

HB 1012

Pam Sagers - will send  
3/5/25 booklets digital



## HB 1012 HHS Overview to Senate Appropriations

---

Dirk Wilke – Interim Commissioner  
Donna Aukland – Chief Financial Officer  
March 5, 2025

NORTH  
**Dakota**  
Be Legendary.

Health & Human Services

# Presentation agenda

- HHS overview
  - Public Health
  - Behavioral Health
  - Human Services
  - Medical Services
- FTE block grant
- Budget overview





## **Our Vision**

North Dakota is the healthiest state in the nation.

## **Our Mission**

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

# Our Strategic Priorities

Support the advancement of strong, stable, healthy families and communities.

Advance the foundations of well-being through access to high-quality services and supports closer to home.

Optimize disaster and epidemic response and recovery.

Advance excellence in agency infrastructure and operations.

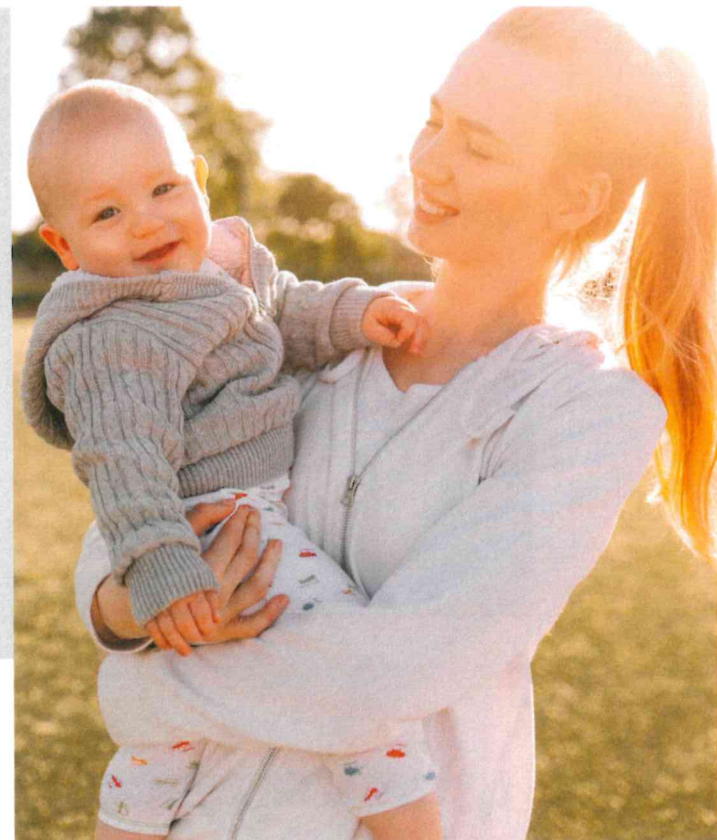
Deliver best-in-class, customer-centered experiences.

Foster a culture of excellence where every team member has a voice, adds value and is empowered to make a difference.



# Our diverse and broad-ranging portfolio of programs and services helps meet the health and well-being needs of North Dakotans

- Adult and Aging Services
- Behavioral Health Clinics
- Behavioral Health Policy
- Child Support
- Children and Family Services
- Criminal Background Check Unit
- Intellectual and Developmental Disabilities
- Disability Determination Services
- Disease Control and Forensic Pathology
- Early Childhood
- Economic Assistance
- Health Response and Licensure
- Health Statistics and Performance
- Healthy and Safe Communities
- Human Service Zone Operations
- Laboratory Services
- Life Skills and Transition Center
- Medicaid
- Medical Marijuana
- Ruth Meiers Adolescent Center
- State Council on Developmental Disabilities
- State Hospital
- Office of Refugee Services
- Vocational Rehabilitation



# We deliver services and supports in collaboration with partners and providers



## HHS Team

- 2,581.83 FTE
- 60+ locations across the state



## Providers

- Medicaid providers
- Behavioral health providers
- Contracted human services providers (e.g.: developmental disability and senior nutrition providers)
- Health care providers and facilities (e.g.: hospitals, basic-care and long-term care facilities)



## Partners

- Local public health
- Tribal leaders
- Universities
- 19 human service zone offices



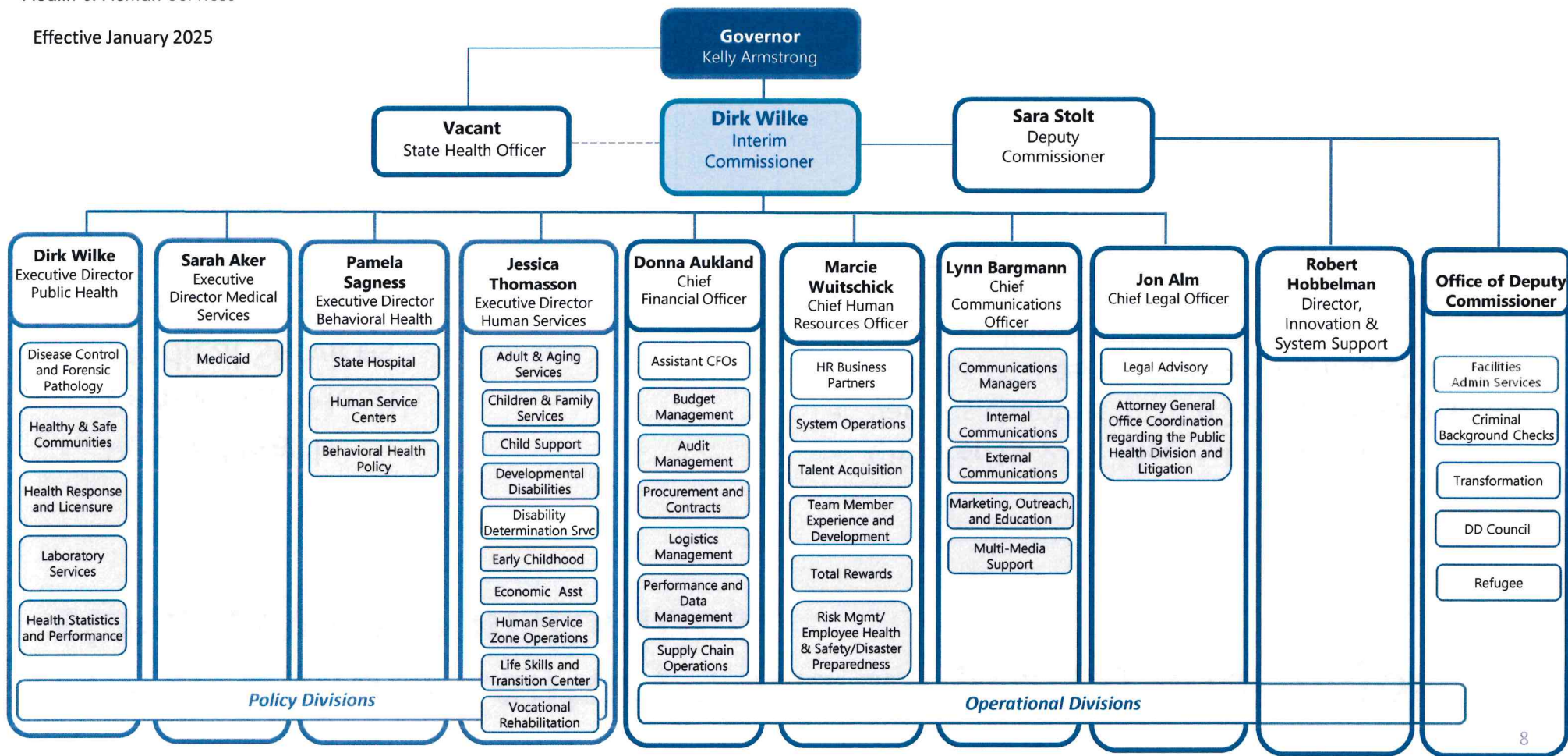
# North Dakota Century Code chapter(s) and major statutory responsibilities

- Public Health
  - Behavioral Health
  - Medical Services
  - Human Services
  - Finance
  - Human Resources
  - Communications
  - Legal
  - Operations (Deputy Commissioner)
- Chapter 19-24.1: Medical Marijuana
  - Various chapters in Title 23: Health and Safety
  - Various chapters in Title 25: Mental and Physical Illness of Disability
  - Various chapters in Title 50: Public Welfare
  - ND Food and Cosmetic Act 19-02.1: Food and Lodging unit

# ND Department of Health & Human Services

Health & Human Services

Effective January 2025





# Public Health Division



## About Us:

214 Full-time team members

\$318.9 million total budget – 69% federal, 17% general, 14% other funds



## Public Health Division Teams:

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

# Public Health Division – How we serve

**Healthy Living & Prevention:** Working on initiatives that encourage healthy behaviors and programs for children, youth, women, men, families and communities.

**Preparedness & Response:** Planning and coordinating the public health and medical response to daily emergencies and large-scale disasters.

**Data & Statistics:** Coordinating studies, investigations, data analysis and information regarding infectious and non-infectious diseases.

**Disease Control & State Lab:** Working to prevent disease and assisting in determining the cause and manner of death among citizens. providing rapid, accurate detection and identification of organisms that may threaten the public's health.

**Licensure & Regulation:** Implementing regulation programs that protect health and safety through education and the inspection of licensed establishments.

**Birth & Death Records:** Registering and certifying all vital events that occur in the state, including records of all births, deaths, fetal deaths, marriages, and divorce.





