



North Dakota Department of Human Services



Working to improve the lives of North Dakotans

2015-2017 Biennial Report

The North Dakota Department of Human Services 2015-2017 Biennial Report contains information about the Department's programs, services, caseloads, and expenditures.



Mission Statement

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

North Dakota Department of Human Services

600 E. Boulevard Ave., Dept. 325

Bismarck ND 58505-0250

Phone: (701) 328-2310

ND Relay TTY: (800) 366-6888

E-mail: dhseo@nd.gov

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**This information can be made available in an alternative format.
Please contact the Department.**

November 30, 2017

Governor Doug Burgum
State of North Dakota
600 E. Boulevard Ave., First Floor
Bismarck, N.D. 58505-0001

Dear Governor Burgum,

This report summarizes the services and programs the North Dakota Department of Human Services administers, and provides caseload, expenditure and utilization rate information. It also highlights significant developments and major accomplishments achieved during the 2015-2017 biennium.

One of the most noteworthy developments this biennium occurred in February 2016, when North Dakota implemented a general fund allotment across state agencies after state revenue projections fell short of anticipated expenditures for the biennium. To comply with state law and the constitution and avoid a deficit, state agencies reduced their general fund expenditures by 4.05 percent. For the Department of Human Services, the general fund allotment totaled \$53.95 million.

To meet its savings plan goal while fulfilling its core mission, the Department implemented cost savings in administrative and operating areas and focused on sustaining existing services to vulnerable individuals. This meant delaying or eliminating some approved service enhancements and expansions. These budget changes were difficult decisions because they touch people's lives.

In response to increasing behavioral health needs, the Department worked with stakeholders during the biennium to expand and strengthen the continuum of services, and improved access by implementing Open Access statewide at the human service centers and launching a substance use disorder voucher program. The Department provided resources to address the opioid crisis and reduce overdose deaths, and licensed the first opioid treatment programs in the state, while sustaining support for primary prevention.

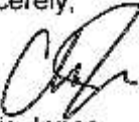
During the biennium, the Department also assumed financial responsibility for the cost of some county social service programs. Lawmakers appropriated \$23 million for the 2015-2017 biennium to relieve counties of their share of the cost of some child welfare services, Medicaid funding of therapeutic foster care, the Service Payments for the Elderly and Disabled program, select information technology costs, and human services grant program funding to counties adjacent to or part of an Indian reservation.

As part of this initiative, the Department participated in the 2015-2016 interim County Social Services Finance Working Group authorized by lawmakers and charged with developing a transition plan for transferring the costs of operating the remaining social services programs from county property tax levies to the state. The working group collected expenditure, budget and caseload data during the interim and drafted 2017 Senate Bill 2206, which resulted in a social service redesign effort that is now underway.

With your continued support, the Department remains focused on collaborating with state agency partners, county social services, tribal nations, and public and private partners to create a more efficient and effective social service system that not only provides a safety net for vulnerable individuals, but continues to strive to reinvent recovery and to help North Dakotans achieve self-sufficiency, independence, health and well-being, and quality of life.

I invite you to review this report, which details additional accomplishments achieved by the Department, through its staff and partners. We appreciate the opportunity to serve the people of North Dakota.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chris Jones', written in a cursive style.

Chris Jones
Executive Director

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Agency Contact Information

North Dakota Department of Human Services

600 E. Boulevard Ave., Dept. 325

Bismarck, ND 58505-0250

Phone: (701) 328-2310

ND Relay (TTY): (800) 366-6888

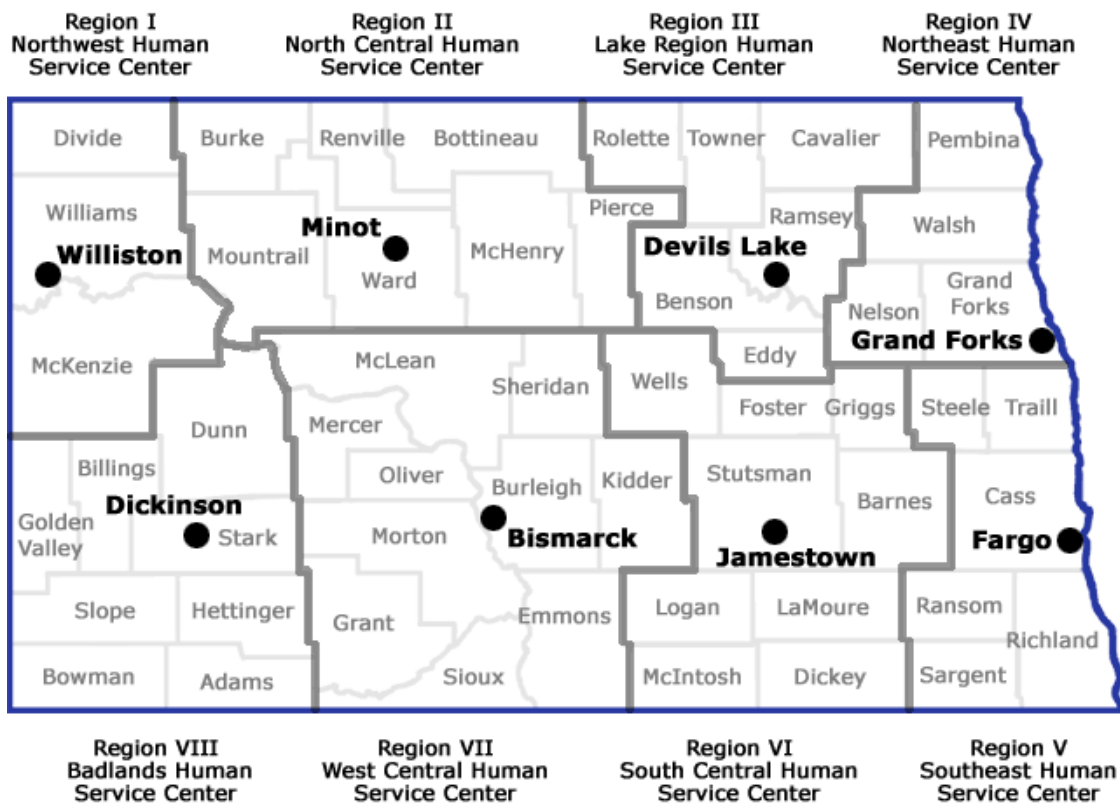
E-mail: dhseo@nd.gov

Website: www.nd.gov/dhs

Division Contact Information

| | |
|---|---|
| <p>Aging Services 1237 W. Divide Ave., Suite 6 Bismarck, ND 58501 Phone: (701) 328-4601 Toll Free: (855) GO2-LINK Fax: (701) 328-8744 E-mail: dhsaging@nd.gov</p> | <p>Child Support P.O. Box 7190 Bismarck, ND 58507-7190 Phone: (701) 328-3582 Toll Free: (800) 231-4255 Fax: (701) 328-6575 E-mail: centralofficecse@nd.gov Website: www.childsupportnd.com</p> |
| <p>Children and Family Services 600 E. Boulevard Ave. Bismarck, ND 58505-0250 Phone: (701) 328-2316 Toll Free: (800) 245-3736 Fax: (701) 328-3538 E-mail: dhsdfs@nd.gov</p> | <p>Developmental Disabilities 1237 W. Divide Ave., Suite 1A Bismarck, ND 58501-1208 Phone: (701) 328-8930 Toll Free: (800) 755-8529 Fax: (701) 328-8969 E-mail: dhsddreq@nd.gov</p> |
| <p>Economic Assistance 600 E. Boulevard Ave. Bismarck, ND 58505-0250 Phone: (701) 328-2332 Toll Free: (800) 755-2716 Fax: (701) 328-1060 E-mail: dhseap@nd.gov</p> | <p>Medical Services 600 E. Boulevard Ave. Bismarck, ND 58505-0250 Phone: (701) 328-7068 Toll Free: (800) 755-2604 Fax: (701) 328-1544 E-mail: dhsmed@nd.gov</p> |
| <p>Behavioral Health 1237 W. Divide Ave., Suite 1C Bismarck, ND 58501-1208 Phone: (701) 328-8920 Toll Free: (800) 755-2719 Fax: (701) 328-8969 E-mail: dhsbhs@nd.gov</p> | <p>Vocational Rehabilitation 1237 W. Divide Ave., Suite 1B Bismarck, ND 58501-1208 Phone: (701) 328-8950 Toll Free: (800) 755-2745 Fax: (701) 328-8969 E-mail: dhsvr@nd.gov</p> |

Regional Human Service Center Contact Information



| | |
|--|--|
| <p>Bismarck - West Central Human Service Center 1237 W. Divide Ave., Suite 5, Bismarck, ND 58501-1208 Phone: (701) 328-8888 Toll Free: (888) 328-2662</p> | <p>Crisis Line: (701) 328-8899 OR Toll Free: (888) 328-2112 E-mail: dhswwchsc@nd.gov Fax: (701) 328-8900 TTY: (800) 366-6888</p> |
| <p>Devils Lake - Lake Region Human Service Center 200 Hwy 2 W., Devils Lake, ND 58301-3532 Phone: (701) 665-2200 Toll Free: (888) 607-8610</p> | <p>Crisis Line: (701) 662-5050 E-mail: dhsllrhsc@nd.gov Fax: (701) 665-2300 TTY: (701) 665-2211</p> |
| <p>LRHSC Outreach Office - Rolla 1102 Main Ave. W., PO Box 88, Rolla, ND 58367-0088</p> | <p>Phone: (701) 477-9050 Fax: (701) 477-8281</p> |
| <p>Dickinson - Badlands Human Service Center 300 13th Ave. W., Suite 1, Dickinson, ND 58601 Phone: (701) 227-7500 Toll Free: (866) 491-2472</p> | <p>Crisis Line: (701) 227-7500 OR (701) 290-5719 E-mail: dhsblhsc@nd.gov Fax: (701) 227-7575 TTY: (701) 227-7574</p> |

Regional Human Service Centers Contact Information

| | |
|--|---|
| Fargo - Southeast Human Service Center 2624 9th Ave. S., Fargo, ND 58103-2350 Phone: (701) 298-4500 Toll Free: (888) 342-4900 | Crisis Line: (701) 298-4500 Suicide Prevention: (800) 273-TALK (8255) E-mail: dhssehsc@nd.gov Fax: (701) 298-4400 |
| Grand Forks - Northeast Human Service Center 151 S. 4th St., Suite 401, Grand Forks, ND 58201-4735 Phone: (701) 795-3000 Toll Free: (888) 256-6742 | Crisis Line: (701) 775-0525, (701) 775-0526 OR (800) 845-3731 E-mail: dhsnehsc@nd.gov Fax: (701) 795-3050 TTY: (800) 366-6889 |
| NEHSC Outreach Office - Grafton 901 Midway Dr., Grafton, ND 58237 | Phone: (701) 352-4334 Toll Free: (888) 845-2215 |
| Jamestown - South Central Human Service Center 520 3rd St. NW, Box 2055, Jamestown, ND 58402 Phone: (701) 253-6300 Toll Free: (800) 260-1310 | Crisis Line: (701) 253-6304 E-mail: dhsschsc@nd.gov Fax: (701) 253-6400 TTY: (701) 253-6414 |
| Minot - North Central Human Service Center 1015 S. Broadway, Suite 18, Minot, ND 58701 Phone: (701) 857-8500 Toll Free: (888) 470-6968 | Crisis Line: (701) 857-8500 E-mail: dhsnchsc@nd.gov Fax: (701) 857-8555 TTY: (701) 857-8666 |
| Williston - Northwest Human Service Center 316 2nd Ave. W., Williston, ND 58801 Phone: (701) 774-4600 Toll Free: (800) 231-7724 | Crisis Line: (701) 572-9111 E-mail: dhsnwhsc@nd.gov Fax: (701) 774-4620 TTY: (701) 774-4692 |

Institutions Contact Information

| | |
|--|---|
| North Dakota State Hospital 2605 Circle Drive Jamestown, ND 58401 Phone: (701) 253-3650 Fax: (701) 253-3999 | Life Skills and Transition Center 701 W. Sixth St. Grafton, ND 58237 Phone: (701) 352-4200 Fax: (701) 352-4376 |
|--|---|

