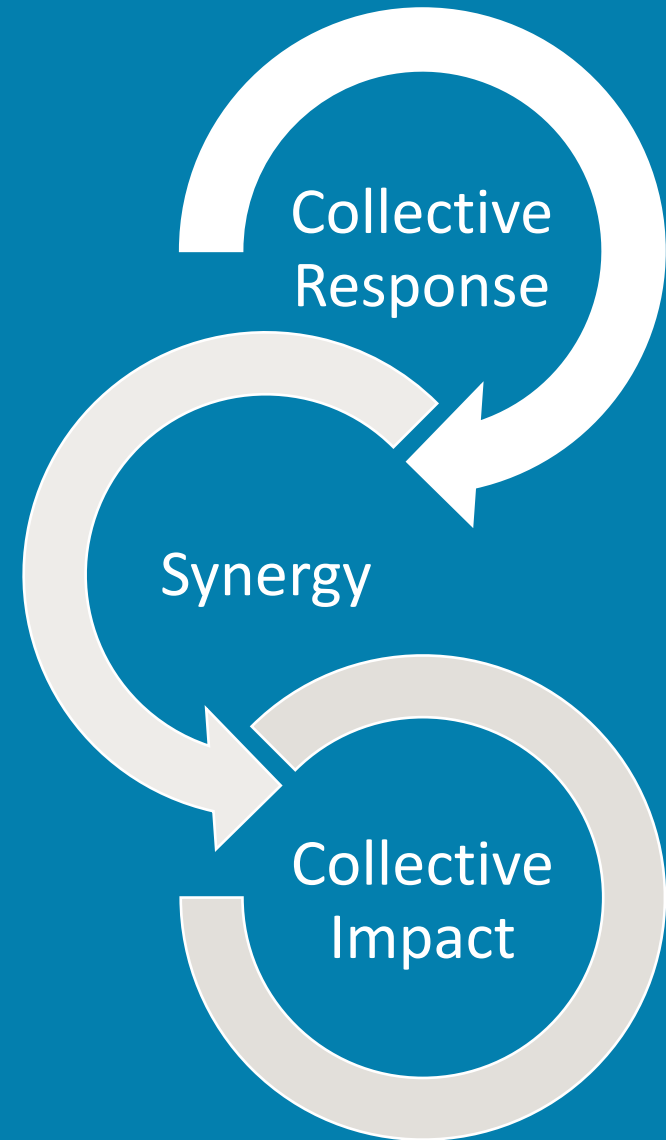


Behavioral Health



Economic Health

By focusing on **shared** risk factors or **shared** protective factors, we benefit from a collective response.



HHS priorities and action plans

Investing in North Dakotans to
create the healthiest state and
deliver taxpayer value



HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
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of well-being



Economic
Health



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Give everyone the
OPPORTUNITY to
decide to:



Be Healthy



Be Active



Find & Prevent
Disease Early

HHS Action Plan

1

Forward Progress on Key Initiatives

- Behavioral Health Implementation
- Transformation of Home and Community Based Services
- Behavioral, Physical and Economic Health