# Behavioral Health Division



## About Us:

1,061 Full-time team members

\$821.3 million total budget – 10% federal,  
43% general, 47% other funds

66% of funding passes through to private  
providers, 30% direct service, 2%  
administration, and 2% technology systems



## Behavioral Health Division Teams:

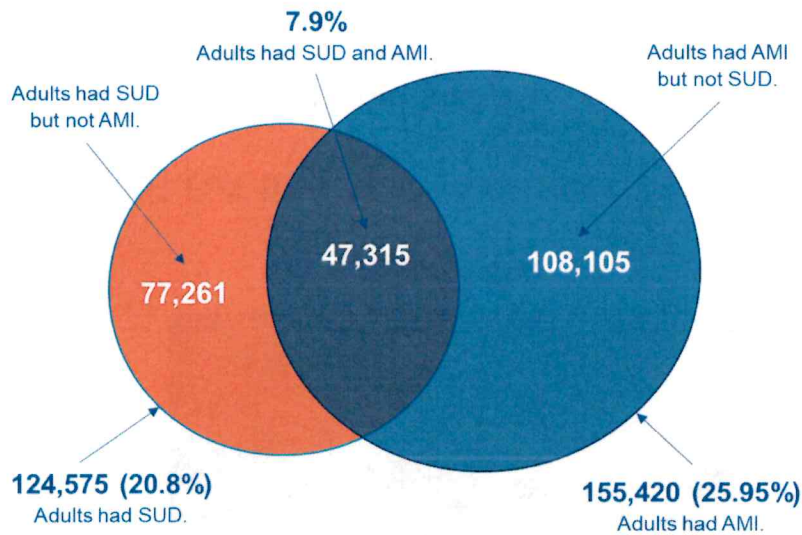
State Hospital

Behavioral Health Clinics

Behavioral Health Policy & Administration

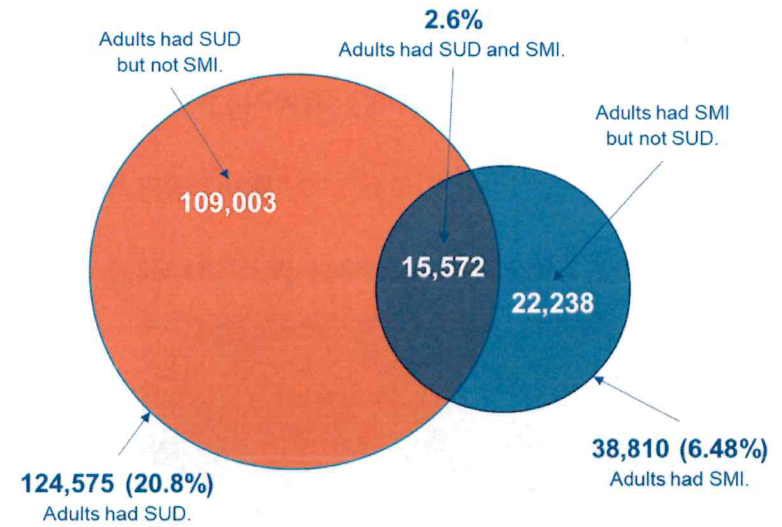
## Substance Use Disorder (SUD) AND **Any** Mental Illness (AMI)

North Dakota adults 18+



## Substance Use Disorder (SUD) AND **Serious** Mental Illness (SMI)

North Dakota adults 18+



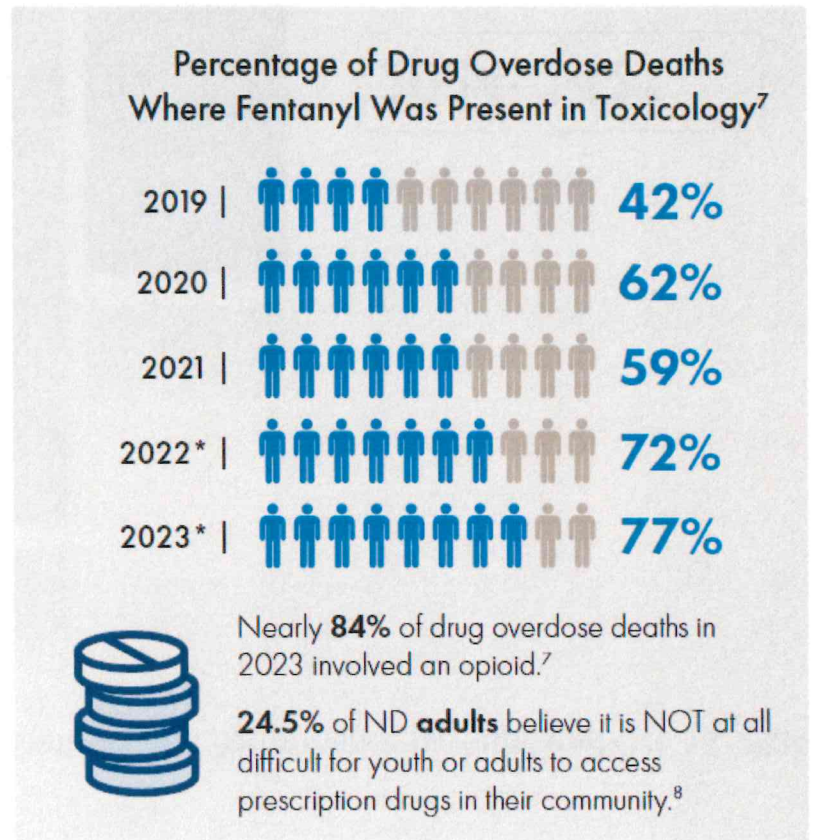
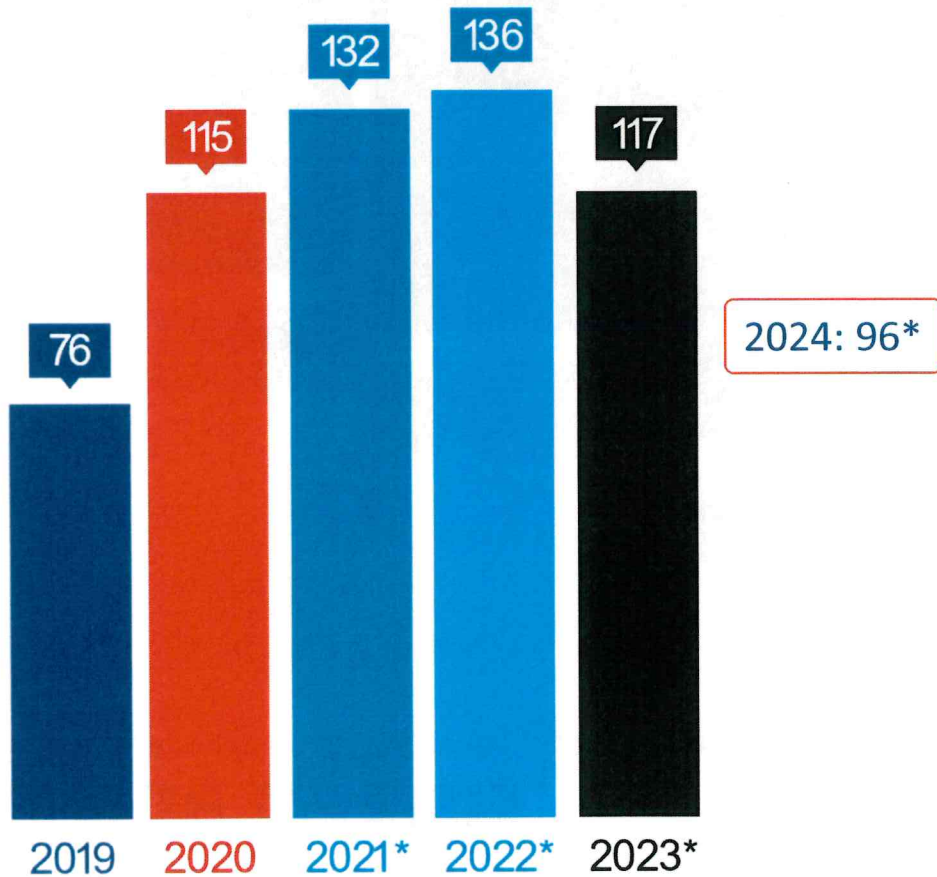
Source:

- Percentage of SUD and AMI from North Dakota 2021-2022 NSDUH State Estimates
- Percentage of co-occurring SUD and AMI & SMI from National 2023 NDSUH
- Percentages applied to 2023 North Dakota Census of adults 18+.



# Drug Overdose Deaths

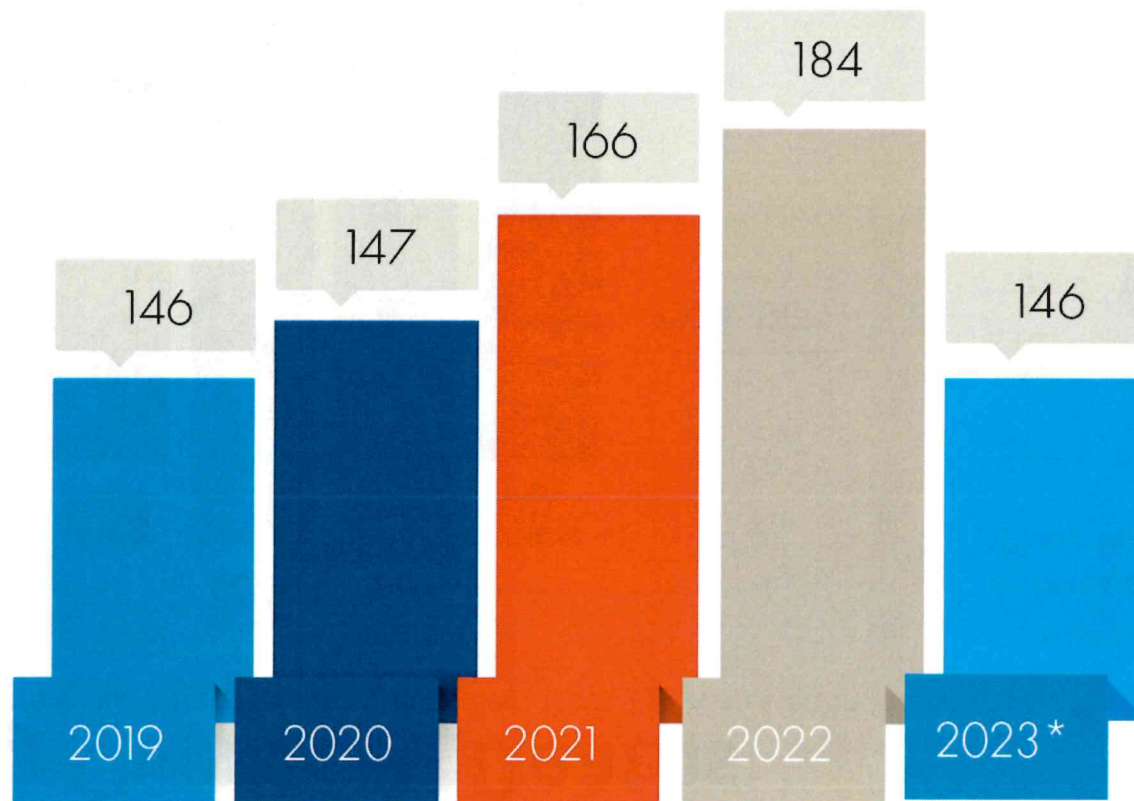
North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