Child Support Contact Information

State Disbursement Unit

P.O. Box 7280
Bismarck, ND 58507-7280
Phone: (701) 328-5440 (Automated Voice Response)
Fax: (701) 328-6575
E-mail: centralofficecse@nd.gov
Website: www.childsupportnd.com

Regional Child Support Units

| | |
|--|--|
| Bismarck 316 N. 5 th St., Suite 300 P.O. Box 7310 Bismarck, ND 58507-7310 Phone: (701) 328-0955 Fax: (701) 222-6751 E-mail: bismarckcse@nd.gov | Devils Lake 1820 Walnut St. E., Suite 4 Devils Lake, ND 58301-3411 Phone: (701) 665-4475 Fax: (701) 662-1351 E-mail: devilslakecse@nd.gov |
| Dickinson 135 Sims St., Suite 202 Dickinson, ND 58601-5141 Phone: (701) 227-7424 Fax: (701) 227-7427 E-mail: dickinsoncse@nd.gov | Fargo 4950 13 th Ave. S., Suite 22 Fargo, ND 58103 Phone: (701) 298-4900 Fax: (701) 298-4930 E-mail: fargocse@nd.gov |
| Grand Forks 151 S. 4 th St., Suite N101 P.O. Box 5756 Grand Forks, ND 58206-5756 Phone: (701) 795-3960 Fax: (701) 775-3130 E-mail: grandforkscse@nd.gov | Jamestown 804 13 th St. N.E. P.O. Box 427 Jamestown, ND 58402-0427 Phone: (701) 253-6260 Fax: (701) 253-3932 E-mail: jamestowncse@nd.gov |
| Minot 325 28 th Ave. S.W., Suite C P.O. Box 2249 Minot, ND 58702-2249 Phone: (701) 857-7696 Fax: (701) 857-7777 E-mail: minotcse@nd.gov | Williston 202 Main St., Lower Level P.O. Box 2047 Williston, ND 58802-2047 Phone: (701) 774-7940 Fax: (701) 774-4332 E-mail: willistoncse@nd.gov |

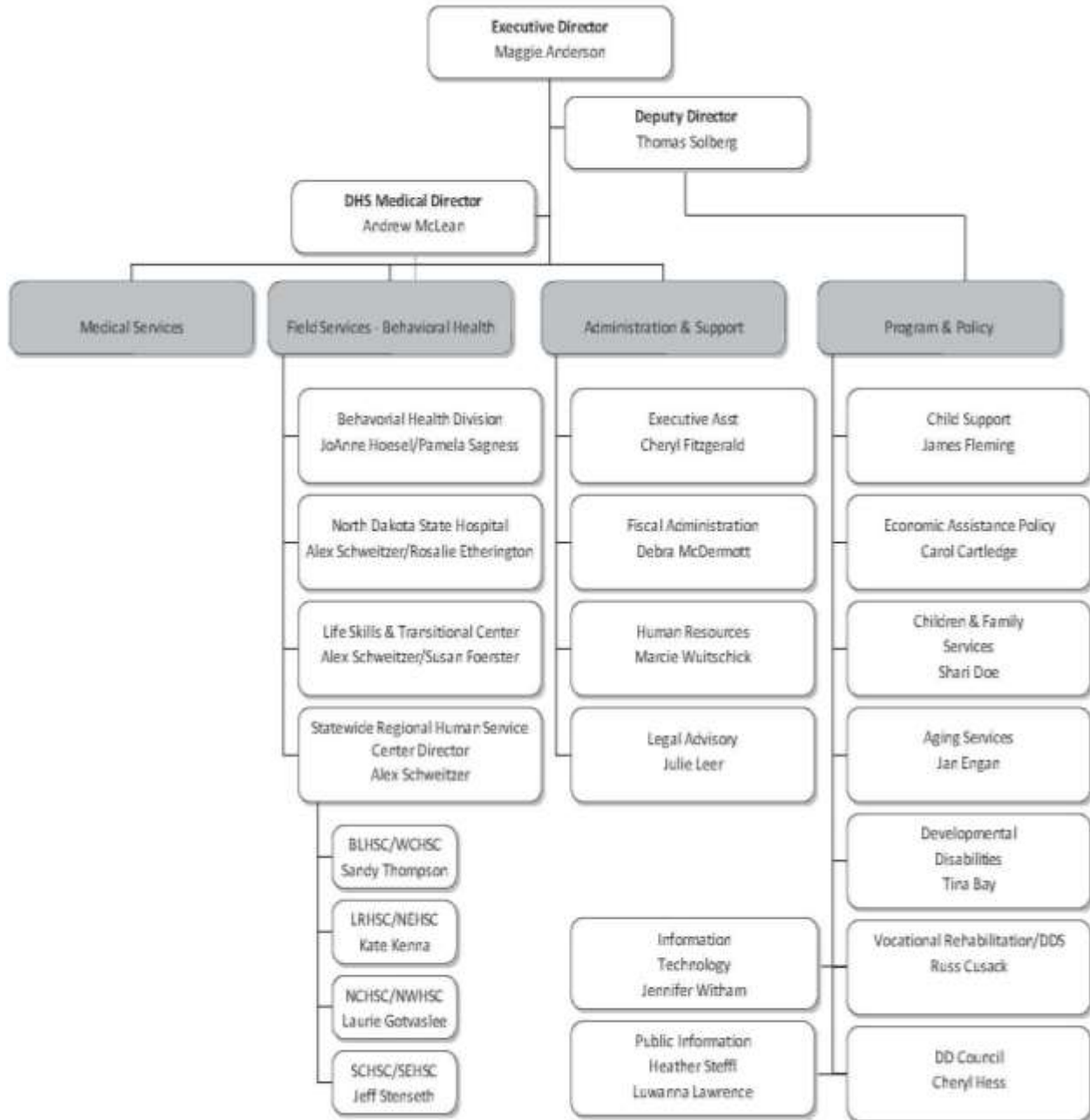
Guiding Principles

- The North Dakota Department of Human Services has the responsibility to serve the state's most vulnerable residents.
- Planning, evaluation, budgeting, and best practices regarding service delivery and allocation of resources are data-driven, evidence-based, and results oriented.
- Essential core services are based on individual needs with full consumer involvement and aimed at optimizing self-sufficiency and independence.
- Local and natural support systems will be fully engaged and partnerships generated to maximize resources and efficiency.
- Services will be designed to accommodate specific regional needs, with resources allocated in a cost-effective manner to create alternative solutions to reach rural and urban populations.

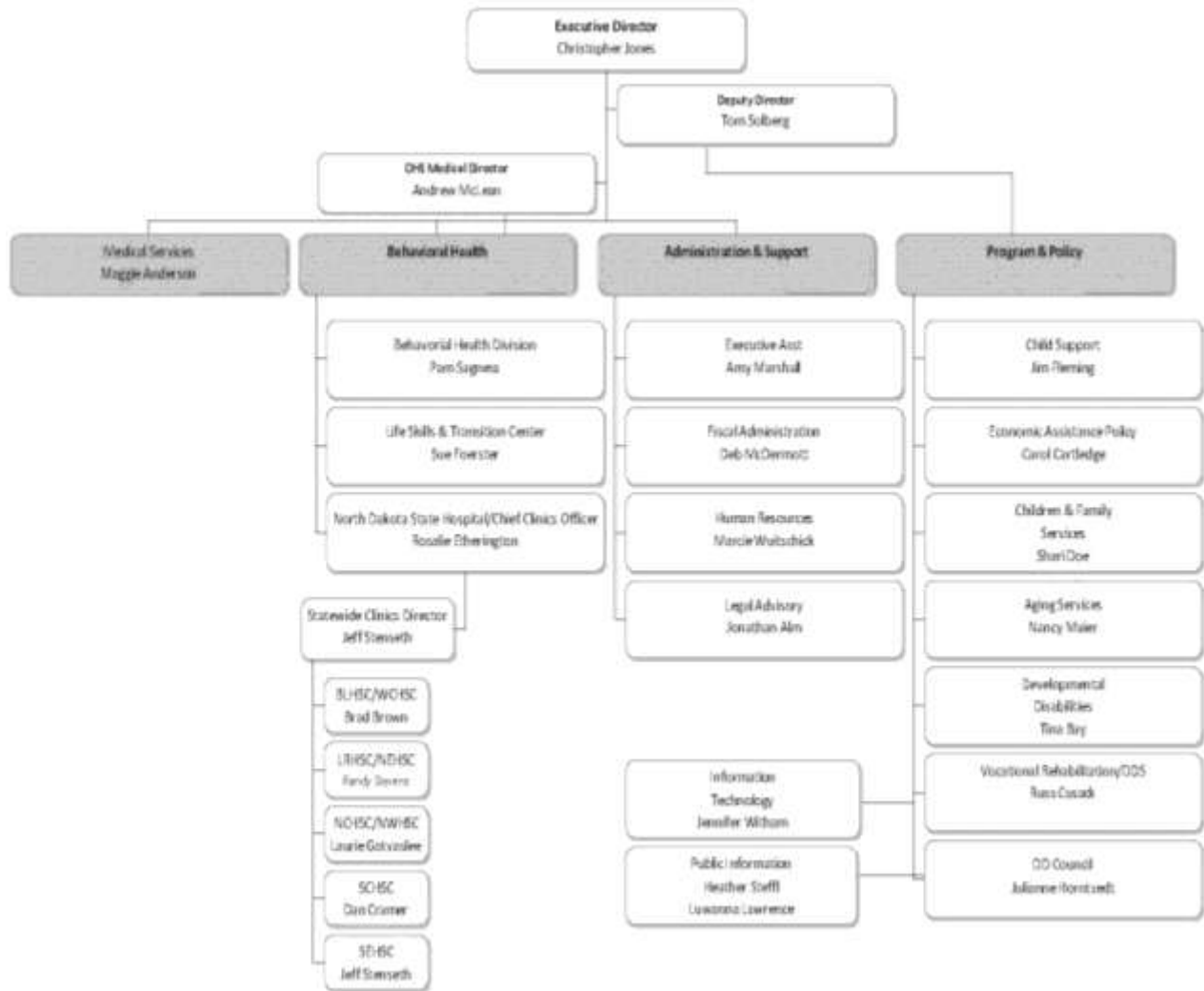
Quick Facts

- Employs approximately 2,200 employees with about 76 percent of the Department's employees working at the human service centers, the North Dakota State Hospital, and the Life Skills and Transition Center.
- Administers over 100 legislatively authorized programs that are provided through the cooperative efforts of the Department, county social service offices, the tribes, service providers, and other entities.
- Provides direct services, program direction and technical assistance, sets standards, conducts training, manages the computerized eligibility, information, reporting, and claims payment systems; and manages services within its appropriated budget.