2

Evolving How We Do Our Work

- DHHS Integration
- Social Service Redesign

3

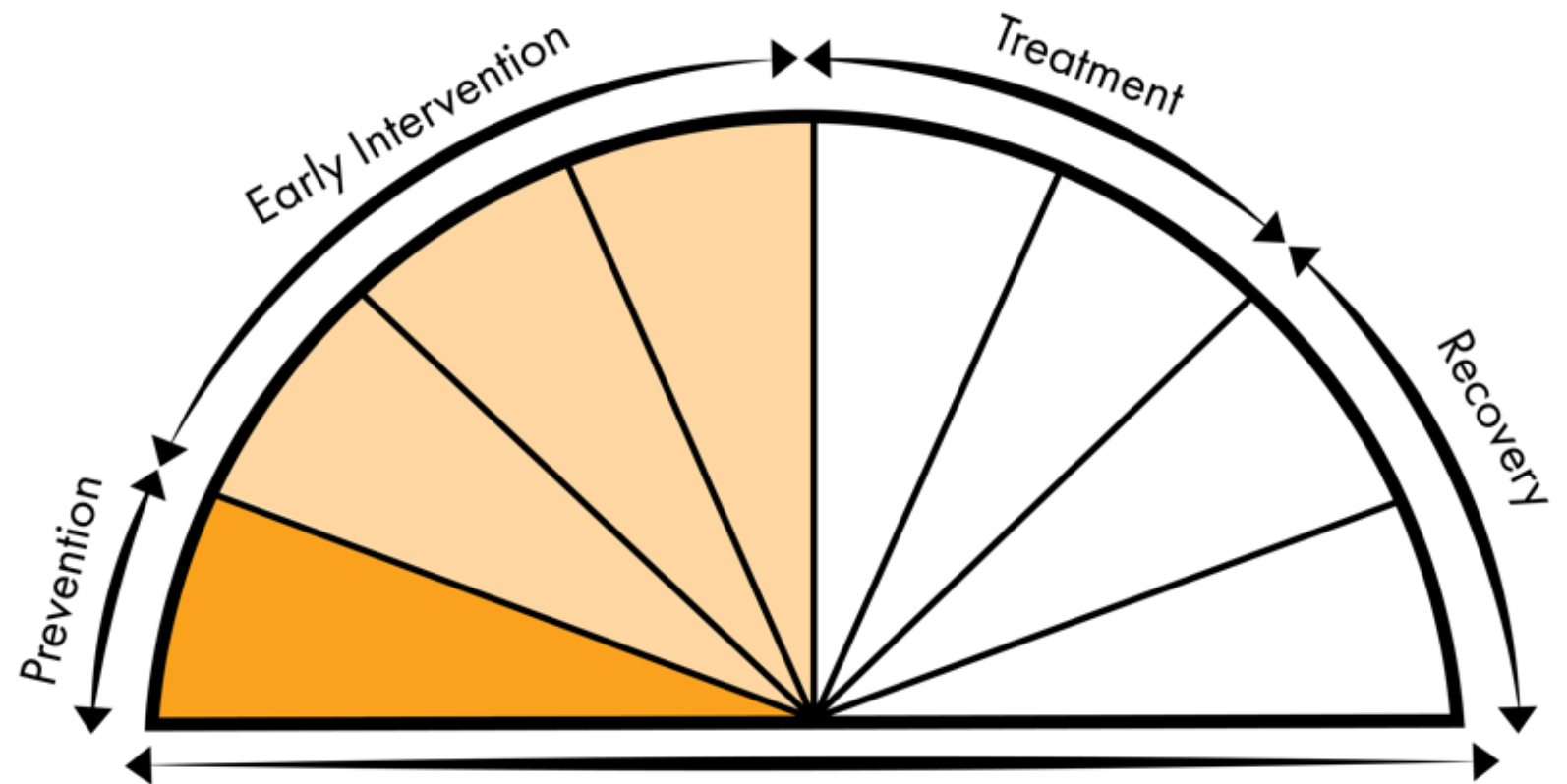
New Investment Focus 2023-2025

- Kids' Health, Safety and Wellbeing
- Lab Infrastructure Development
- Treatment Environment at State Hospital
- Emergency Preparedness and Response