\*preliminary data

# Suicide Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 142\*

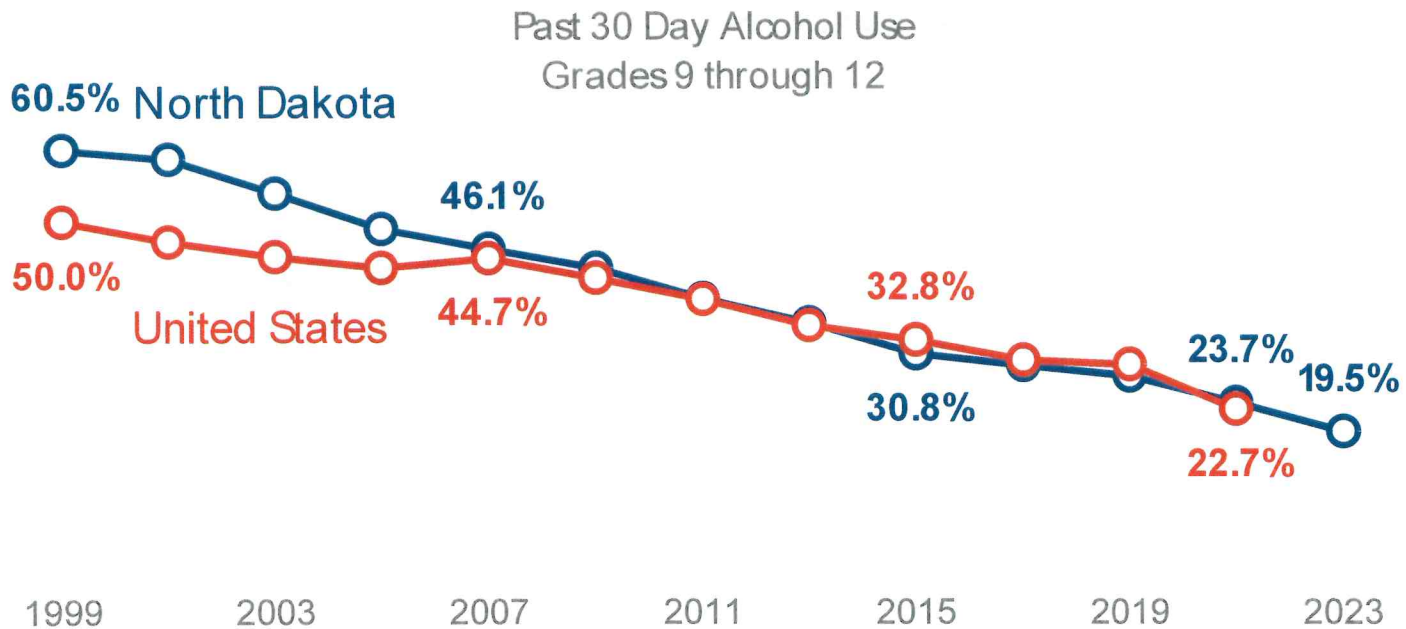
*\*preliminary data*



# Prevention Works!

## YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)

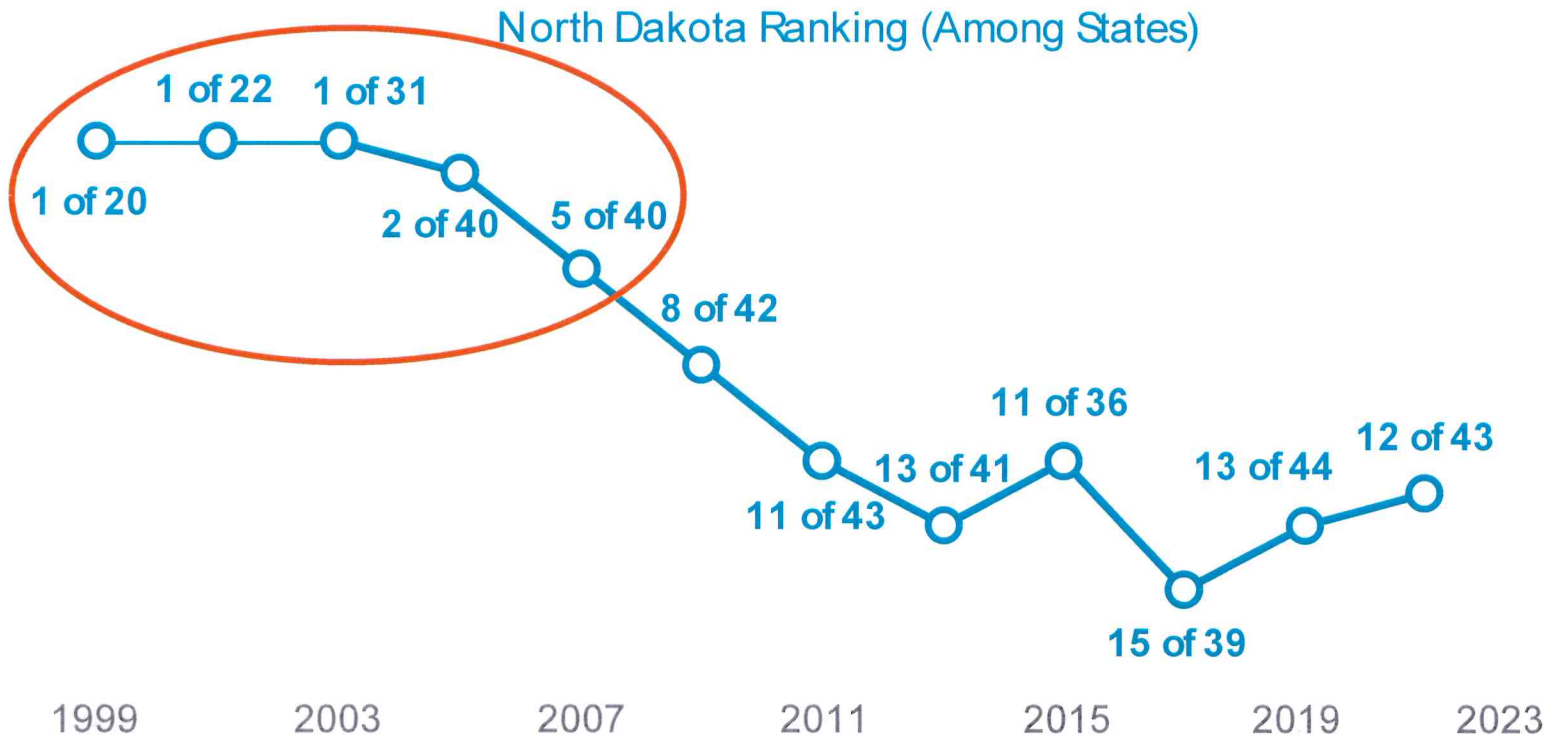


In 2023, the High School Alcohol Use Was One-Third the Rate It was in 1999.

# Prevention Works!

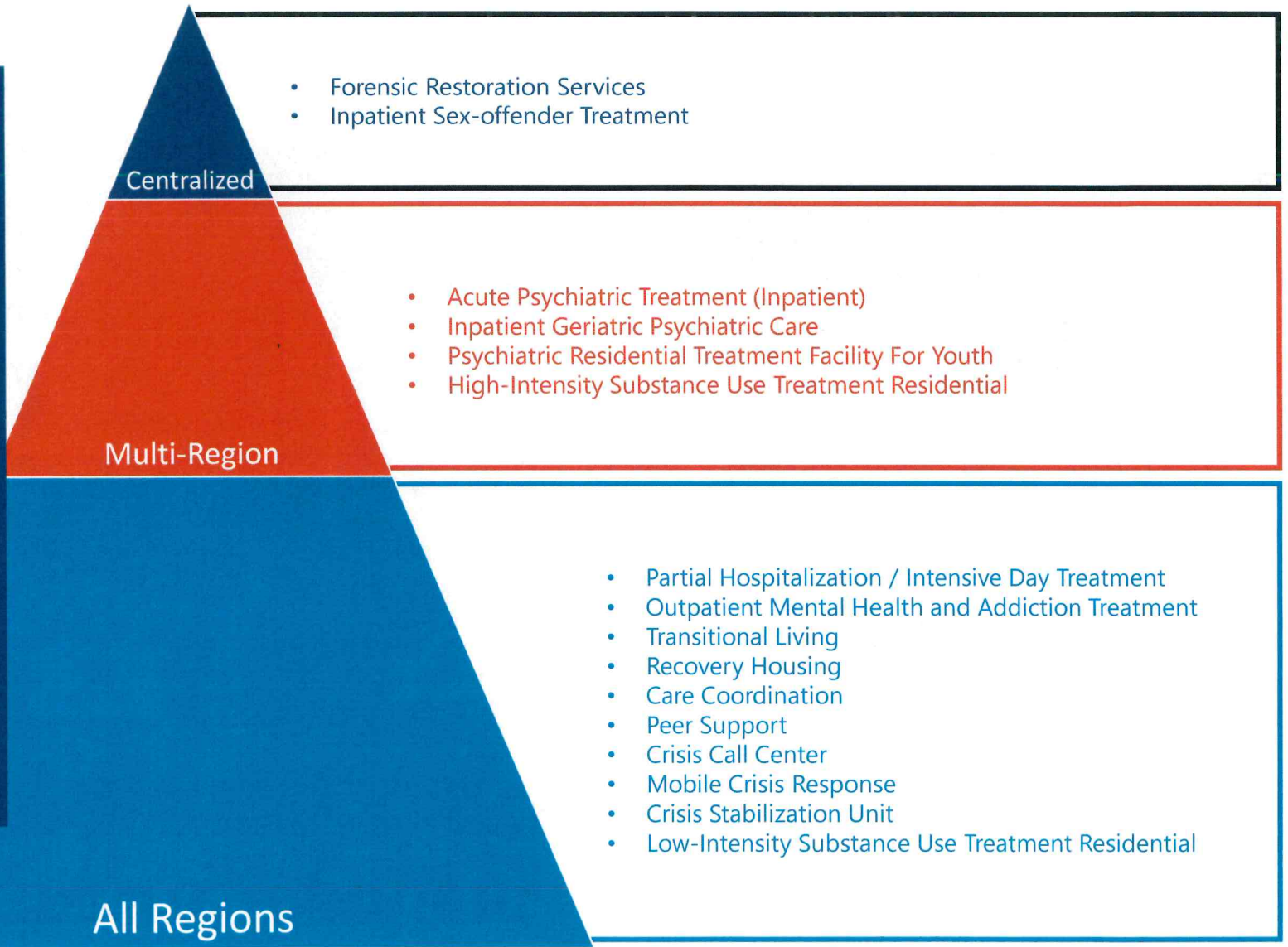
## YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)