Organizational Chart *(July 2015 to February 2017)*



Organizational Chart (February 2017 -)



Funding Overview

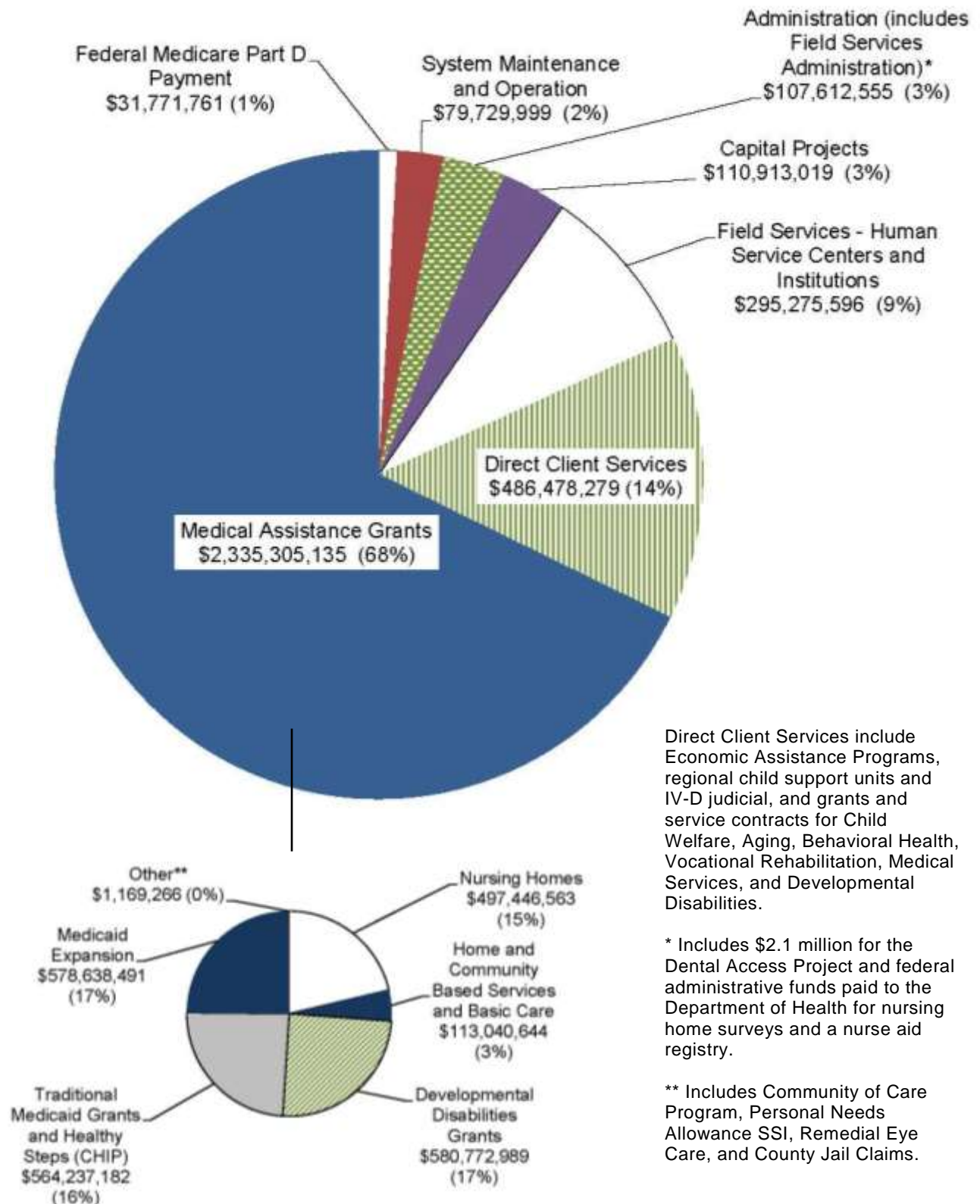
The Department of Human Services receives and distributes funds appropriated by Congress and the North Dakota Legislature for the purpose of providing health and human services to the state's most vulnerable residents.

Expenditure Breakdown

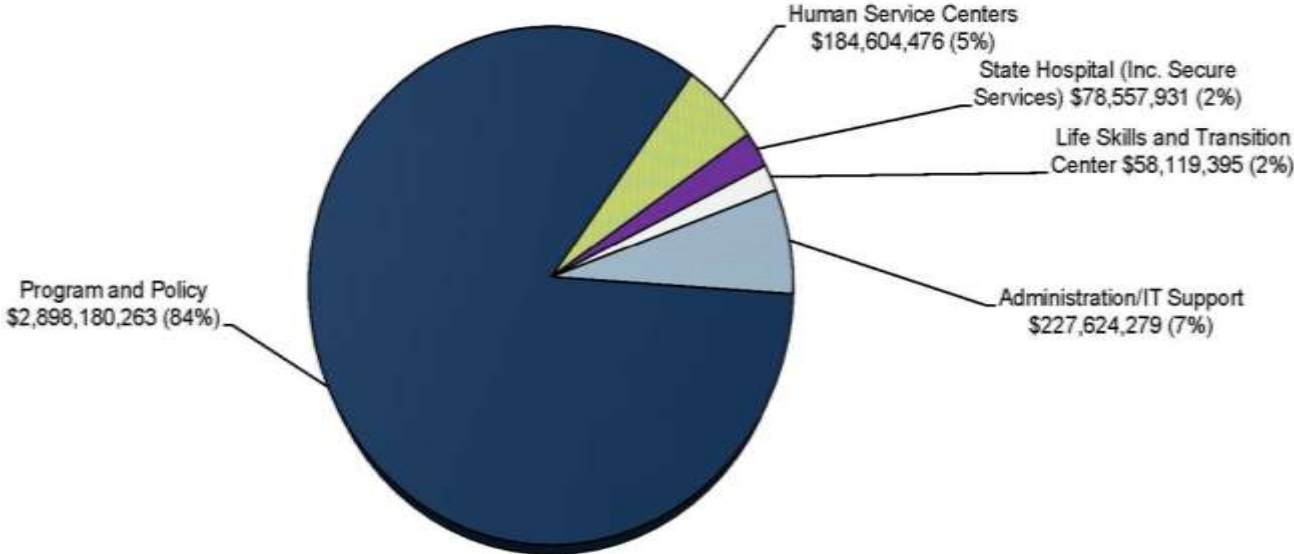
- 68 percent of the budget is medical assistance grants, which is the portion that is similar to insurance coverage
- 14 percent is for direct client services
- 9 percent of the budget is for the delivery of health care via the institutions and regional human service centers
- 5 percent is for the Department's system maintenance and operations and capital projects
- 3 percent is for the Department's administration
- 1 percent is for the Federal Medicare Part D Payment

Where Does the Money Go?

2015-2017 Actual Expenditures: \$3,447,086,344



Expenditures by Subdivision



2015-2017 Agency Budget Allotment

In February 2016, due to the projected state revenue shortfall, North Dakota state agencies reduced their 2015-2017 general fund budgets by 4.05 percent. For the Department of Human Services, the 4.05 percent general fund allotment totaled \$53.95 million.

To meet its budget savings plan commitment, the Department trimmed administrative and operating costs, and made other adjustments, including delaying or eliminating funding for new services or the expansion of existing services, and adjusting payments to providers.

North Dakota held a Special Legislative Session August 2-4, 2016, to make additional adjustments to the 2015-2017 state budget due to lower than forecasted tax revenue. Lawmakers exempted the Department of Human Services from this second round of 2015-2017 budget adjustments.

The chart on the following page summarizes the Department's 2015-2017 budget allotment savings plan.

Budget Allotment Savings Plan

| | | | | |
|--|----|---------------------|---------------------|----------------------|
| 2015-2017 General Fund Appropriation | \$ | 1,332,202,833 | | |
| Allotment Required at 4.05% | \$ | 53,954,215 | | |
| Budget Allotment Savings by Category | | General Fund | Other Funds | Total Funds |
| Department Operational Cost and Administrative Savings | | | | |
| July 1, 2016 Legislatively-approved increase - Department employee salary increase limited to a maximum of 2% | \$ | 940,000 | \$ 786,939 | \$ 1,726,939 |
| Postpone Demolition project at LSTC | \$ | 650,070 | \$ - | \$ 650,070 |
| Delay installation of State Hospital Card Access System | \$ | 870,540 | \$ - | \$ 870,540 |
| Reduce Travel Department-Wide | \$ | 197,147 | \$ 274,456 | \$ 471,603 |
| Various Human Resource Policy Changes | \$ | 273,000 | \$ 194,614 | \$ 469,614 |
| Estimated additional Salary Roll-up (in addition to the \$4.6 million underfunding in 2015-2017 appropriation) | \$ | 350,000 | \$ 289,765 | \$ 639,765 |
| Do not replace computer and printers for remainder of biennium | \$ | 100,000 | \$ 99,236 | \$ 199,236 |
| Department-wide Operating Cost Reduction | \$ | 147,422 | \$ 142,116 | \$ 289,538 |
| Do not fill - Business Analyst Position | \$ | 67,724 | \$ 50,260 | \$ 117,984 |
| Reduce cost to support Eligibility System | \$ | 1,000,000 | \$ 1,435,667 | \$ 2,435,667 |
| Estimated Mainframe Operations Savings | \$ | 1,200,000 | \$ 1,616,637 | \$ 2,816,637 |
| New/Expanded Services and Funding | | | | |
| Limit Expenditures for Substance Abuse Services Voucher Program (2015 SB 2048) | \$ | 375,000 | \$ - | \$ 375,000 |
| Limit Expenditures for Behavioral Health Planning (2015 SB 2048) | \$ | 75,000 | \$ - | \$ 75,000 |
| Adjust the increase to IPAT for 2nd year (2015 SB 2289) | \$ | 80,000 | \$ - | \$ 80,000 |
| Do not fill 25 new Medicaid Autism Waiver Slots | \$ | 734,006 | \$ 734,006 | \$ 1,468,012 |
| Do not fill 10 new Autism Voucher Slots | \$ | 250,001 | \$ - | \$ 250,001 |
| Additional Funding for Vulnerable Adult Protective Services removed the second year of the biennium | \$ | 310,792 | \$ - | \$ 310,792 |
| Do not refill 35 new Slots for Extended Services - Seriously Mentally Ill | \$ | 388,492 | \$ - | \$ 388,492 |
| Do not refill new Slots for Prevocational Skills - Traumatic Brain Injury and reduce hours per month to 4 | \$ | 105,000 | \$ - | \$ 105,000 |
| Do not provide increased (new) funding to Robinson Recovery Center | \$ | 237,500 | \$ - | \$ 237,500 |
| Do not refill new Slots - Extended Services Slots - Traumatic Brain Injury | \$ | 180,783 | \$ - | \$ 180,783 |
| Postpone 10-Bed Crisis Residential/Transitional Living (Minot Region) | \$ | 685,895 | \$ 218,088 | \$ 903,983 |
| Postpone Mobile On-Call Crisis Services - Bismarck Region | \$ | 250,000 | \$ - | \$ 250,000 |
| Do not implement section 1, Subsection 3 of 2015 HB 1399; and, as noted in the legislation, end the provision of subsections 4 and 5, as adequate appropriations are not available. | \$ | 720,133 | \$ 61,589 | \$ 781,722 |
| Expanded TBI Services - adjust contract payments by 1/2 of the monthly amount (2015 HB 1046) | \$ | 346,875 | \$ - | \$ 346,875 |
| Expanded TBI Services - adjust contracted amount (2015 HB 1046) | \$ | 100,000 | \$ - | \$ 100,000 |
| Adjust Gambling Addiction Contract | \$ | 40,000 | \$ - | \$ 40,000 |
| | | | \$ - | \$ - |
| Medicaid and Other Provider Changes | | | | 0 |
| Do not provide 2nd Year 3% provider inflation: | | | | \$ - |
| Traditional Medicaid Providers | \$ | 3,206,587 | \$ 3,332,487 | \$ 6,539,074 |
| Developmental Disability Providers | \$ | 4,047,111 | \$ 4,067,165 | \$ 8,114,276 |
| Long Term Care Providers | \$ | 846,536 | \$ 496,595 | \$ 1,343,131 |
| Nursing Home Providers (January 1, 2017) | \$ | 1,197,156 | \$ 1,197,158 | \$ 2,394,314 |
| Foster Care Grant Providers | \$ | 1,013,182 | \$ 433,895 | \$ 1,447,077 |
| Other Providers | \$ | 396,439 | \$ 29,454 | \$ 425,893 |
| HSC Contracts | \$ | 576,119 | \$ - | \$ 576,119 |
| Total Inflation | \$ | 11,283,130 | \$ 9,556,754 | \$ 20,839,884 |
| Delay Rebasement of Nursing Home Limits - January 1, 2017 | \$ | 792,976 | \$ 792,977 | \$ 1,585,953 |
| Adjust Medicaid Professional Fee Schedule to 100% of Medicare. The current fee schedule is approximately 147% of Medicare. This impacts physicians and other providers and practitioners who are paid a percentage of the professional fee schedule. Also, the fee schedule used by Sanford Health Plan for the Medicaid Expansion population will be changed to more closely align to the Medicaid fee schedule, rather than the Sanford Health Plan Commercial fee schedule. | \$ | 13,576,658 | \$ 41,919,798 | \$ 55,496,456 |
| Rate Increase for Medicaid Ambulance Services | \$ | 312,500 | \$ 312,500 | \$ 625,000 |
| Rate Increase for Medicaid Physical, Occupation, and Speech Therapy | \$ | 468,630 | \$ 1,012,240 | \$ 1,480,870 |
| Operating Margin from Nursing Home Rates - January 1, 2017 | \$ | 1,250,000 | \$ 1,250,000 | \$ 2,500,000 |
| Incentive Payment from Nursing Home Rates - January 1, 2017 | \$ | 350,000 | \$ 350,000 | \$ 700,000 |
| Adjust rate paid for Homemaker Services for Home and Community-Based Services | \$ | 400,000 | \$ 38,221 | \$ 438,221 |