Forward progress on key initiatives

Forward
Progress

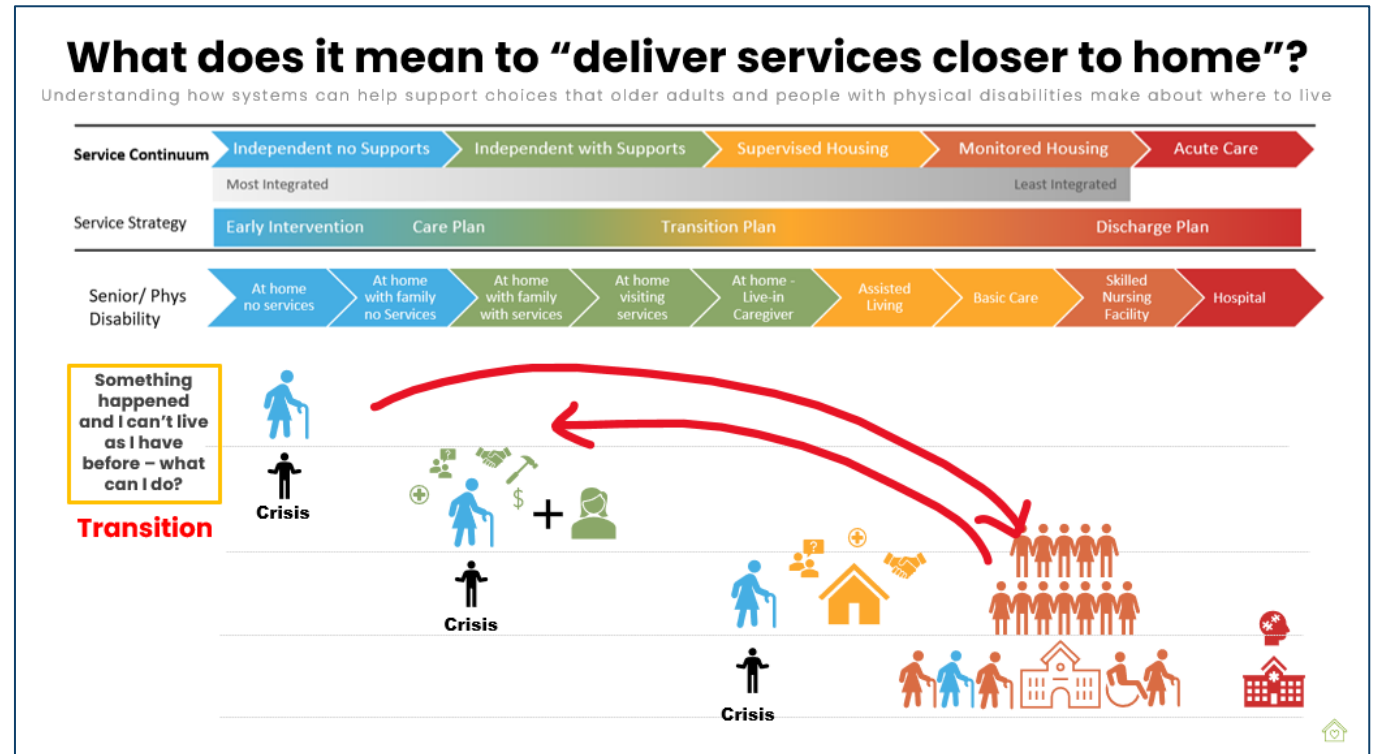
- Expansion of Free Through Recovery to Community Connect
- Mobile Crisis Services
- Suicide Hotline / 988
- Peer Support
- 1915(i)
- Stigma



Institute of Medicine Continuum of Care

Forward progress on key initiatives

- Staff who can coordinate, navigate and connect people to resources they need
- Housing alternatives
 - Assistive technology and modified environments
- Upskilling direct care professionals re: behavioral health
- Support for transitions and diversions



Forward progress on key initiatives

- Child care affordability
- Housing stability resources
- Employment coaching
- Resources for kin caregivers
- Schools and behavioral health
- SUD Voucher and access to treatment options
- Postpartum benefits
- Addressing the benefit cliff