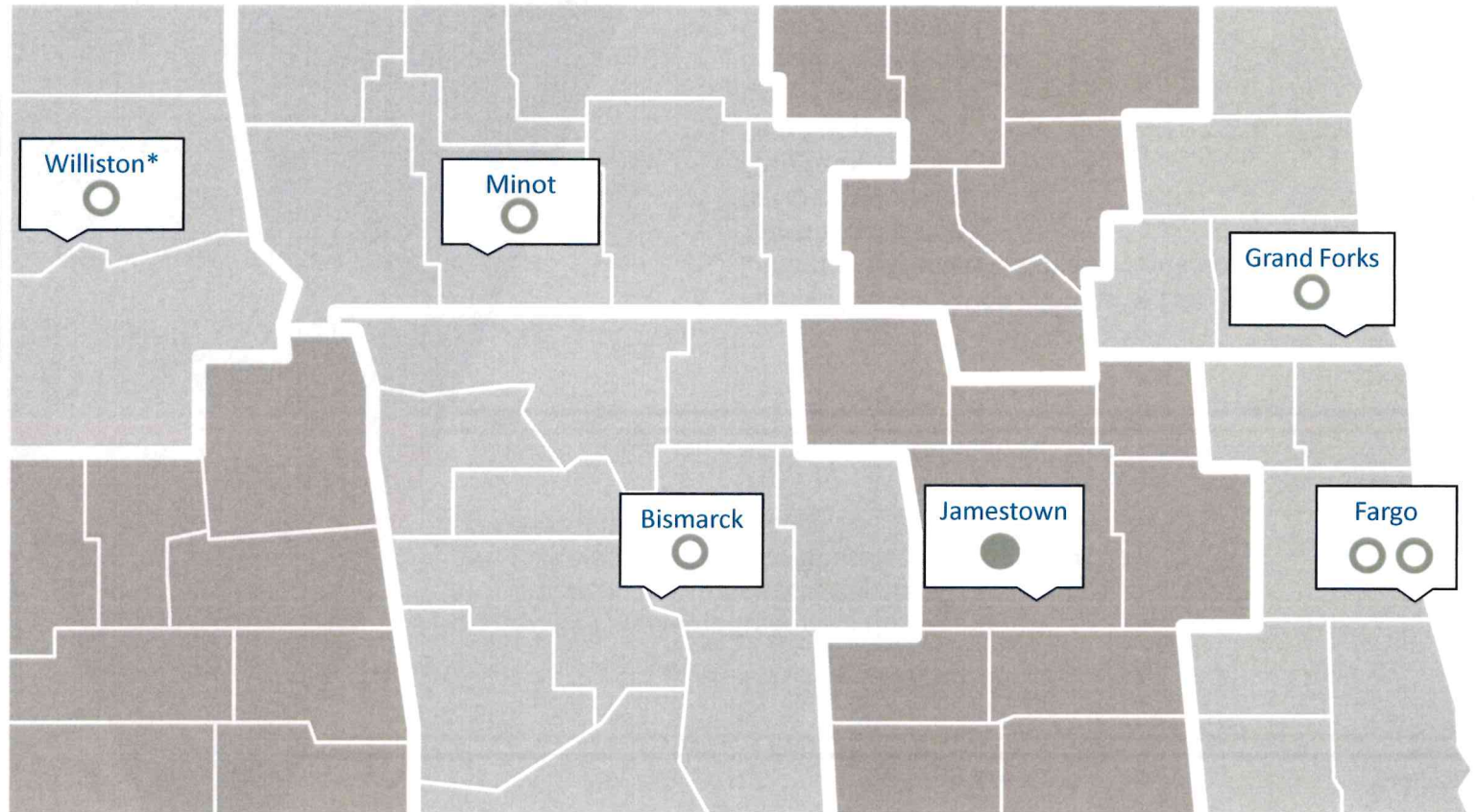
ND's Behavioral Health System is a Collaboration between Public and Private Behavioral Health Providers



# Adult Psychiatric Inpatient

**Legend**

- State-Operated Psychiatric Inpatient
- Contracts for inpatient psychiatric bed days with regional hospitals

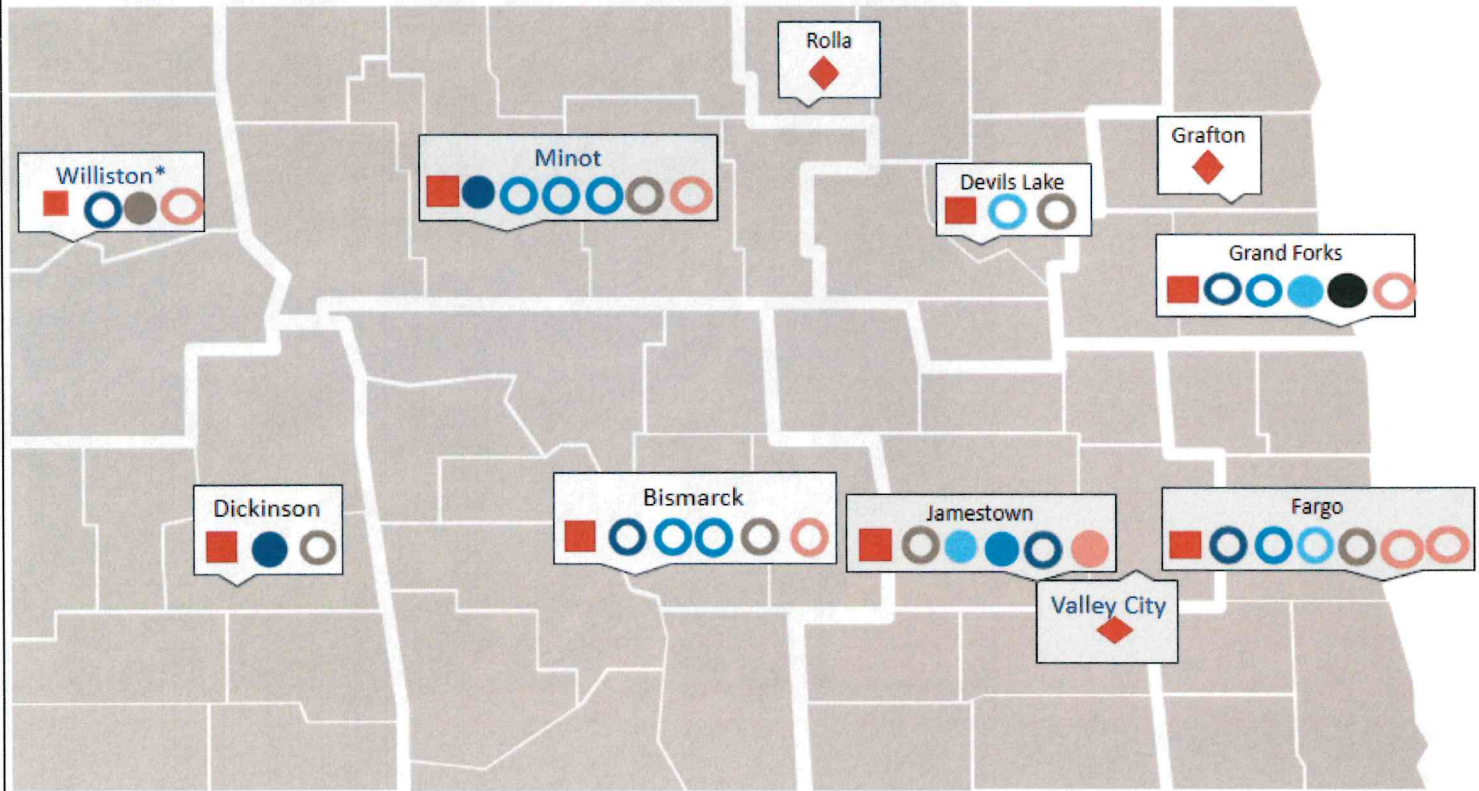


\*Williston pending inpatient facility



## Legend

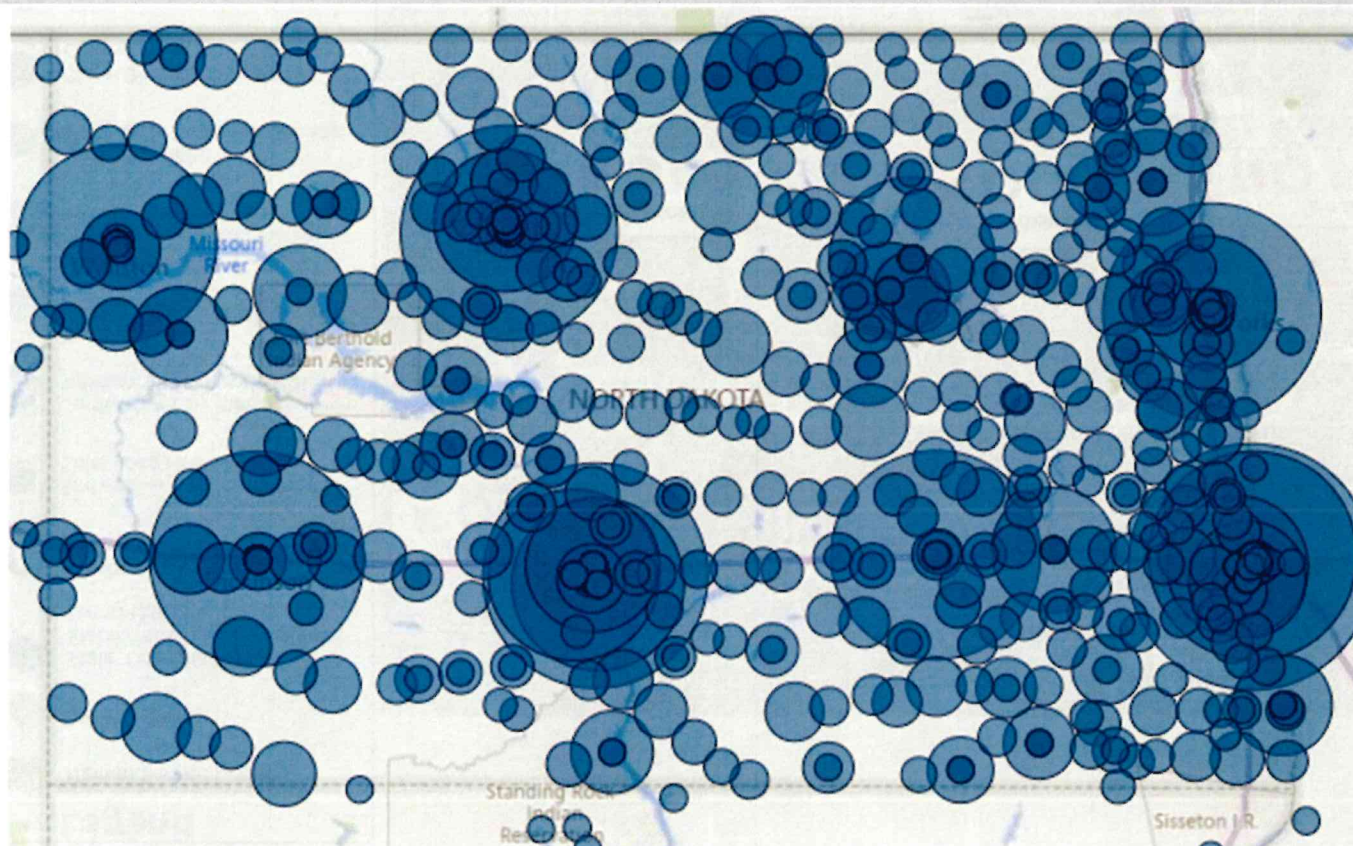
- Human Service Center
- ◆ Satellite Clinic
- State-Operated Crisis Stabilization and Transitional Living Unit
- Contracted Crisis Stabilization Unit
- State-Operated Low Intensity Substance Use Residential
- Contracted Low Intensity Substance Use Residential
- State-Operated Transitional Living Facility
- Contracted Transitional Living Facility
- State-Operated Youth Psychiatric Treatment Facility
- State-Operated Recovery Center
- Contracted Recovery Center
- State-Operated Psychiatric Inpatient
- Contracts for inpatient psychiatric bed days with regional hospitals