Budget Allotment Savings Plan (Continued)

| Budget Allotment Savings by Category | General Fund | Other Funds | Total Funds |
|--|----------------------|----------------------|-----------------------|
| Operating Margin from Basic Care Rates - Effective January 1, 2017 | \$ 110,742 | \$ 46,786 | \$ 157,528 |
| On January 21, 2016 CMS issued a final rule requiring changes in how states reimburse Medicaid pharmacy costs. The deadline to implement is April 1, 2017; however the Department plans to implement this provision earlier to realize additional savings. | \$ 91,000 | \$ 91,000 | \$ 182,000 |
| Program Eligibility, Committee Funding and Contracted Service Changes | | | |
| Adjust funding from Governor's Prevention & Advisory Council | \$ 80,000 | \$ - | \$ 80,000 |
| Adjust funding from Governor's Committee on Aging | \$ 14,000 | \$ - | \$ 14,000 |
| Adjust funding from Committee on Employment of People with Disabilities (2013 SB 2271) | \$ 27,594 | \$ 12,000 | \$ 39,594 |
| Adjust Funding for Child Care Quality Contract | \$ 1,700,000 | \$ - | \$ 1,700,000 |
| Adjust Funding for Child Care Inclusion Specialists Contract | \$ 200,000 | \$ - | \$ 200,000 |
| Adjust Funding for Child Care Inclusion Grants | \$ 100,000 | \$ - | \$ 100,000 |
| Freeze Enrollment in Subsidized Guardianship | \$ 220,000 | \$ - | \$ 220,000 |
| Adjust Eligibility for Child Care Assistance Program (2013 HB 1422) and increase cost sharing | \$ 5,081,605 | \$ - | \$ 5,081,605 |
| Adjust funding for Bottineau Winter Park Contract | \$ 135,000 | \$ - | \$ 135,000 |
| Adjust Funding for Dementia Care Services Contract | \$ 150,000 | \$ - | \$ 150,000 |
| Freeze Family Subsidy Program Enrollment and Expenditures | \$ 200,000 | \$ - | \$ 200,000 |
| Adjust Funding for Parents Lead | \$ 100,000 | \$ - | \$ 100,000 |
| Adjust Funding for Phone recovery support contract | \$ 100,000 | \$ - | \$ 100,000 |
| Adjust Funding for Healthy Families Contract | \$ 150,000 | \$ - | \$ 150,000 |
| Funding for High Five Camp (Dickinson) | \$ 93,000 | \$ - | \$ 93,000 |
| Second Year of Autism Training | \$ 40,000 | \$ 40,000 | \$ 80,000 |
| TOTAL BUDGET ALLOTMENT - Before Increased Revenues | \$ 47,654,215 | \$ 61,285,649 | \$ 108,939,864 |
| Increased Revenue | | | |
| INCREASED REVENUE: Increase in Federal Medicaid Reimbursement for Eligibility Determination Costs from 50% to 75% (Section 17 of 2015 SB 2012) Funding will be retained by DHS and not passed to Counties. | \$ 5,300,000 | | |
| INCREASED REVENUE - 100% Tribal and Indian Health Services Funding - Expecting Revised Policy from Federal Government in 2016 | \$ 1,000,000 | | |
| TOTAL BUDGET ALLOTMENT | \$ 53,954,215 | | |

County Social Service Study

- Lawmakers approved 2017 Senate Bill 2206, which transferred the funding responsibility for social services from the county taxpayers to the state of North Dakota.
- The Department of Human Services was directed to develop a plan to improve the efficiency and effectiveness of how social services are delivered to clients across the state.
- Payments to counties were based on net expenditures divided by caseload data. This county-specific cost per case was applied to each county's caseload.
- The bill allowed for an adjustment to counties if caseloads changed significantly.

Administrative Support and Information Technology (IT) Services

Includes

- Executive Office
- Fiscal Administration
- Human Resources
- Information Technology Services
- Legal Advisory Unit

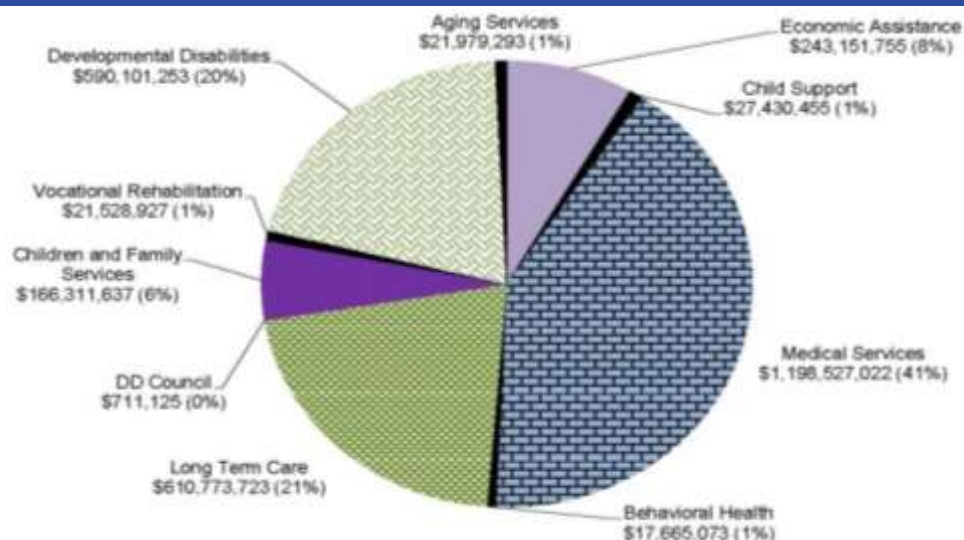
Role

The Administrative Support and Information Technology Services is comprised of five separate areas within the Department of Human Services. The main responsibility of each area is to provide leadership, support, and information to the Department's divisions who are responsible for administering various programs and services that help improve the lives of vulnerable people.

Program and Policy Divisions

- Aging Services
- Behavioral Health
- Child Support
- Children and Family Services
- Developmental Disabilities Services
- Economic Assistance
- Medical Services
 - Long Term Care
- State Council on Developmental Disabilities
- Vocational Rehabilitation

Expenditures by Program Area



Aging Services Division

Nancy Nikolas Maier, Director (June 2016 –)

Sheryl Pfliger, Acting Director (June 2015 – June 2016)

Role

The Aging Services Division administers programs that enhance the quality of life of older adults and people with physical disabilities and helps them live independently in their homes and communities. Programs also protect the health, safety, welfare, and rights of residents of long-term care settings and vulnerable adults in the community.

In June 2016, program administration and policy development for home and community-based services were moved from the Medical Services Division to the Aging Services Division to better align services and supports for older adults and individuals with physical disabilities.

Administers

Older Americans Act Nutrition Services are contracted senior meal services provided at a meal site or home-delivered.

Older Americans Act Support Services include contracted services for health maintenance screenings, legal assistance, the Senior Companion Program, fall prevention, and assistive safety devices.

Home and Community-Based Services Programs

- Medicaid State Plan Personal Care
- Home and Community-Based Services (HCBS) Medicaid Waiver
- Technology Dependent Medicaid Waiver
- Services Payments for Elderly and Disabled (SPED)
- Expanded Service Payments for Elderly and Disabled (Ex-SPED)

Dementia Care Services Program provides care consultation and training to caregivers and information and training about dementia for others. DHS contracts for these statewide services.

Telecommunication Equipment Distribution Services for people with communication impairments.

Guardianship Services pays for the establishment of guardianship services for indigent adults and adult Medicaid recipients with qualifying disabilities.

Senior Community Service Employment Program provides low-income individuals age 55 and older with part-time employment and training opportunities.

Aging Services Division

Direct Services

Aging and Disability Resource LINK

services include information and assistance and options counseling to streamline access to long-term care services.

Family Caregiver Support Program

provides respite and supportive services to relatives caring for loved ones age 60 and older and other qualifying individuals.

Long-Term Care Ombudsman

Services helps people living in skilled nursing, basic care, and assisted living facilities understand their rights and resolve concerns.

Vulnerable Adult Protective Services

are provided directly and through contracts (regions 1, 2, 5 and 6) to prevent and address abuse, neglect, and exploitation of vulnerable adults.

Accomplishments

During Federal Fiscal Year 2016:

- Responded to 941 concerns received by the state Long-Term Care Ombudsman Program and provided 1,447 consultations to facilities and staff and 893 consultations to individuals.
- Received 3,472 calls regarding vulnerable adult protective services, and subsequently completed 1,804 full assessments.
- Provided nutrition services funding that enabled providers to serve 2,202,994 meals at senior meals sites or through home delivery to 23,462 qualifying North Dakotans.
- Provided health maintenance services to 4,869 older adults through contracted Older Americans Act (OAA) providers.
- Provided respite, training and support to 411 family caregivers statewide through the Family Caregiver Support Program.

During the 2015-2017 Biennium:

- Launched a **centralized phone line for reporting** suspected abuse, neglect or exploitation of vulnerable adults.
- Sponsored the **North Dakota Symposium on Aging** to share information on OAA programs, addressing hunger, home and community-based services, the Dementia Care Services Program, data collection and professional ethics.
- Held annual **State Long-Term Care Ombudsman training** to review the Department of Health survey and complaint process, ethical dilemmas, effective communication strategies, the final federal rule and the ombudsman program, dementia-related behaviors and how to respond to them, and culture change in North Dakota.

Aging Services Division

- Was an active partner in the **Abuse in Later Life grant** program funded by the federal Office of Violence Against Women and awarded to the Abused Adult Resource Center in Bismarck as a multi-agency effort. The project shared information about what individuals and agencies should do to respond to and intervene in elder abuse, to promote understanding of agencies' roles, and to strengthen communication and collaboration. The division assisted in statewide public education and training for adult protective services staff, law enforcement, and other partners; and also supported a needs assessment in Burleigh County to identify and address gaps in elder abuse response efforts.
- Released the **State Long-Term Care Ombudsman Program online complaint intake form** to add another way for residents of long-term care facilities, their families and others to report concerns.
- Submitted the **Senior Community Services Employment Program** four-year state plan to the federal Department of Labor for approval. The plan guides the strategic and ongoing operations of the federally-funded work training and placement program.
- Sponsored a **Health Maintenance Service seminar** for OAA health maintenance providers to review OAA standards, policies and procedures; demonstrate foot care; and train participants on staying safe in consumers' homes.
- Provided **training on guardianship** at the Northern Plains Conference on Aging and Disability.
- Met with Spirit Lake Nation and tribal college representatives in 2017 to collaborate on the implementation of a **pilot project** developing a model, template and best practices that can be replicated on other reservations **to help elders age in place**.
- Partnered with the developmental disabilities, medical services and behavioral health divisions to hold public meetings in 2017 during a **review of the state's Medicaid Waivers** that help qualifying people with disabilities live in the community and avoid institutionalization. The goal was to identify gaps in waiver services, opportunities to meet unmet needs, and possible next steps to strengthen waiver services.
- Recognized **Elder Abuse Awareness Day** by presenting and participating in activities at the Elder Abuse Awareness Day Forum sponsored by the Standing Rock Sioux Tribe Elderly Protection Services Program in conjunction with ACL/National Indigenous Elder Justice Initiative. Also organized an event in Mandan in conjunction with the summer concert series to share information about how people can stay safe, avoid being scammed, and access elder abuse and neglect intervention services.
- Hosted public meetings in 2017 to provide an overview of the Cures Act and the new **federally-required electronic visit verification (EVV) system** and invited public input on the EVV to determine what type of system the state should implement.

Behavioral Health Division

Pamela Sagness, Director

Role

The Behavioral Health Division is responsible for 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 of services; establishing quality assurance standards for the licensure of substance use disorder program services and facilities; and providing policy leadership in partnership with public and private entities.

The division administers federal and state funding that addresses identified gaps in the state's behavioral health system and applies for grants or technical assistance to address system needs.