Childhood
Experience



Housing



Education



Social
Support



Family
Income



Employment



Our
Communities



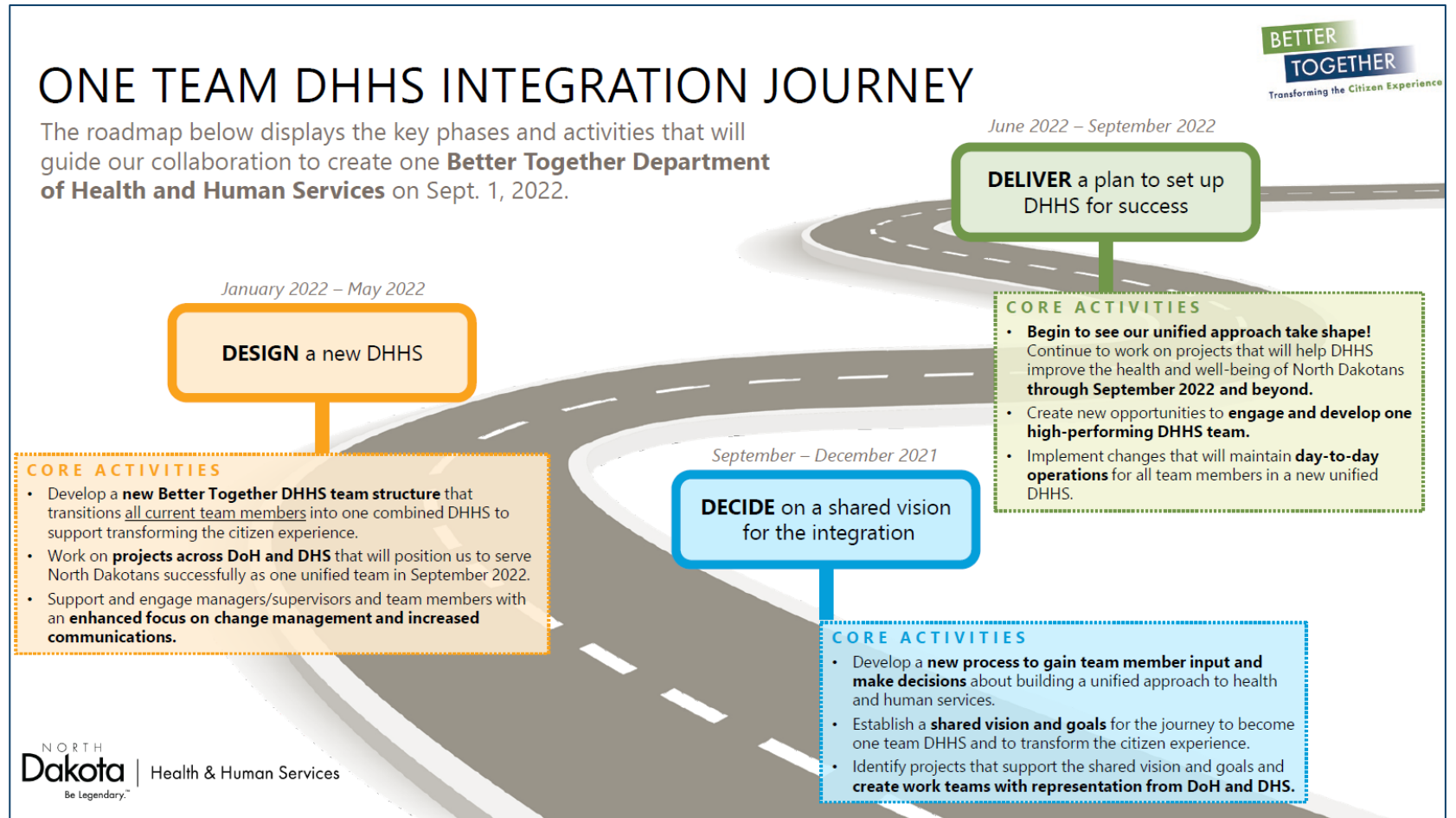
Access to Health
Services

Evolving how we do our work

HHS integration



- Unified shared services for contracting and budgeting, website, communications and human resources
- Optimize Medicaid as funding source for DHHS vision
- Improved licensing and certification experience