\*Williston pending inpatient facility

# Behavioral health care penetration of services

*July 2023 – December 2024*

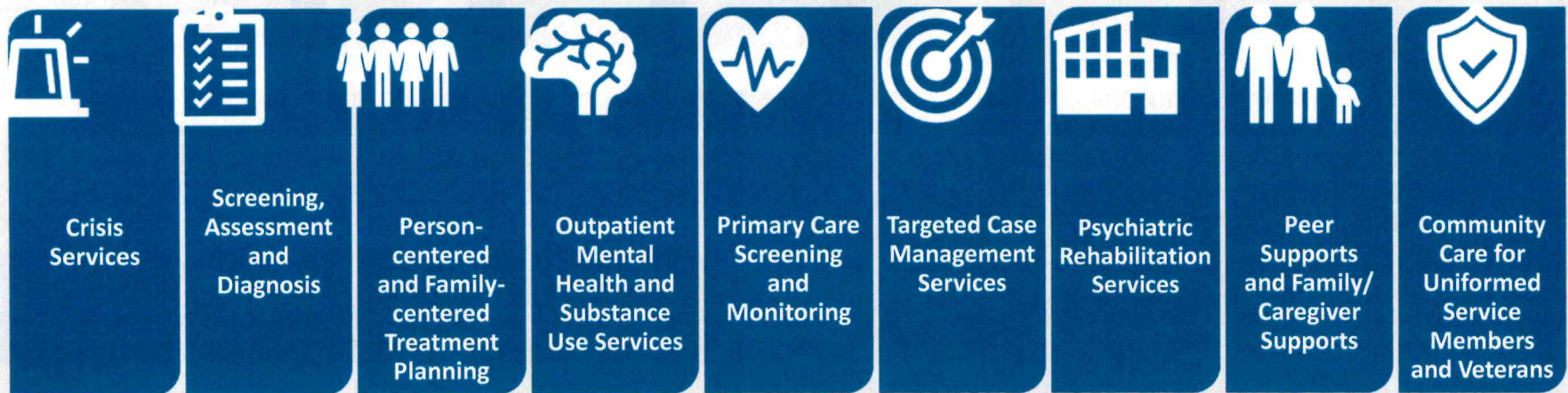




# Certified Community Behavioral Health Clinics

## CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



*Provision of all services is person- and family-centered.*

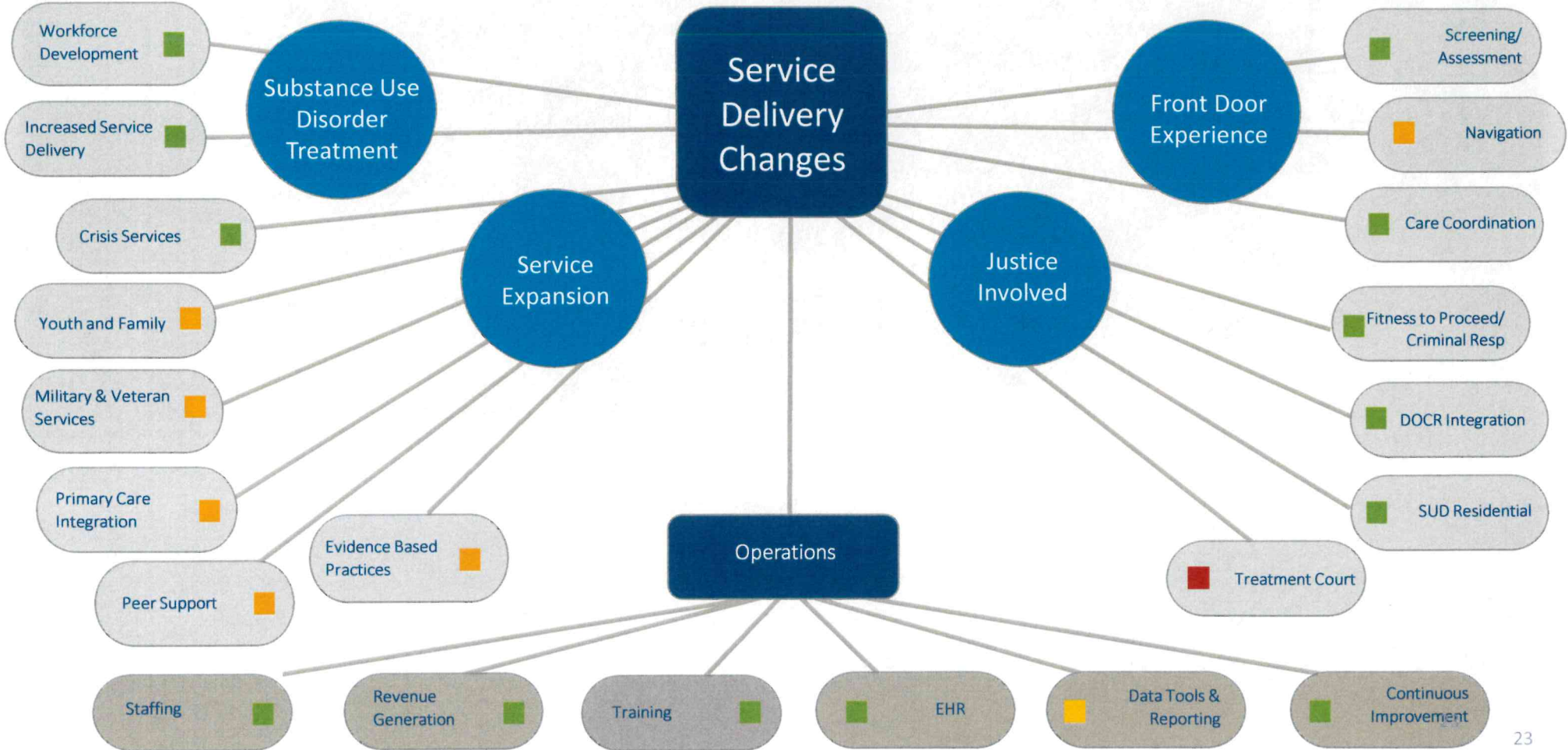


# ND PLANNING AND IMPLEMENTATION TIMELINE\*



*\*THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES*

# Clinic Service Enhancement Initiatives







**NORTH DAKOTA STATE HOSPITAL | VIEW FROM EAST**



## THE WHY

### IMPROVED CARE & EXPERIENCE

- Increase client capacity without significant staff increases
- Increased capacity will contribute to reducing the wait list for admissions
- Improve client & staff safety, security and well-being
- Modern healthcare facility design, appropriate technology, enhanced security and modern amenities including private client rooms, advanced treatment areas, and therapeutic spaces

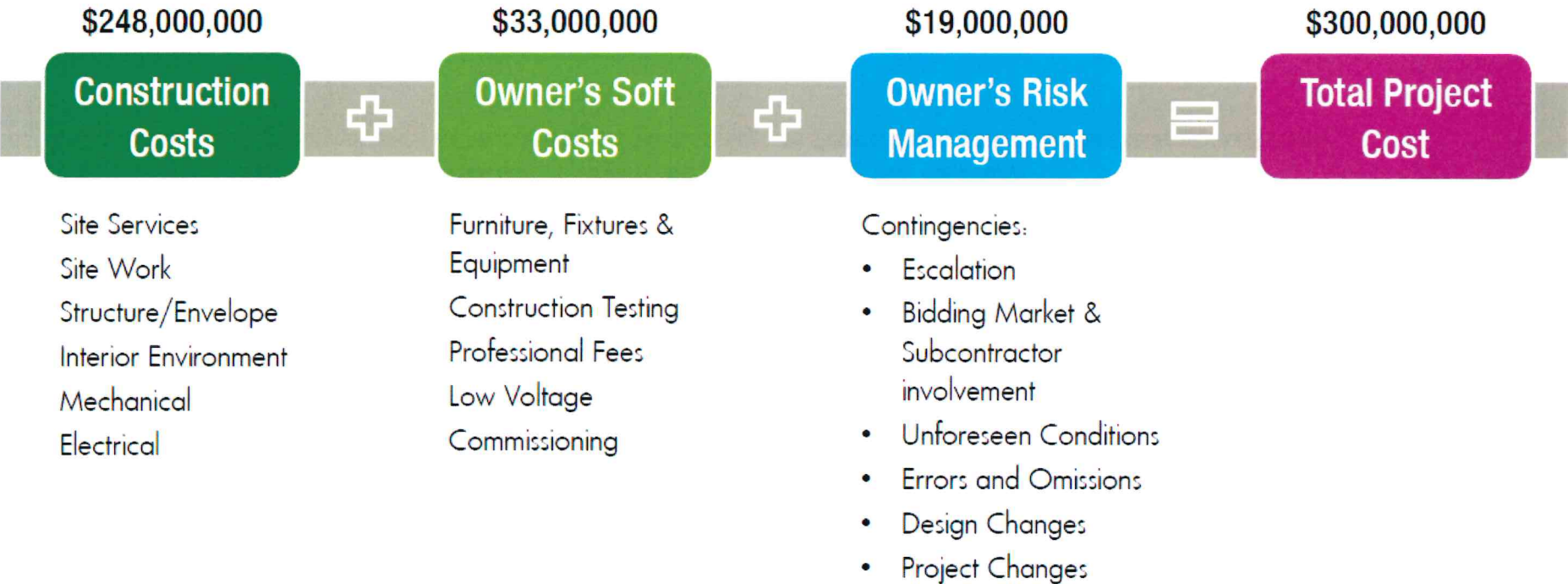
### EFFICIENCY

- The building will be more efficient to maintain, heat, and cool
- More efficient and concise layout which will make it easier to safely and effectively staff the facility
- Consolidated building footprint which will reduce time, staff redundancy, and steps, allowing staff to care for clients more effectively

### COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive
- Renovation would be a significant disruption and will likely reduce bed capacity during a long construction period
- New location will visually disassociate the hospital from JRCC, but would still allow specific service agreements & efficiencies to remain
- More cost effective to operate, staff, and maintain a single 295,815 SF facility vs. the existing multi-building 546,037 SF NDSH campus.