Administration

- Contracted substance use disorder treatment services, problem gambling treatment services, and brain injury support services
- Grants including the federal Mental Health Block Grant, federal Substance Abuse Prevention and Treatment Block Grant, State Targeted Response to the Opioid Crisis Grant, and federal Strategic Prevention Framework Partnership for Success Grant
- Substance Use Disorder Voucher program administration
- Community and tribal prevention initiatives

Regulation

- Substance abuse treatment program licensing
- Opioid treatment program licensing
- Human service center licensing
- Psychiatric residential treatment facility licensing
- DUI Seminar program licensing
- Administrative rules

Prevention and Promotion

- Parents LEAD www.parentslead.org
- Prevention Resource and Media Center www.prevention.nd.gov

- Speaks Volumes campaign www.speakvolumes.nd.gov
- Stop Overdose awareness and education initiatives www.prevention.nd.gov/stopoverdose
- Prescription Drug Take Back awareness and education initiatives www.prevention.nd.gov/takeback
- Tribal Prevention Programs
- Community Prevention Programs

Training and Technical Assistance

- Best practice in prevention, treatment and recovery
- Program licensing
- Data collection, assessment and evaluation
- Conferences and other training

Partnerships

- Collaborate with public and private sector stakeholders on strategic planning for the provision of behavioral health prevention, treatment and recovery support services
- Participate in quarterly meetings with tribes to identify solutions and address barriers to effective behavioral health services
- Facilitate and supported planning and advisory councils

Behavioral Health Division

Accomplishments

- Awarded a contract for a **Return to Work** program to help individuals who have a brain injury gain competitive employment.
- Extended a contract with ShareHouse Inc., to operate the **Robinson Recovery Program** for 90 days after the contract ended to sustain important long-term residential treatment services and assure continuity of care for individuals receiving services. After no providers responded to the request for proposals, residential treatment services were added to the Substance Use Disorder Voucher program services this biennium, giving North Dakotans more choice in service providers.
- Testified as part of the legislature's **interim study of behavioral health**, providing information on the Department's Behavioral Health Plan, the reorganization of behavioral health services, the needs assessment, mental health models, and ongoing planning to address behavioral health of adults and children.
- Collaborated with the Reducing Pharmaceutical Narcotics Task Force, the governor's office and others to develop the "**Stop Overdose**" statewide campaign to save lives by sharing information and providing resources for those impacted by opioid addiction. Focused on raising awareness about opioid abuse, overdose prevention, prescription drug Take Back programs, treatment services and training for professionals.
- Launched the **Substance Use Disorder Voucher Program** on July 1, 2016, after completing the administrative rules process and inviting programs to apply online to provide voucher services, and training approved providers on client eligibility. The program is intended to address underserved areas and gaps in the treatment system and to offer participants greater choice in service providers. The voucher can reimburse participating private licensed substance abuse treatment programs for screening, assessment, individual, group, and family therapy; room and board; recovery coaching; urine analysis, and transportation costs.
- Licensed the first **opioid treatment program** (OTP) in the state. Community Medical Services began offering medication-assisted treatment in Minot in September 2016, after also receiving federal Substance Abuse and Mental Health Services Administration (SAMHSA) certification and Drug Enforcement Administration registration. Treatment programs in Bismarck and Fargo were also licensed.
- Partnered with the North Dakota Brain Injury Network to recognize **Brain Injury Awareness Month** by participating in public awareness efforts and co-hosting training for professionals about brain injury as a co-occurring condition.
- Participated in the **Substance Exposed Newborn Task Force** created by 2015 Senate Bill 2367.

Behavioral Health Division

Accomplishments *(Continued)*

- Participated in a November 2015 **Behavioral Health Stakeholder Group meeting** in Fargo and provided an overview of the Department's Behavioral Health Plan, the reorganization of behavioral health services, and the \$100,000 appropriation for a needs assessment.
- Provided training to local public health units and tribes participating in the **Strategic Prevention Framework State Incentive Grant (SPF SIG)** on building capacity and transformational leadership, implementing strategies to address specific local conditions impacting underage drinking and adult binge drinking, and sustaining substance abuse prevention efforts after grant funding ends. The SAMHSA infrastructure grant focused on reducing underage drinking and adult binge drinking through community prevention. Grant funding ended Sept. 30, 2016.
- Collaborated with the governor's office, which declared September **Recovery Month**, to increase awareness and knowledge about behavioral health disorders and to promote the message that behavioral health is essential to health; prevention works; treatment is effective; and people recover. During the second year of the biennium, the division provided funds to local organizations in Bismarck, Fargo, Grand Forks, Jamestown and New Town to support Recovery Month events featuring walks, speakers, wellness demonstrations, fellowship and meals, and other activities to celebrate people in recovery from addiction and to promote prevention.
- Together with the Medical Services division, invited stakeholders to a **technical assistance meeting** in January 2016 to discuss **State Medicaid Authority options** for serving youth and adults who have behavioral health needs.
- Facilitated a **Tribal Behavioral Health Collaboration meeting** in March 2016 in New Town, hosted by the Boys and Girls Club of the Three Affiliated Tribes and Three Affiliated Tribes Circle of Life. Participants discussed behavioral health services, needs, resources and gaps, and expressed a desire to continue meeting.
- Co-sponsored an **Opioid Symposium: Preparing Professionals to Confront the Opioid Crisis Together** with the Reducing Pharmaceutical Narcotics Task Force in Fargo and Bismarck providing information on safe and effective opioid prescribing, access to naloxone, and effective treatment and recovery practices.
- Hosted a **Withdrawal Management Stakeholders Meeting** to review a national consultant's assessment and recommendations for improvements in intoxication and withdrawal management services in Region 7.
- Published the **North Dakota Behavioral Health Assessment: Gaps and Recommendations** for the state's behavioral health system (www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf).

Behavioral Health Division

Accomplishments *(Continued)*

- Submitted the Federal Fiscal Year (FFY) 2016 **Projects for Assistance in Transition from Homelessness (PATH) Grant** application. The \$300,000 federal PATH grant funding was distributed to the human service centers to provide case management and other behavioral health services to individuals diagnosed with serious mental illness and/or co-occurring substance use disorder who were homeless or at risk of homelessness.
- Was awarded the **Strategic Prevention Framework Partnership for Success Grant (SPF-PFS)**, beginning October 2015 with a project period of up to five years. North Dakota was awarded \$1.6 million per year, pending continued federal funding. Eleven communities (nine local public health units and two tribes) were identified as high need and were funded to implement evidence-based prevention strategies targeting underage drinking.
- Provided **training** to SPF-PFS grantees on developing community needs assessments, building capacity, and strategic planning to identify evidence-based strategies impacting underage drinking.
- Contracted with Prairie St. John's in Fargo to provide evidence-based **First Episode Psychosis treatment services** to individuals age 15-25. Federal legislation provided a 10 percent set-aside (\$176,896 per biennium) within the Community Mental Health Services Block Grant for the services. Prairie St. John's implemented the NAVIGATE program of coordinated specialty care by a team.
- Contracted with the Massachusetts Council on Compulsive Gambling to conduct a **statewide problem gambling needs assessment** to identify gambling activities, perceptions of gambling and problem gambling treatment gaps in North Dakota. The results were used to support data-driven strategic planning targeting prevention activities, community education and problem gambling treatment.
- Launched a new **Web portal** (<https://behavioralhealth.dhs.nd.gov>) and **Facebook page** (www.facebook.com/ndbhd) to increase awareness of behavioral health initiatives, use of best practices, and access to training and technical assistance.
- Offered **training** in 2017 to select, approved behavioral health providers on **military culture and deployments**, and clinical skills and evidence-based treatments to address some deployment-related behavioral health issues, including post-traumatic stress disorder, traumatic brain injuries and suicide.
- Was awarded a one-year, \$2 million federal **State Targeted Response to the Opioid Crisis Grant** to reduce and prevent opioid abuse and overdose deaths and to increase the number of individuals with opioid use disorder who achieve and maintain recovery. All states received funding, which must be focused primarily on treatment and recovery support services. The grant ends April 2018.

Child Support Division

James Fleming, Director

Role

The Child Support Program provides services to thousands of children and parents by working with the court system, employers and other divisions and agencies.

The program provides parents and caretakers with assistance in obtaining financial support and medical coverage for their children by locating parents, establishing paternity, establishing support orders, reviewing and seeking appropriate modification of support orders, and collecting and distributing court-ordered child support payments.

Services

- **Child Support Establishment and Enforcement Services** (income withholding, license or registration suspension, tax refund intercept, credit bureau reporting, financial institution data match, and other tools)
- **Medical Support** establishment and enforcement
- **New Hire Reporting** for employers
- **Parent Locate** services
- **Review and Adjustment** of child support obligations
- **State Disbursement Unit** services (receipt and disbursement of collected support and related customer service)
- Development and implementation of **policies, procedures, instructions, and training**

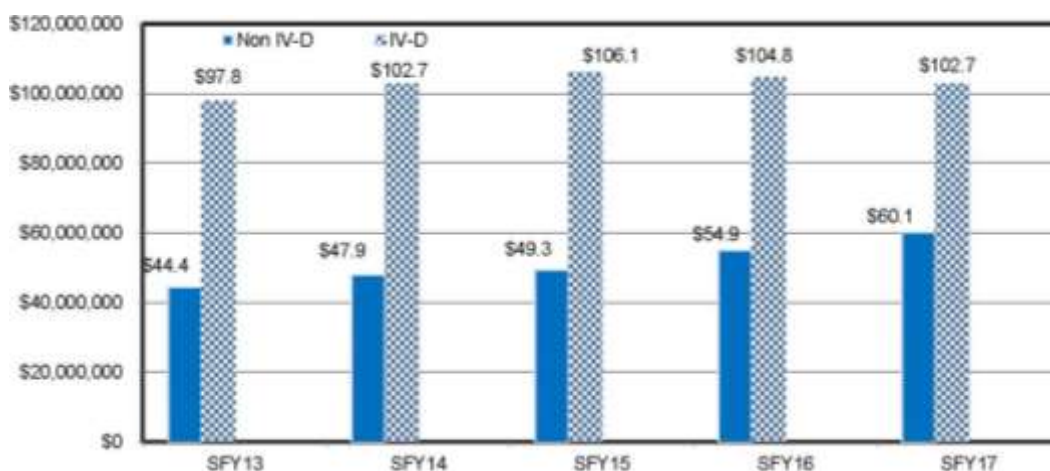
Accomplishments

- **Ranked third** among the 54 United States jurisdictions in **overall program performance** based on five federal performance measures.
- Offered a time-limited **amnesty pilot project** for parents who were behind in child support to establish regular monthly support for their children. The project resulted in new support for families, while helping parents who were behind on support payments to establish payment plans in exchange for reinstating licenses and some relief from accrued interest and assigned past-due support. The volume of payment plans doubled during the project and reduced past-due support owed by over \$108,000 including payments and the incentive match. The largest payment received was over \$11,600.
- **Provided training** to staff, the judiciary system, private attorneys, and parents on a new law, which required all child support orders to include allocation of the tax exemption for the child. This will help parents with primary residential responsibility avoid a tax penalty under the Affordable Care Act if the other parents are ordered to insure the child but fails to do so.

Child Support Division

- Received its first set of federal income tax refund offsets on behalf of the **Tribal Offset Partnership**, which is a multi-tribe consortium hosted by North Dakota for the purpose of submitting delinquent tribal child support obligors for offset federal payments.
- Took the lead on **re-procurement of debit cards** for a seven-state, 19-program consortium. Debit cards are used to disburse child support payments and other support to families.
- Reached a record 94.9 percent utilization rate in **electronic new hire reporting by employers** in 2016, following employer education and outreach and the implementation of an online employer tutorial. Staff needed to complete manual data entry on only 9,818 reports (5.1 percent) of the 192,597 new hire reports received.
- Implemented a change in procedure under which customers are able to request and obtain a **review of the child support obligation every 18 months**, rather than every three years. This promotes obligations that change with increases and decreases in a parent's ability to pay. Maintaining obligations that conform with a parent's ability to pay helps improve the amount and reliability of sustained collections.
- Collected a total of \$207.5 million in cases enforced by the program under Title IV-D of the Social Security Act for the 2015-2017 biennium. Including collections in nonIV-D cases, the total amount of child support disbursed in the biennium was a record \$322.5 million.
 - For Federal Fiscal Year (FFY) 2016, 72.77 percent of current support accrued was collected in the month in which it was due.
 - Set a new record high of 93.32 percent of cases with established support orders in FFY 2015.
 - A new monthly record high collection amount of \$16.8 million was reached in March 2017.
 - Reported \$185.5 million in collections from income withholding by employers in the biennium, accounting for 57.5 percent of total collections.