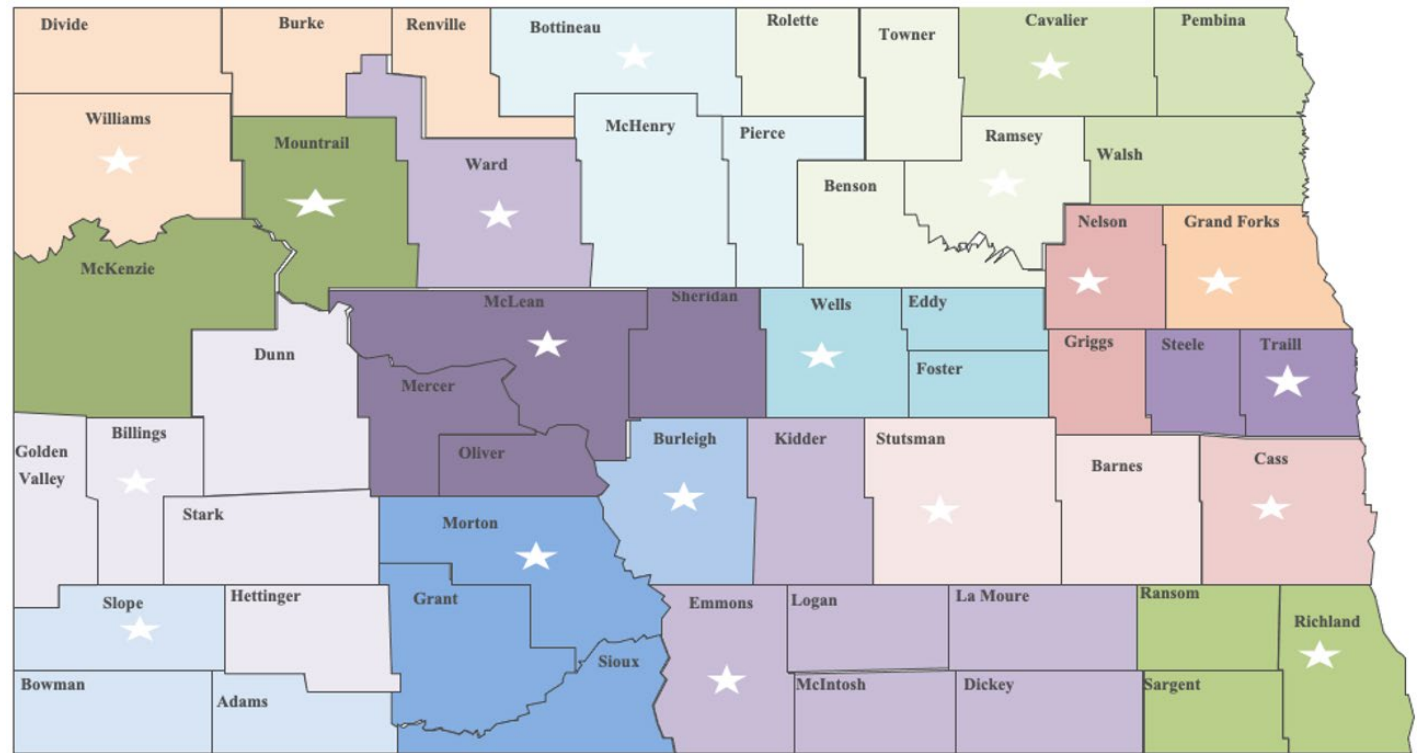


Evolving how we do our work

Social service redesign

Evolving

- Legislative studies related to equity, indirect rates and organization
- Redesign of economic assistance eligibility processing
- Final phases of child welfare systems redesign



New investment focus 2023-25

Kids' health, safety and well-being

New Investment

- Deliver Child Care assistance to more working families
- Expand Best in Class to more communities
- Develop coaching for families through times of crisis
- Focus on childhood obesity
- Medicaid coverage for postpartum care extension from 60 to 365 days
- Crisis Stabilization services available without family separation
- Support family and friends who can offer kids a stable home



New investment focus 2023-25

Laboratory infrastructure development

New
Investment

1

Initial Funding

Received a \$15M appropriation from the legislature

2

Planning Committee

Governor's Office, DoH, DHS, and DEQ engaged a consultant "Zerr Berg Architects" to provide various options (June 2022)

3

Recommendation

After selecting the best option, a budget request will be submitted by DHHS

State-of-the-art lab
to serve
North Dakota
for the next
50 years!