# PROJECTED TOTAL PROJECT COSTS



## OPERATING AND MAINTENANCE COSTS

Location	Size (SF)	Plant Ops, Capital Improvements, Emergency Repairs	Utilities	Total	Notes
Existing Campus	546,037	\$3,875,360	\$1,278,688	\$5,154,048	2022/2023 Biennium actual costs
New Hospital	295,815	\$857,503	\$1,180,332	\$2,037,835	Projected costs (calculated in 2022/2023 dollars)
Project Operating Savings Per Biennium				\$3,116,213	Calculated in 2022/2023 dollars

## DEFERRED MAINTENANCE COSTS (EXISTING NDSH CAMPUS)

Location (Current Campus)	Cost	Notes
LaHaug Building	\$16,500,000	Data from "NDSH Building Use" report. Date Unknown
Learning Resource Center	\$5,250,000	Data from "NDSH Building Use" report. Date Unknown
16 West – Engineering Offices	\$6,320,000	Data from "NDSH Building Use" report. Date Unknown
GM Building (SOTEP)	\$10,250,000	Data from "NDSH Building Use" report. Date Unknown
New Horizons	\$6,750,000	Data from "NDSH Building Use" report. Date Unknown
Swimming Pool	\$1,940,000	Data from "NDSH Building Use" report. Date Unknown
<b>Total of Current Campus</b>	<b>\$47,010,000</b>	<b>Data from "NDSH Building Use" report. Date Unknown</b>



Name	Location	Beds	Construction Cost	Year of Cost	Construction Cost for 2025 and Adjusted for Jamestown	Construction Costs Per Bed	Total Project Costs Per Bed	Construction Costs Per SF	Comments
Caro Center	Caro, MI	100	\$69,698,852	2021	\$110,269,551	\$1,102,696	\$1,433,504		Worked into a budget developed on the basis of an erroneous assumption. Cut corners at every opportunity. This is a new building on an existing campus that is relying on services and supports from elsewhere on the campus. As such, the investment in food support services, administrative spaces, and adjunctive therapy spaces is far less than at NDSH.
Eastern State Hospital, Kentucky	Lexington, KY	230	\$108,000,000	2011	\$289,192,888	\$1,257,360	\$1,634,568		Less expensive RTF beds are a significant part of the project, nearly 20% of the bed complement. This is an older project budgeted by the State with more than half the bds being semi-private
Center for Forensic Psychiatry	Ann Arbor, MI	210	\$93,000,000	2002	\$326,979,811	\$1,557,047	\$2,024,160		
Rusk State Hospital	Rusk, TX	200	\$168,681,096	2020	\$320,714,388	\$1,603,572	\$2,084,643	\$954	This is a new bed building on an existing campus with clinical ancillary services, adjunctive therapies, administration, IT, Ed and Training and building/hotel support services being provided elsewhere on the campus.
<b>North Dakota State Hospital</b>	<b>Jamestown, ND</b>	<b>141</b>	<b>\$248,000,000</b>	<b>2024</b>	<b>\$248,000,000</b>	<b>\$1,758,865</b>	<b>\$2,127,660</b>	<b>\$838</b>	
Austin State Hospital	Austin, TX	240	\$210,000,000	2020	\$389,641,095	\$1,623,505	\$2,110,555	\$861	This is a new bed building on an existing campus with building/hotel support services being provided elsewhere on the campus.
San Antonio State Hospital	San Antonio, TX	296	\$282,224,723	2020	\$532,721,236	\$1,799,734	\$2,339,654	\$990	Comparable to NDSH, but adds kitchen and warehousing supporting the hospital.
Hawaii State Hospital, Forensic Patient Care Facility	Kaneohe, Hawaii	144	\$140,000,000	2017	\$260,256,686	\$1,807,338	\$2,349,539		
UW/MC Northwest Behavioral Health Teaching Facility	Seattle, WA	150	\$224,500,000	2021	\$290,354,217	\$1,935,695	\$2,516,403		

*If values are left blank, that indicates that no information was available to be shared*

## NORTH DAKOTA STATE HOSPITAL | BENCHMARKS



# Human Services Division



## About Us:

1,097 Full-time team members

\$2.1 billion total budget – 52% federal, 35% general, 13% other funds

85% of funding passes through to private providers, 7% direct service, 5% administration, and 3% technology systems



## Human Services Division Teams:

- Children and Family Services
- Early Childhood
- Economic Assistance
- Human Service Zone Operations
- Child Support
- Vocational Rehab
- Adult and Aging Services
- Developmental Disabilities
- Life Skills Transition Center
- Disability Determination Services



# Human Services – Drivers of How we serve



1

Growing a strong, stable workforce requires strong, stable families

- Family caregiving supports
- Child care as a stable resource for working parents
- Housing stability as foundational for family resilience



2

Filling gaps in the system of care can prevent crisis

- Transition & diversion across housing-service continuum
- Evolving safety net for targeted needs
- Preventing justice system involvement
- Complexity of co-occurring factors (ex. school truancy and chronic absence)



3

Pushing toward simplicity improves citizen experience

- Incremental progress
- Person centered design
- Reduced administrative burden



# Medical Services Division



## About Us:

95 Full-time team members

\$2.9 billion total budget – 61% federal, 37% general, 2% other funds

97% of funding passes through to providers, 1% is administration, IT is 3%

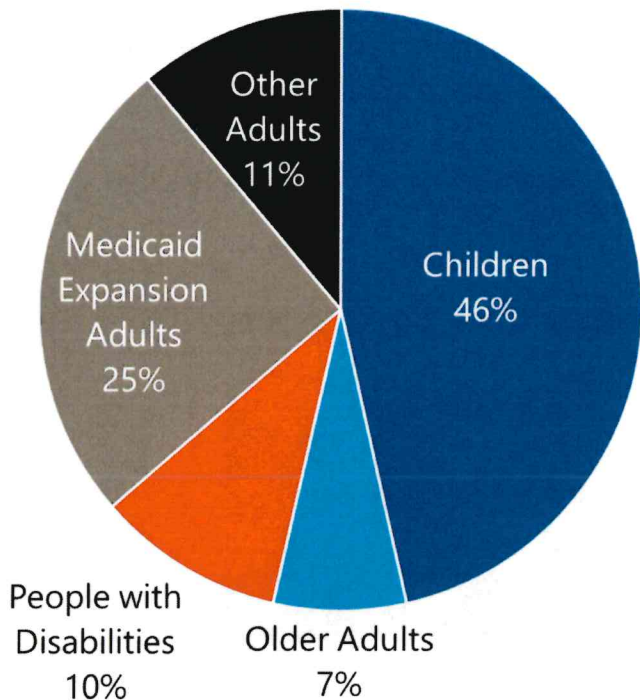


## Medical Services Functions:

- Provider Enrollment
- Claims Processing
- Program Integrity
- Policy & Program Administration
- Clinical Review
- Rate Setting
- Data & Quality
- System Modernization

# Medical Services Division

## Who We Serve



### State Fiscal Year 2024

- 152,273 Unduplicated Individuals
- 112,558 Average Monthly Enrollment

Nearly **1 in 7 North Dakotans** in any given month will have health coverage through Medicaid or CHIP



Up to **1 of every 3 children** under the age of 19 in North Dakota has health coverage through Medicaid or CHIP

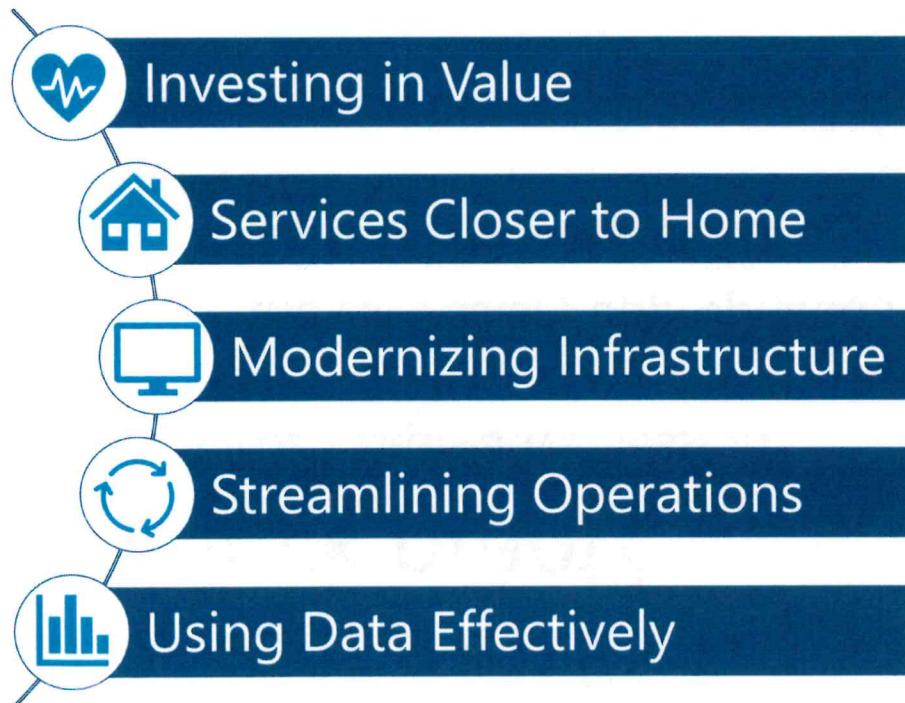


**52.5% nursing facility residents** are paid by Medicaid

# Medical Services Division

## How We Serve

### Key Priorities



### Goals for the Biennium

- Bending the Cost Curve
- Delivering Whole Person Care
- Promoting Sustainability & Value
- Improving the Member & Provider Experience