Annual Child Support Receipts by State Fiscal Year



IV-D case receives full services and is open when a program receives a referral from an economic assistance program, or when a child has been placed in foster care, or upon application for services from either parent, or upon receiving a request for assistance from another jurisdiction.

Children and Family Services Division

Shari Doe, Director

Role

The Children and Family Services Division focuses on the safety, permanency and well-being of children and families. Services are provided by county social service offices or through contracts with non-profit providers and the tribes. The division develops policy, provides technical assistance, pays providers to deliver services, and monitors contracts for the delivery of child welfare services.

Services

- **Adoption** includes recruitment, assessment, placement, and follow-up services, subsidies, birth-family services, child placement agency licensure, and adoption search services.
- **Criminal Background Checks** on licensed and certified providers, and child abuse and neglect index checks
- **Chafee Foster Care Independent Living and Education and Training Vouchers Program** are services for young people who spent time in the foster care system to help them transition to independent living.
- **Child Fatality Review Panel** identifies child death trends and patterns and systemic issues.
- **Child and Family Services Review** is the quality assurance process for child welfare.
- **Child Protection** is prevention, identification, and assessment of suspected child abuse and neglect.
- **Early Childhood Services** includes child care provider licensing and training to providers of early care and education for children.
- **Family Preservation Services** are parent aide, prime time child care, safety permanency funds, intensive in-home family therapy, Family Group Decision Making and related services.
- **Foster Care** is out-of-home placement of children including Kinship Care and relative care, and licensing of family foster homes and residential child care facilities.
- **In-Home Case Management Services** are provided to families at risk of having one or more children placed in foster care, and after reunification following foster care.
- **Institutional Child Protection Services** involve assessment of reported child abuse or neglect in a residential facility responsible for the child's welfare that is owned or managed by the state or a political subdivision of the state.
- **Interstate Compact on the Placement of Children for Foster** provides procedures for the interstate placement of children and arranges responsibilities for those involved in placing a child.

Children and Family Services Division

- **Subsidized Guardianship Program** provides subsidies for eligible foster children where legal guardianship has been determined the best permanency option.
- **Unaccompanied Refugee Minors Program** serves children identified by federal government agencies as appropriate for resettlement in the United States who are placed into licensed foster homes.

Accomplishments

- Strengthened the lives of children and families with services and supports that focused on safety, permanency and well-being.
 - Completed 306 foster care **adoptions**, with 76 other private **agency adoptions** and 303 **stepparent adoptions**.
 - Served about 950 current and former foster care youth through the **Chafee Foster Care Independent Living Program**. The program is offered through a contract with PATH ND, and helps teens transition to adulthood and to become self-sufficient. [Federal Fiscal Years (FFY) 2016 and 2017]
 - Completed 15,780 **criminal background checks** on licensed foster care providers, licensed and registered child care providers and staff, adoptive families, court-appointed guardians, and staff hired at licensed child placement agencies and licensed foster care facilities.
 - Provided about 300 families with **intensive in-home family therapy services** to prevent out-of-home placement in foster care and support family reunification. Provided over 1,020 families with **in-home case management services** (FFY 2016).
 - Supported 65 young adults for the first time with the **18+ Continued Care Program** allowing an individual to voluntarily remain in care at age 18 or return to foster care within six months after discharge until the age of 21. The 18+ program also offers ongoing support of foster care case management and case planning.
- Partnered with the University of North Dakota Children and Family Services Training Center to hold **training sessions** in Dickinson, Grand Forks, Jamestown and Minot on **human trafficking** and recognizing **commercial sexual exploitation of children**. Almost 450 child welfare workers and other professionals attended the training.
- Participated in the third round of the **federal Child and Family Services Review** conducted by the Children's Bureau, which involved a statewide assessment and an on-site visit that included case reviews, and meetings with children and families engaged in services and other stakeholders.

Children and Family Services Division

Accomplishments *(Continued)*

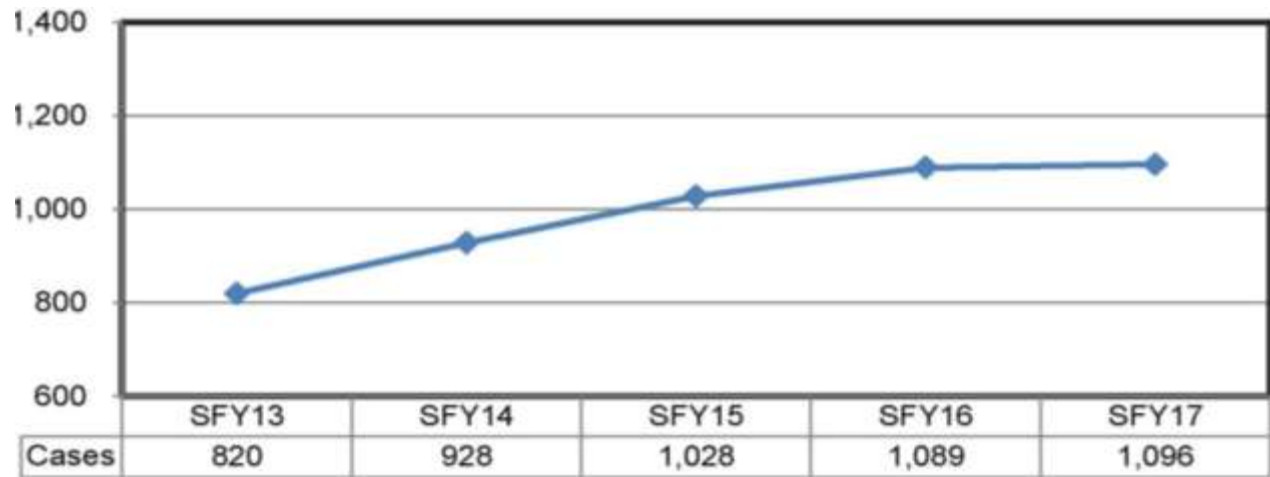
- Continued efforts to raise awareness about child abuse prevention and reporting.
 - Provided **child abuse and neglect prevention, parenting education and parent support services** to over 3,160 families by funding contracts for seven Parenting Resource Centers, Nurturing Parenting Programs and Healthy Families home visiting services.
 - Co-sponsored parenting workshops, conferences, in-school activities and other family fun activities during **Child Abuse Prevention month** in April.
 - Continued to make available an interactive **web-based training for mandated reporters**. Over 3,775 medical professionals, law enforcement officials, child care professionals, educators and other mandated reporters completed the training.
- Amended a contract with Catholic Charities ND to provide focused attention on **post-adoption services** for adoptive families starting January 2016. Services provided include case management, family-to-family mentoring, advocacy and other supportive services to families who have adopted or become guardians of children from foster care and those who adopt from private adoption agencies. About 550 direct contacts have been made with families either through in-person visits, phone conversations or e-mail correspondence.
- Reported that North Dakota's **foster care case worker visitation rate** for FFY 2015 met the required 95 percent rate, and the majority of those visits (77 percent) took place in the youths' primary residences. During that time period, 2,026 children were in foster care.
- Amended administrative rules and adjusted practices on background check requirements, training, and other policies to meet federal **Childcare Development Fund Reauthorization Act** requirements, and amended foster care administrative rules and conducted training to address federal requirements for "prudent parent standards" supporting normalcy and successful transitions to adulthood and independence.
- Assisted with the transfer of the **North Dakota Head Start State Collaboration Office** from the Department of Human Services to the North Dakota Department of Public Instruction. The change helped strengthen the emphasis on early childhood education and clarified how early childhood education services are provided in North Dakota.
- Found to be in substantial compliance following a **federal audit** of the state's child welfare **Title IV-E foster care payments**, which included a review of county foster care cases and involved federal, state and county staffs.

Children and Family Services Division

- Participated in the **Substance Exposed Newborns Task Force** created by the 2015 Senate Bill 2367. Representatives from the department’s Behavioral Health, Children and Family Services, Developmental Disabilities and Medical Services divisions were involved in the task force. Other members included legislators, medical providers, nonprofit entities focused on children’s mental health and well-being, Indian tribes, law enforcement, the foster care community and other state agencies. The task force presented a final report to Legislative Management that included four goals that subsequently lead to the passage of 2017 Senate Bill 2251. The legislation permits the Department to implement an **Alternative Response Assessment** in response to reports of suspected child abuse and neglect regarding substance exposed newborns.

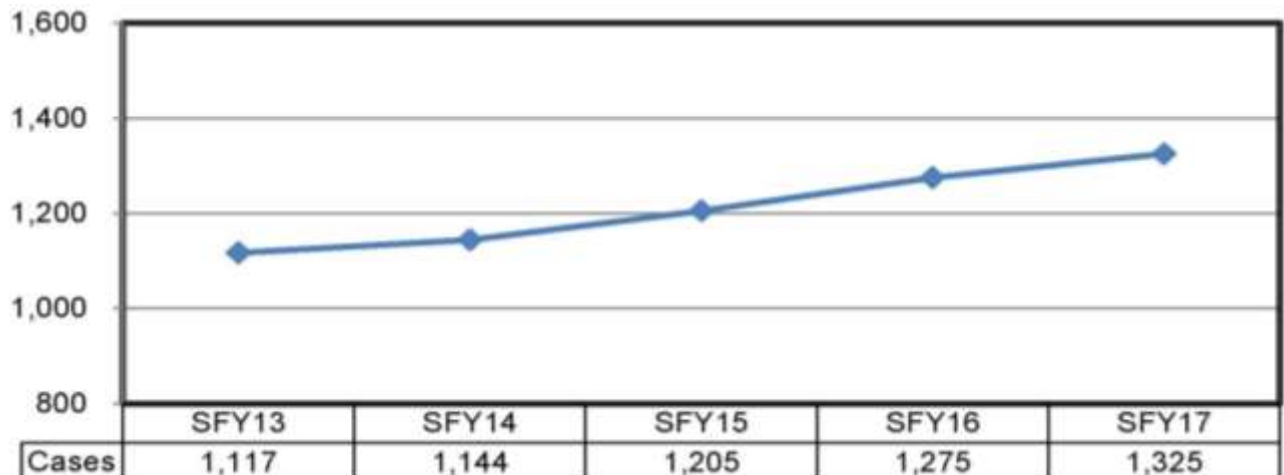
Foster Care

Monthly Average Number of Paid Cases by State Fiscal Year



Subsidized Adoptions

Monthly Average Number of Cases by State Fiscal Year



Developmental Disabilities Division

Tina Bay, Director

Role

The division supervises the delivery of a variety of services to children and adults with developmental and intellectual disabilities and their families. Private providers and staff at the Department's eight regional human service centers provide services, which include individualized support and training to maximize community inclusion, independence and self-sufficiency to prevent institutionalization, and to enable individuals to transition from institutions to community living.

Services

Administration includes ensuring compliance with state and federal rules, quality assurance, policy development, staff training, budgets and service provider licensing.

Program Management is the single point of entry to all developmental disability services. It involves working with a consumer and team to assess individual needs and goals, to coordinate needed services and supports, and to monitor progress.

Traditional IID/DD Home and Community Based Waiver Services:

- **Residential habilitation** includes supervised group living and independent living settings and includes supports and training promoting independence and quality of life.
- **Day support services** teach daily living activities, socialization and adaptive skills in a non-residential setting.
- **Supported employment and extended services** include job coaching, training, and assistance to help individuals find and keep a job, and are provided by the Division of Vocational Rehabilitation and others.
- **Parenting Support** assists participants who are parents to develop appropriate parenting skills.

- **Adult Foster Care**
- **Homemaker services** assist individuals with housework, meal preparation, laundry, shopping and money management.
- **Extended Home Health Care** is an extended Medicaid State Plan service providing skilled nursing tasks.

Self-Directed Services include behavioral consultation, environmental modifications including ramps, widening doorways, door openers, vehicle modifications; and equipment and supplies that help individuals perform activities of daily living.

Family Care Option provides care in a family home setting that meets foster home license requirements for children younger than age 21 who cannot remain in their family home on a full-time basis.

In-Home Supports provide relief care (respite) when a primary caregiver is away or needs a helper to assist the participant with activities of daily living and to stay healthy and safe.