Regional | Ready | Responsive ces

Strategic focus 2023-25

Treatment environment at the State Hospital

New Investment

- New treatment campus to deliver specialized behavioral health services
- Develop specialized unit to deliver services to individuals from prison and jail settings (forensics)
- Create short-term crisis stabilization, assessment and specialized mobile supports for adolescents with complex needs



Acute/ Sub-Acute Inpatient	Specialized Inpatient	Specialized Residential	Outpatient
<ul style="list-style-type: none"> • Jamestown and Devils Lake Regions • Jail Settings • Hospital transfers 	<ul style="list-style-type: none"> • Psychiatric rehabilitation • Forensic assessment • Restoration treatment 	<ul style="list-style-type: none"> • SUD treatment • Sex offender treatment • Transitional living 	<ul style="list-style-type: none"> • SUD day treatment • Adult forensic assessment • Youth forensic assessment • Restoration treatment

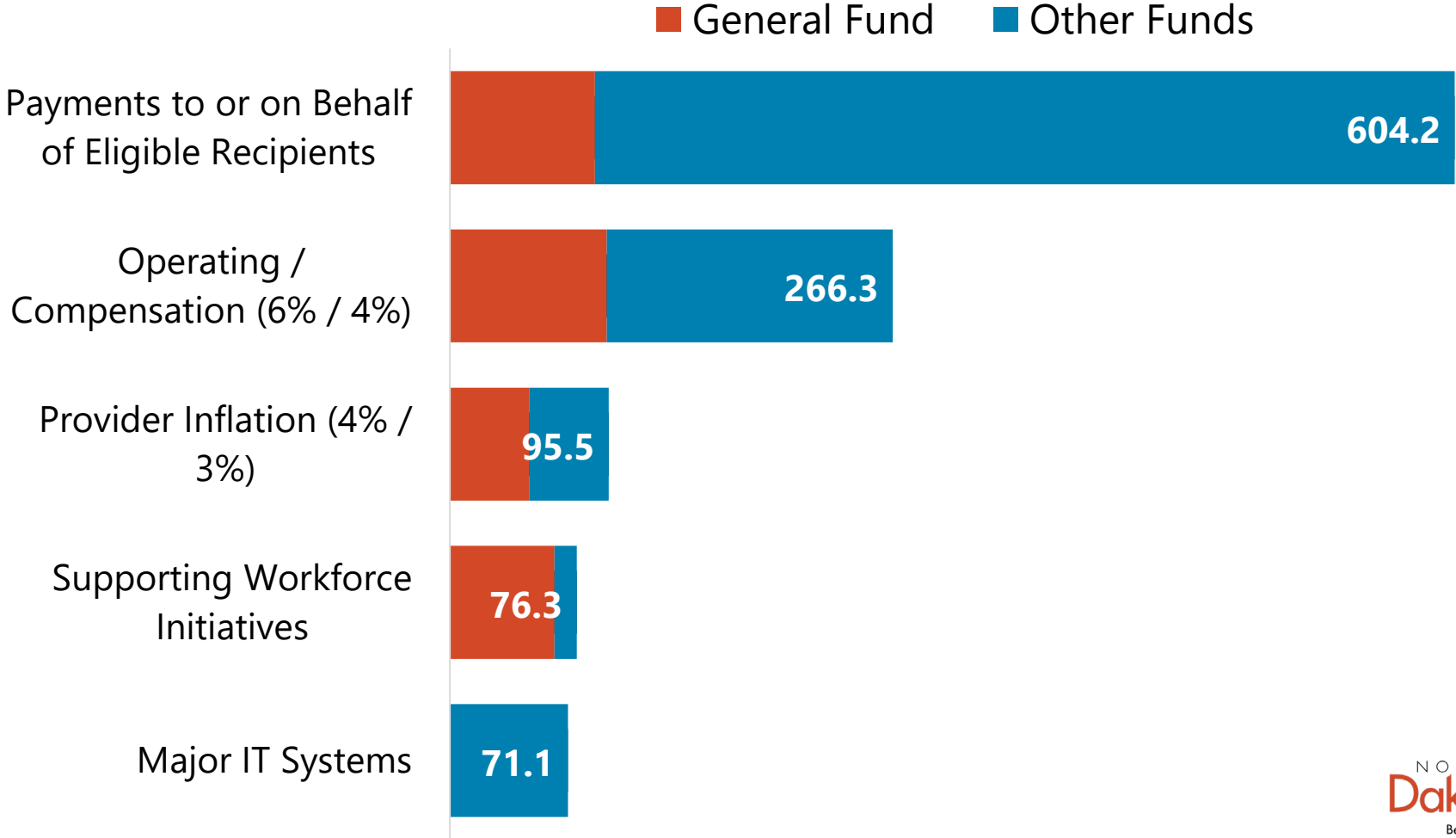
Overview of HHS 2023-2025 budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$ 442,536,412	\$ 82,834,795	\$ 525,371,207
Operating	272,225,097	119,134,588	391,359,685
IT Services	153,398,090	101,051,275	254,449,365
Capital Asset Expense	2,247,075	55,852,557	58,099,632
Capital Assets	1,913,748	10,225,984	12,139,732
Grants	3,747,425,766	803,872,182	4,551,297,948
Total	\$ 4,619,746,188	\$ 1,172,971,381	\$ 5,792,717,569