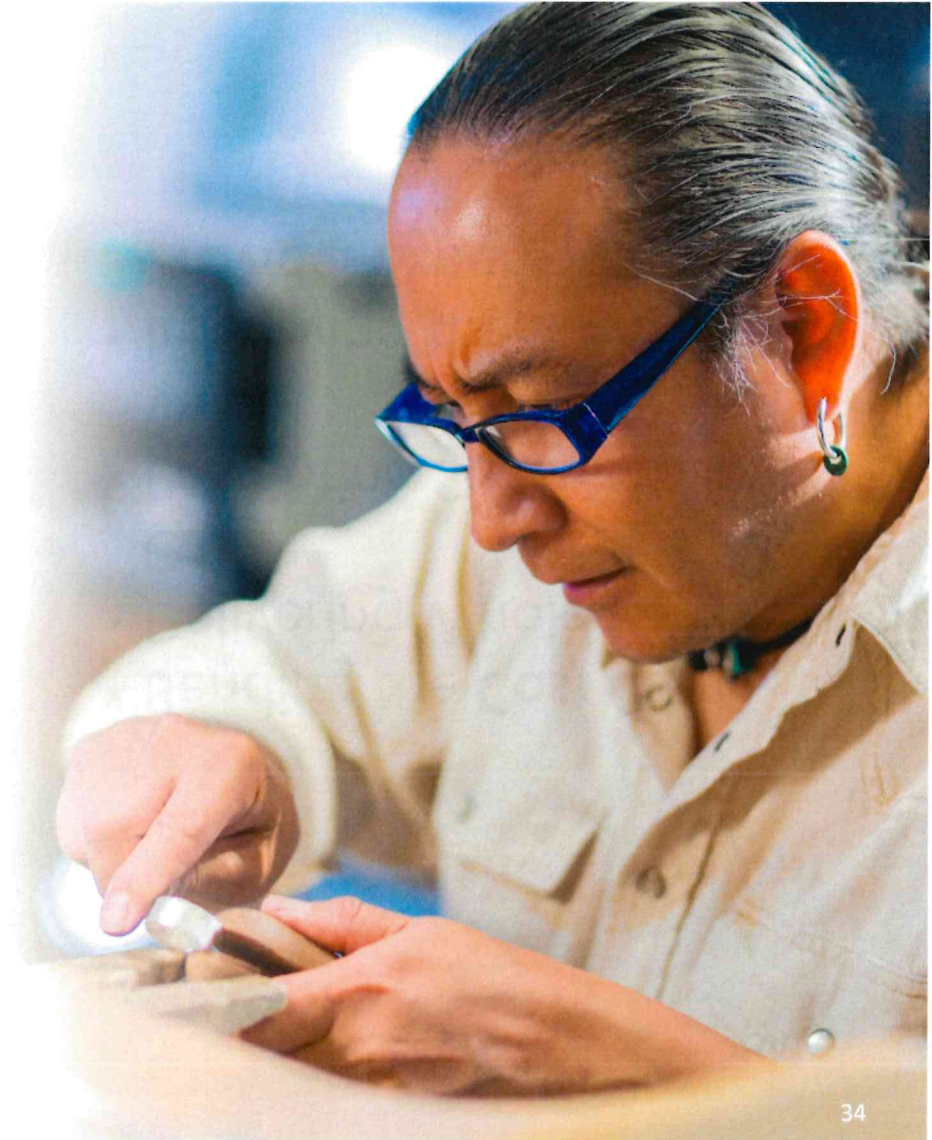
# What is the HHS FTE block grant?

During the 2023 Legislative Session, lawmakers:

- Approved the HHS salary appropriation
- Removed the **total number** of FTE appropriation

**RESULT:** HHS is responsible for staying within our salary appropriation but now has flexibility on total number of FTEs

**NOTE:** Block grant includes all compensation, overtime, bonuses paid, promotional increases, health insurance premiums, etc.



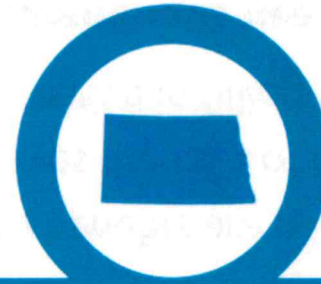
# The FTE Block Grant has allowed HHS ...



**To quickly  
respond and hire  
for immediate or  
emerging  
business needs**



**Flexibility to  
support new  
work**



**To support state  
workforce by  
transitioning  
long-term temp  
employees to FTE**



**To address  
overtime and  
team member  
capacity by  
adding  
essential  
positions**

# Examples

- A full time FTE with benefits is available in a rural city in ND. The position has been posted twice with no candidates applying. Historically we would have limited options in how to address this.
- With the block grant, we can explore two college students with alternate schedules who might be each interested in 20 hours per week. They choose to remain on their parents' health insurance.
- We are then able to hire them at an hourly rate, no benefits are paid out, and the client is still receiving the service locally. We have saved ourselves the cost of health insurance and not utilized an FTE, but utilized the block grant to be creative in filling the role.
- **This FTE can now be utilized for a different programmatic need as long as budgeted dollars still exist.**



# Salary appropriation for 2023-2025 Biennium

- Total HHS Salary + Benefits = \$551,714,842

**NOTE:** Block grant includes all compensation, overtime, promotional increases, health insurance premiums, bonuses, etc.

# Timeline of FTE

23-25 Session	Beginning of Block Grant + FTE Committee July 2023-Present	Current State – As of 12/1/24
<p>Beginning: 2475.83 FTE + 53 Temp to FTE + 53 New FTE</p> <p>2581.83 Ending FTE*</p>	<ul style="list-style-type: none"><li>• 50 long-term vacancies within the Behavioral Health Division were repurposed to fill new needs within Behavioral Health.</li><li>• 50 additional long-term temps were transferred to FTE</li><li>• Approved 92.5 new FTE, which are in various phases of being filled</li><li>• Approved 56 new FTE in Behavioral Health</li></ul>	<ul style="list-style-type: none"><li>• 374.63 Vacant FTES</li><li>• All requests are reviewed by the FTE committee for need and budget</li><li>• HHS churn (turnover) allows us to be flexible in filling positions and utilize the unspent salary budget</li><li>• Current filled positions is under 2581.83</li></ul>

\*While the appropriation for the 106 new FTEs was added to the budget bill, the actual number of FTEs were not added because of the conversion to the FTE block grant for HHS.

# Current FTE vacancies - point in time (12-1-24)

374.63 Vacant Positions – Phases summarized as follows:

Phase	Description	Number
1	Part of current budget, position number established, job description completed and in process of being classified then posted	109.00
2	Position posted; actively recruiting and has not yet closed	112.52
3	Position posting closed; applications being reviewed and interviews scheduled	42.9
4	Position has been offered and offer is pending	16
5	Position is filled; new team member not started as of 12/1/24	79.5
Remove	Not budgeted for in 23-25 and/or can be deleted	11.71
Freeze	Federal Hiring Freeze does not allow for filling position(s)	3.0
	<b>TOTAL</b>	<b>374.63</b>



# Agency team member statistics



\*approximation based on available data

# Executive Budget Recommendation Decision Packages

Governor Armstrong Executive Budget Recommendation



	Division	Executive Budget Recommendation					House Changes				
		Total All Decision Packages					Total All Decision Packages				
		New FTE(s)	Total	General	Federal	Special	New FTE(s)	Total	General	Federal	Special
<b>Services - Cost to Continue</b>											
AASK Contract Investment Increases	Human Services		4,883,205	4,883,205	-	-		4,883,205	4,883,205	-	-
Home and Community Based Services cost to continue growth	Medical Services		64,814,924	38,977,113	27,837,811	-		64,814,924	38,977,113	27,837,811	-
Bed Assessment Tax	Medical Services		7,209,580	-	-	7,209,580		7,209,580	-	-	7,209,580
Opioid Settlement	Behavioral Health		8,000,000	-	-	8,000,000		8,000,000	-	-	8,000,000
<b>Services - Cost to Continue Total</b>			<b>84,907,709</b>	<b>41,860,318</b>	<b>27,837,811</b>	<b>15,209,580</b>		<b>84,907,709</b>	<b>41,860,318</b>	<b>27,837,811</b>	<b>15,209,580</b>
<b>IT - Existing</b>											
Electronic Health Record / Pharmacy System Recovery and Backup - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000
IT Contractual inflationary increase (4 yrs.) - Cost to Continue	Business Operations		20,730,788	20,730,788	-	-		20,730,788	20,730,788	-	-
NDIT Rate Increases - Cost to Continue	Business Operations		4,012,147	4,012,147	-	-		4,012,147	4,012,147	-	-
Retire Economic Assistance Legacy Systems on Mainframe - SIIF	Human Services		2,000,000	-	1,000,000	1,000,000		2,000,000	-	1,000,000	1,000,000
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe - SIIF	Behavioral Health		1,000,000	-	-	1,000,000		1,000,000	-	-	1,000,000
Retire Medicaid Legacy Systems on Mainframe - SIIF	Medical Services		2,000,000	-	1,500,000	500,000		2,000,000	-	1,500,000	500,000
Retire Technical debt remediation, including mainframe and legacy systems - SIIF	Business Operations		10,000,000	-	5,000,000	5,000,000		10,000,000	-	5,000,000	5,000,000
State Hospital Network Redundancy - SIIF	Behavioral Health		500,000	-	-	500,000		500,000	-	-	500,000
<b>IT - Existing Total</b>			<b>40,742,935</b>	<b>24,742,935</b>	<b>7,500,000</b>	<b>8,500,000</b>		<b>40,742,935</b>	<b>24,742,935</b>	<b>7,500,000</b>	<b>8,500,000</b>
<b>Services - Behavioral Health Current</b>											
Avel eCare rural crisis support continuation - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		1,000,000	-	-	1,000,000
Inflation for vendors Crisis Residential/ Addiction Residential/Recovery/Rehab contracts	Behavioral Health		3,778,687	3,778,687	-	-		1,778,687	1,778,687	-	-
Inflation for vendors Addiction Residential contract	Behavioral Health		-	-	-	-		-	-	-	-
Inflation for vendors Recovery/Rehab Contract	Behavioral Health		-	-	-	-		-	-	-	-
Substance Use Disorder (SUD) Voucher Expansion (utilization expansion)	Behavioral Health		2,500,000	2,500,000	-	-		2,500,000	2,500,000	-	-
Western ND behavioral health staffing compensation	Behavioral Health		250,536	250,536	-	-		250,536	250,536	-	-
<b>Services - Behavioral Health Current</b>			<b>8,529,223</b>	<b>6,529,223</b>	-	<b>2,000,000</b>		<b>5,529,223</b>	<b>4,529,223</b>	-	<b>1,000,000</b>
<b>Children's Behavioral Health</b>											
Development of Partial Hospitalization / Intensive Day Treatment - CHTF	Behavioral Health		2,000,000	-	-	2,000,000		2,000,000	-	-	2,000,000
Treatment Collaborative for Traumatized Youth Expansion	Behavioral Health		408,000	408,000	-	-		408,000	408,000	-	-
Voluntary Treatment Program / Q RTP access for private custody youth	Behavioral Health		1,351,997	1,351,997	-	-		1,351,997	1,351,997	-	-
Youth Crisis Stabilization Pilot	Behavioral Health		6,000,000	3,000,000	3,000,000	-		-	-	-	-
<b>Children's Behavioral Health</b>			<b>9,759,997</b>	<b>4,759,997</b>	<b>3,000,000</b>	<b>2,000,000</b>		<b>3,759,997</b>	<b>1,759,997</b>	-	<b>2,000,000</b>