Infant Development services are available to children ages birth to three and include home-based, family-focused information, support and training to help primary caregivers maximize their child's development.

Developmental Disabilities Division

Accomplishments

- Conducted statewide training and submitted a **Revised Transition Plan** on the final rule on home and community-based services issued by the Centers for Medicare and Medicaid Services (CMS) that affects how services are provided for people with intellectual and other disabilities by focusing on choices, person-centered services, and ensuring people have opportunities to live, work and participate in their communities.
- Amended the **Medicaid 1915(c) Traditional Individuals with Intellectual Disabilities and Developmental Disabilities Home and Community-Based Services Waiver** to increase the number of people who could be served and to adjust homemaker services rates.
- Participated in a **workgroup** consisting of advocates, developmental disabilities service providers, the State Council on Developmental Disabilities, representatives from the Department and other agencies and organizations to develop a framework to support clients in the community and ensure short-term crisis situations and service challenges do not result in clients being discharged from their community provider. Participants focused on crisis support and workforce issues and identified critical success factors.
- Held training sessions for guardians, providers, advocates and others and subsequently implemented the new **developmental disabilities service provider survey process** to help ensure people with developmental disabilities are receiving quality in-home and community-based waiver services. As part of the survey process, DHS conducted on-site visits, reviewed records and interviewed individuals, direct support staff and guardians.
- Hosted a **training conference** for regional developmental disability program managers and early intervention program staff in September 2016.
- Continued working with providers, consultants and the North Dakota Association of Community Providers toward the implementation of the **new developmental disabilities services payment system**. The division held training sessions for providers, but postponed the planned Jan. 1, 2017 implementation to discuss some providers' concerns. The division received a letter from the association on Oct. 21, 2016, supporting the new rate-setting system, and reconvened steering committee and implementation workgroups after the 2017 legislative session. The transition to a prospective payment system will be carried forward to the 2017-2019 biennium. Once implemented, it will connect consumers' needs to funding levels, use standard rates statewide, assure funding is portable and follows the consumer, and will eliminate the need for cost settlement.

Developmental Disabilities Division

Accomplishments *(Continued)*

- Partnered with the Aging Services, Medical Services and Behavioral Health divisions to obtain federal technical assistance and held public meetings as a part of a comprehensive **review of the State's Medicaid Waivers** that help qualifying people with disabilities live in the community and avoid institutionalization. The goal was to identify gaps in Medicaid waiver services, opportunities to meet any unmet needs, and possible next steps to strengthen waiver services, including identifying potential paths for eligibility for non-I/DD eligible individuals.
- Participated in the **Substance Exposed Newborns Task Force** created by the 2015 Senate Bill 2367. Representatives from the department's Behavioral Health, Children and Family Services, Developmental Disabilities and Medical Services divisions were involved in the task force. Other members included legislators, medical providers, nonprofit entities focused on children's mental health and well-being, Indian tribes, law enforcement, the foster care community and other state agencies. The task force presented a final report to Legislative Management that included four goals that subsequently lead to the passage of 2017 Senate Bill 2251.

Economic Assistance Division

Carol Cartledge, Director

Role

The Economic Assistance Division is responsible for the administration, policy development, training, and distribution of economic assistance program benefits.

These economic assistance programs help qualifying low-income individuals and families with children, the elderly, and people with disabilities meet food and household needs.

County social service offices determine if individuals qualify for assistance.

In July 2015, Medicaid and the Children's Health Insurance Program policy and eligibility determination services were moved from the Medical Services Division to the Economic Assistance Division, which streamlined administration of all economic assistance programs.

Administers

- **Basic Care Assistance** helps low-income individuals pay for room and board costs if they live in a basic care facility.
- **Child Care Assistance** helps qualifying families pay for child care while they work or attend school or training.
- **Crossroads Program** provides teen parents assistance with child care costs and transportation support and encourages completion of high school.
- **Low-Income Home Energy Assistance Program** helps pay for heating costs, emergency furnace repair and replacement, and weatherization services.
- **Supplemental Nutrition Assistance Program** (formerly called Food Stamps) helps qualifying low-income people buy food to supplement their household food budget.
- **Temporary Assistance for Needy Families** (TANF) provides cash assistance to low-income families with children who are deprived of the support of at least one parent while promoting self-sufficiency through work-readiness training and job placement services.
- **Medicaid and Children's Health Insurance Program** policy and eligibility determination.

Administrative Oversight

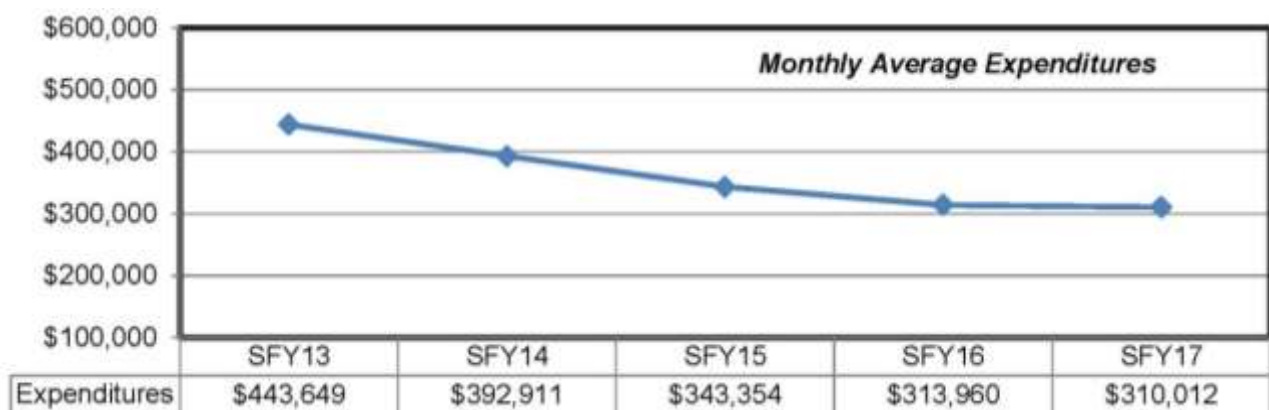
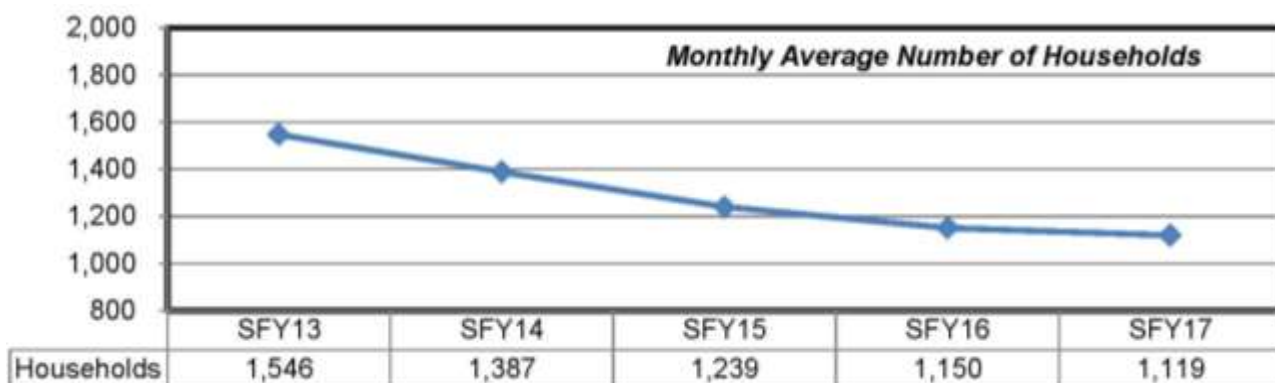
- **Quality Control/Assurance** ensures proper program participation and correct benefits are issued to eligible households.
- **Regional Representatives** provide policy guidance and training support and serve as liaisons between economic assistance programs and county social service offices.

Accomplishments

- **Implemented** phase one of the **Self-Service Portal and Consolidated Eligibility System** (SPACES) on February 8, 2016. Phase one focused on the Affordable Care Act and Children’s Health Insurance Program eligibility. Work started on phase two to modernize and consolidate eligibility determination processes for the Child Care Assistance Program (CCAP), Low Income Home Energy Assistance Program (LIHEAP), Medicaid aged, blind and disabled eligibility group, SNAP, and TANF.
- Trained hospitals through the North Dakota Hospital Association on **hospital presumptive eligibility**, which provides up to two months of coverage during a 12-month period for qualifying individuals.
- Aligned **income eligibility policy** for the CCAP, LIHEAP, SNAP and TANF. This change streamlined the eligibility process for county workers and recipients.

Temporary Assistance for Needy Families

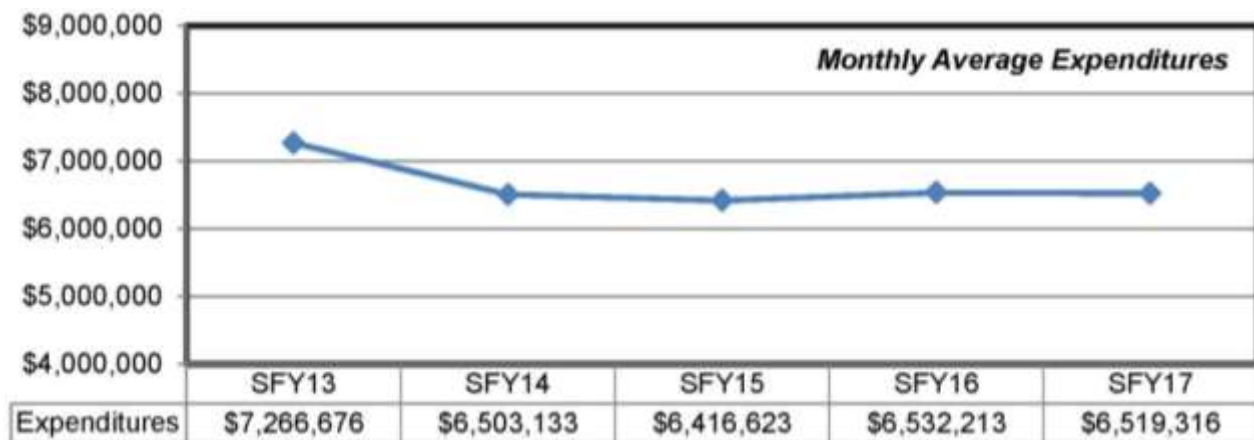
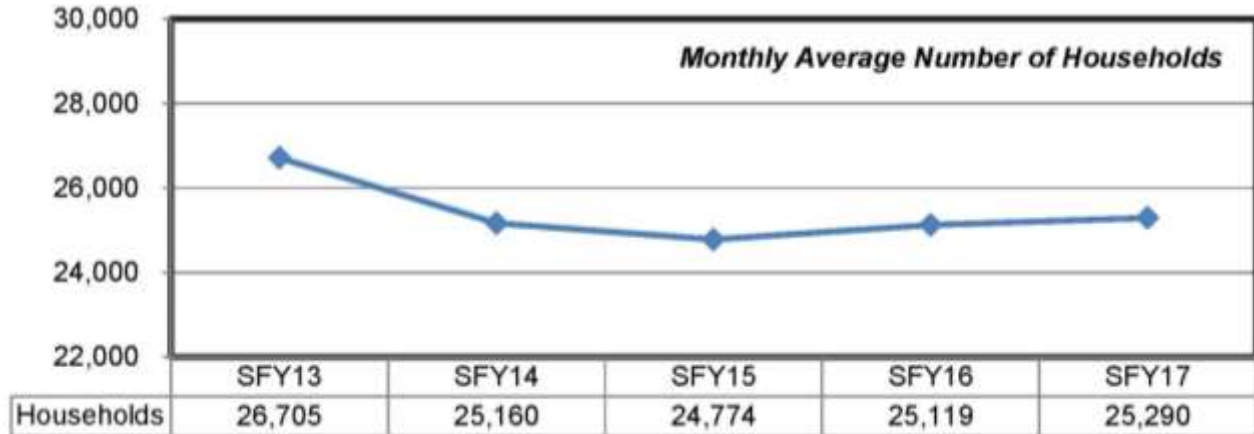
Monthly Average Number of Households/Expenditures by State Fiscal Year



- Achieved a **work participation rate** of 68.25 percent for the **TANF program** (two-year average). States are required to meet at least 50 percent.