General Fund	\$ 1,593,362,812	\$ 442,101,510	\$ 2,035,464,322
Federal Funds	2,639,466,955	692,669,786	3,332,136,741
Other Funds	386,916,421	38,200,085	425,116,506
Total Funds	\$ 4,619,746,188	\$ 1,172,971,381	\$ 5,792,717,569

Full Time Equivalent (FTE)	2,476	86	2,562
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Overview of budget changes (IN MILLIONS)





Tactics

Investing in North Dakotans to create the healthiest state and deliver taxpayer value

Opportunities and challenges

What will it take for HHS to meet the moment?

Talent

- Managing immense and **continual change**
- Workforce shortage and **talent war** with private sector for key roles:
 - Behavioral health clinicians
 - Child safety and protection case managers
 - Direct support caregivers
 - Nurses
- Our partnership with private partners for **service delivery** = their challenges are our challenges

Systems

- **Mainframe** environment
- **Data analysis** and **data modernization**
- **Re-design delivery of services** in eligibility determination, case management, provider enrollment
- **Integrate** behavioral health policy and service delivery
- OCR and Bots as **automation tools**
- Update **state lab**
- Phase 2 of **HHS integration effort**

Budget

- **Rates tied to quality** and complexity of care
- **Re-balancing investment** from institutional to non-institutional settings
- Address immediate / acute / urgent needs **without sacrificing investments** in approaches that can prevent crisis
- **Right sizing staff** to meet demand
- **Efficient operations / efficient team**

Policy

- FORWARD PROGRESS: Invest energy, talent and resources in **ongoing strategic initiatives**
- STRATEGIC PRIORITY: **Kids' health**, safety and wellbeing, and childhood obesity
- STRATEGIC PRIORITY: Update **state lab**
- STRATEGIC PRIORITY: Treatment environment at the **State Hospital**

Takeaways heading into legislative session



- As a unified DHHS, we'll help **ND become the healthiest state in the nation.**
- **A strategic investment in North Dakotans** is an investment in the foundations of well-being: physical, behavioral and economic health.
- **To achieve excellence,** we need human, system and physical infrastructure investment.



Contact information

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