# Overview of HHS 2025-2027 Budget

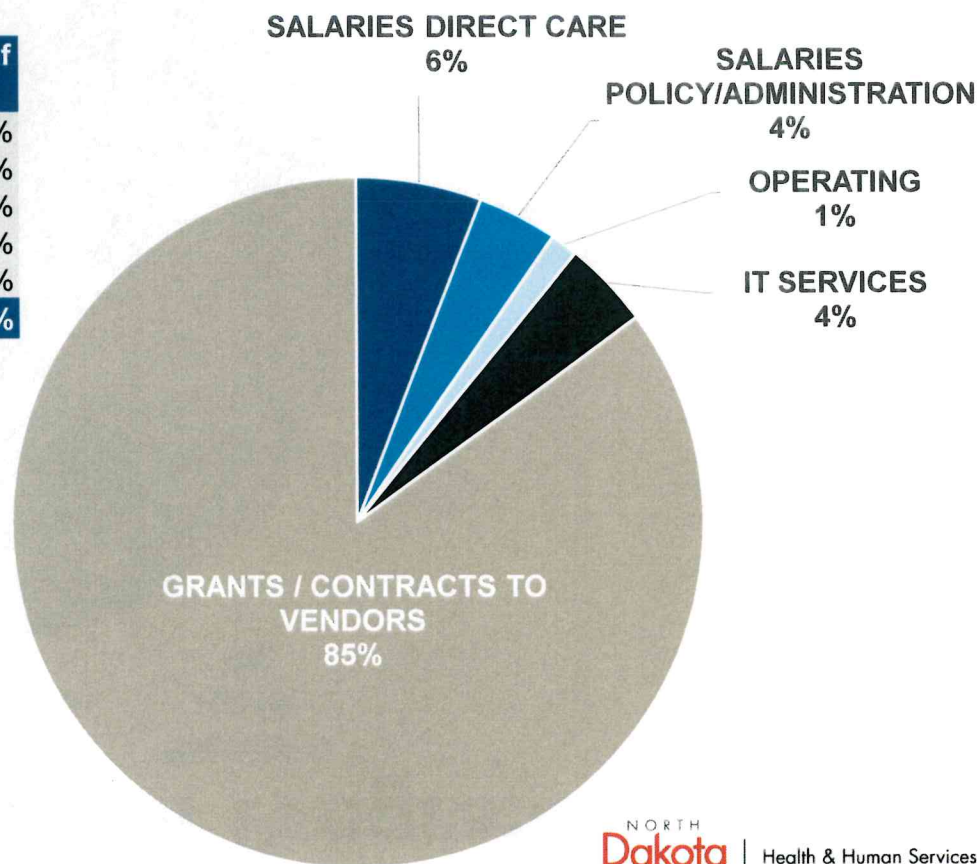
Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget	2025-27 House Changes	Engrossed HB 1012
Salaries and Benefits	\$ 547,374,810	\$ 78,909,965	\$ 626,284,775	\$ (30,000,000)	\$ 596,284,775
Operating	389,851,984	159,494,078	549,346,062	(14,999,541)	534,346,521
IT Services	182,757,553	76,849,059	259,606,612	-	259,606,612
Capital Asset Expense	2,244,478	1,637,295	3,881,773	(632,000)	3,249,773
Capital Assets	2,173,666	301,751,615	303,925,281	30,000,000	333,925,281
Grants	4,431,009,184	98,785,312	4,529,794,496	20,974,970	4,550,769,466
<b>Total</b>	<b>\$ 5,555,411,675</b>	<b>\$ 717,427,324</b>	<b>\$ 6,272,838,999</b>	<b>\$ 5,343,429</b>	<b>\$ 6,278,182,428</b>

<b>General Fund</b>	<b>\$ 2,011,826,795</b>	<b>\$ 294,230,520</b>	<b>\$ 2,306,057,315</b>	<b>\$ (28,106,122)</b>	<b>\$ 2,277,951,193</b>
<b>Federal Funds</b>	<b>3,144,926,499</b>	<b>72,290,964</b>	<b>3,217,217,463</b>	<b>4,822,571</b>	<b>3,222,040,034</b>
<b>Other Funds</b>	<b>398,658,381</b>	<b>350,905,840</b>	<b>749,564,221</b>	<b>28,626,980</b>	<b>778,191,201</b>
<b>Total Funds</b>	<b>\$ 5,555,411,675</b>	<b>\$ 717,427,324</b>	<b>\$ 6,272,838,999</b>	<b>\$ 5,343,429</b>	<b>\$ 6,278,182,428</b>

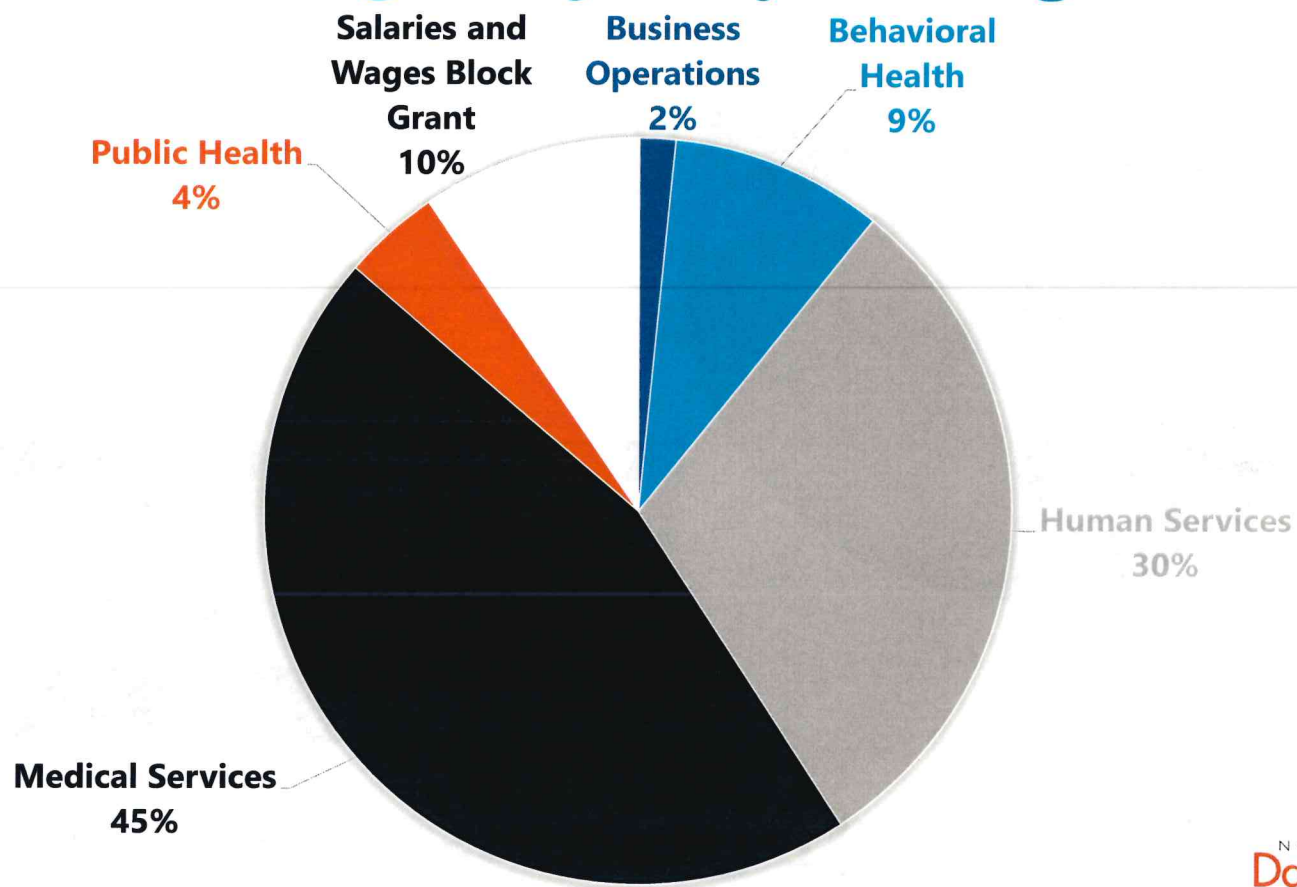


# 2025-2027 Engrossed HB 1012 Budget

DESCRIPTION	ENGROSSED HB 1012	Percent of Total
SALARIES DIRECT CARE	\$ 363,590,881	5.8%
SALARIES POLICY/ADMINISTRATION	232,693,892	3.7%
OPERATING	80,503,532	1.3%
IT SERVICES	257,559,136	4.1%
GRANTS / CONTRACTS TO VENDORS	5,343,834,987	85.1%
<b>TOTAL</b>	<b>\$ 6,278,182,428</b>	<b>100.0%</b>



# 2025-2027 Budget by Major Program



# Contact Information

Dirk Wilke  
[ddwilke@nd.gov](mailto:ddwilke@nd.gov)

Donna Aukland  
[dmaukland@nd.gov](mailto:dmaukland@nd.gov)