Supplemental Nutrition Assistance Program

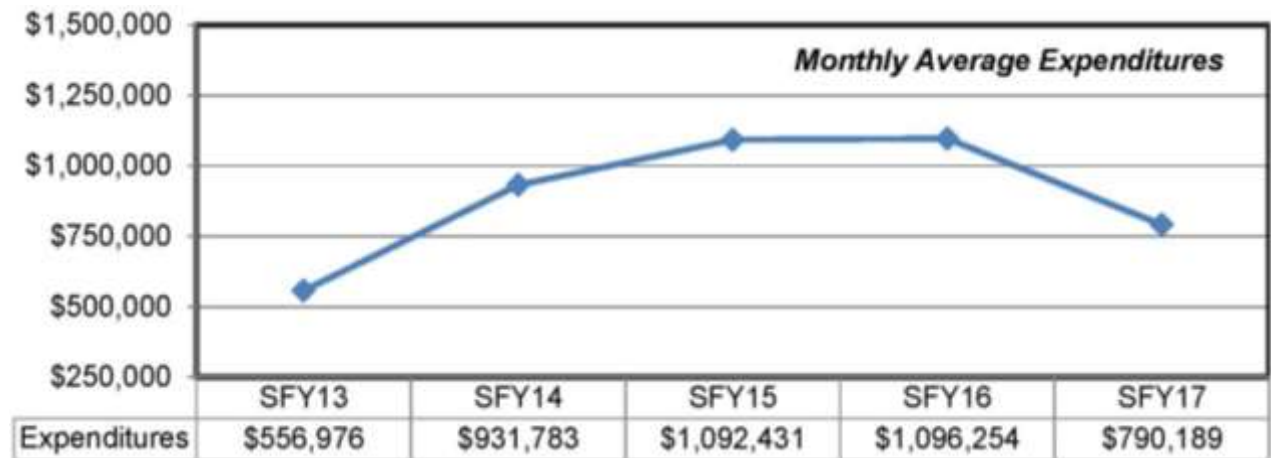
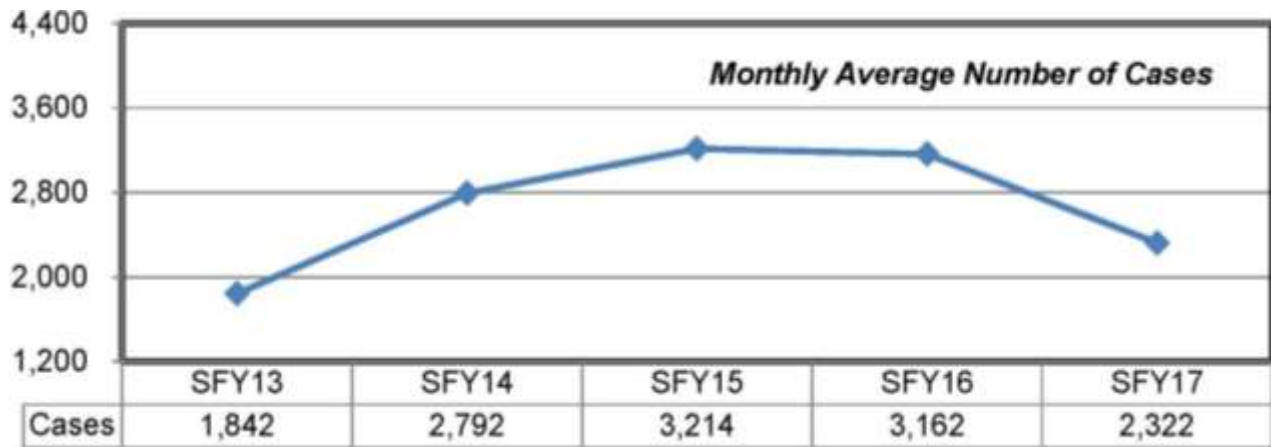
Monthly Average Number of Households/Expenditures by State Fiscal Year



- Received U.S. Department of Agriculture (USDA) SNAP **performance recognition** in Federal Fiscal Year (FFY) 2015 for having the **fourth best payment accuracy rate in the nation**.
- Received USDA SNAP **performance recognition** for having the **third best application processing timeliness rate in the nation** in FFY 2015. The state has received this recognition for six consecutive years. This customer service measure supports the Food and Nutrition Services' goal to improve customer service to those eligible for SNAP benefits.
- Provided **start-up funding** to four North Dakota **farmers markets** for the purchase of point-of-sale machines used to accept SNAP benefits via electronic benefit transfer (EBT) cards. Each market was approved by the USDA and agreed to follow federal SNAP rules and policies in order to participate in the SNAP EBT Farmers Market Program. Ten farmers markets in 12 North Dakota locations accept SNAP benefits.

Child Care Assistance Program

Monthly Average Number of Cases/Expenditures by State Fiscal Year



Low Income Home Energy Assistance Program

- Assisted 12,605 household with **heating assistance** costs by providing an average annual benefit of \$956 per household for FFY 2015 and assisted 12,265 households with an average heating benefit of \$651 for FFY 2016.

Medical Services Division

Maggie Anderson (December 2016 –)

Vacant (July 2015 to December 2016)

Role

Medical Services administers programs that provide health care coverage and related support services for qualifying North Dakotans. Medicaid, Medicaid Expansion and the Children's Health Insurance Program cover qualifying families and children, adults that are under the age of 65 with incomes up to 138% of the federal poverty level, and pregnant women, the elderly and disabled.

The division funds long-term care services provided in nursing homes and basic care facilities.

In June 2016, program administration and policy development for home and community-based services were moved from the Medical Services Division to the Aging Services Division to better align services and supports for older adults and individuals with physical disabilities.

County social service offices primarily determine if people qualify for public-funded health care coverage, and the division sets and administers policy for hospitals, clinics, nursing facilities, physicians, pharmacies, dentists, home care providers and other participating providers for covered Medicaid services.

The division is also responsible for the statewide administration of North Dakota's Medicaid Waiver for Autism Spectrum Disorders (ASD) and the Autism Voucher Program.

Services

- **Medicaid program administration and utilization review**
- **Basic Care Assistance** payments
- **Children's Health Insurance Program (CHIP)** administration and oversight of the contracts for coverage and services
- **Health Tracks screenings and services** for Medicaid eligible children up to age 21
- **Medicaid primary care provider program**, which supports coordination of care through a single medical professional
- **Autism Voucher Program and Medicaid Waiver for Autism Spectrum Disorders**

Medical Services Division

Accomplishments

- **Implemented the North Dakota Health Enterprise Medicaid Management Information System (MMIS)** on October 5, 2015, which is the Department's modern claims processing and payment system. Staff worked closely with providers by offering training and regular correspondence on important implementation information and continued to work with providers and partners to resolve claims issues and outstanding critical system issues.
- Implemented 2013 House Bill 1201, after the launch of the new MMIS, that recognizes **physician assistants as primary care providers** in Medicaid, and 2011 Senate Bill 2024 (Section 5), to expand Medicaid coverage for services provided to inmates of the Department of Corrections and Rehabilitation or county jails who meet Medicaid eligibility criteria and are admitted as an inpatient setting.
- Worked with the North Dakota Health Care Oversight Committee to review **mental health medication prescribing** for Medicaid recipients 21 years of age and younger to identify and respond to any patterns. Brought forward agency legislation in 2017 to request authority to prior authorize certain psychotropic drugs.
- Enhanced recipients quality of life through the federally-funded **Money Follows the Person (MFP)** grant program that helps transition Medicaid clients from institutions to home and community-based settings
 - Transitioned 128 older adults and individuals with either physical or intellectual disabilities from institutions to community living arrangements and provided services and supports to facilitate independent living during the biennium. A total of 398 transitions have taken place since the grant began in 2008.
 - Created a website and produced a television announcement that aired statewide to raise awareness about a direct care workforce recruitment efforts aimed at certified nursing assistants, direct support professionals and qualified service providers.
 - Received Centers for Medicare and Medicaid Services (CMS) approval for North Dakota's MFP Sustainability Plan that includes the continued implementation of the MFP-Tribal Initiative.
- Participated in a **technical assistance meeting** with stakeholders and Behavioral Health Division to discuss state **Medicaid authority options** for serving youth and adults with behavioral health needs.
- Provided **training** on the new Office of Civil Right Guidance to Nursing Facilities in all eight regions of the state. This training highlighted the **civil rights obligations of the nursing facilities** to assure facility residents have correct information about receiving support services in the community instead of the nursing home.

Medical Services Division

Accomplishments *(Continued)*

- Received federal approval on amendments to the **Medicaid 1915b Waiver** authorizing the Department to provide Medicaid Expansion as a Managed Care Organization program, and the **Medicaid 1115 Waiver** allowing North Dakota to operate only one managed care plan in urban areas.
- Implemented **North Dakota's Medicaid Access Monitoring Plan**, which was designed to monitor access to health care by traditional, fee-for-service Medicaid recipients, with emphasis on access by geographical area to primary care, medical specialists, behavioral health, services related to pregnancy, and traditional home health care following a hospitalization, as well as to monitor access-related impacts subsequent to any Medicaid rate changes. Based on analysis of available information, the Department concluded there were no specific access challenges identified that meet the Plan of Correction standards as defined in the CMS Final Rule on Access Monitoring.
- Adopted a new policy regarding **Medicaid coverage for foster care youth** who turned 18 while in care to address a gap in coverage that previously affected some transition-age youth.
- Hosted ongoing **meetings with tribal health and Indian Health Services (IHS)** staff to discuss ongoing efforts to address human service needs in Indian Country, and the new federal guidance on 100 percent federal funding for services referred through IHS.
- Partnered with the Aging Services, Developmental Disabilities, and Behavioral Health divisions to hold public meetings in June 2017 as a part of a review of the **State's Medicaid Waivers** that help qualifying people with disabilities live in the community and avoid institutionalization. The goal was to identify gaps in Medicaid Waiver services, opportunities to meet any unmet needs, and possible next steps to strengthen waiver services.
- Received approval from CMS to include **Applied Behavior Analysis services** for qualifying individuals from infancy to age 21 diagnosed with an autism spectrum disorder in Medicaid. These services were previously available within the Medicaid Autism Spectrum Disorder Waiver.

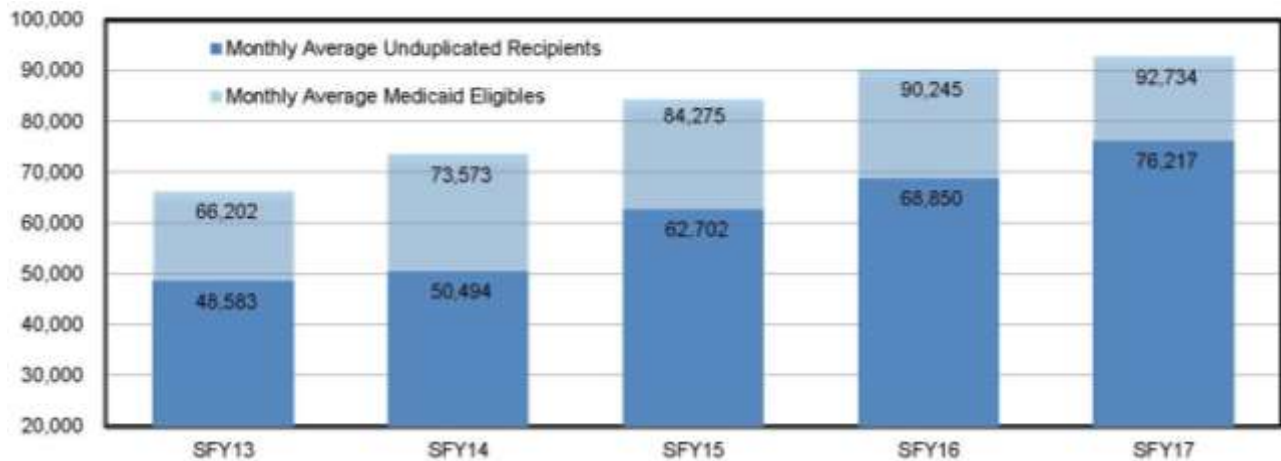
Medical Services Division

Accomplishments *(Continued)*

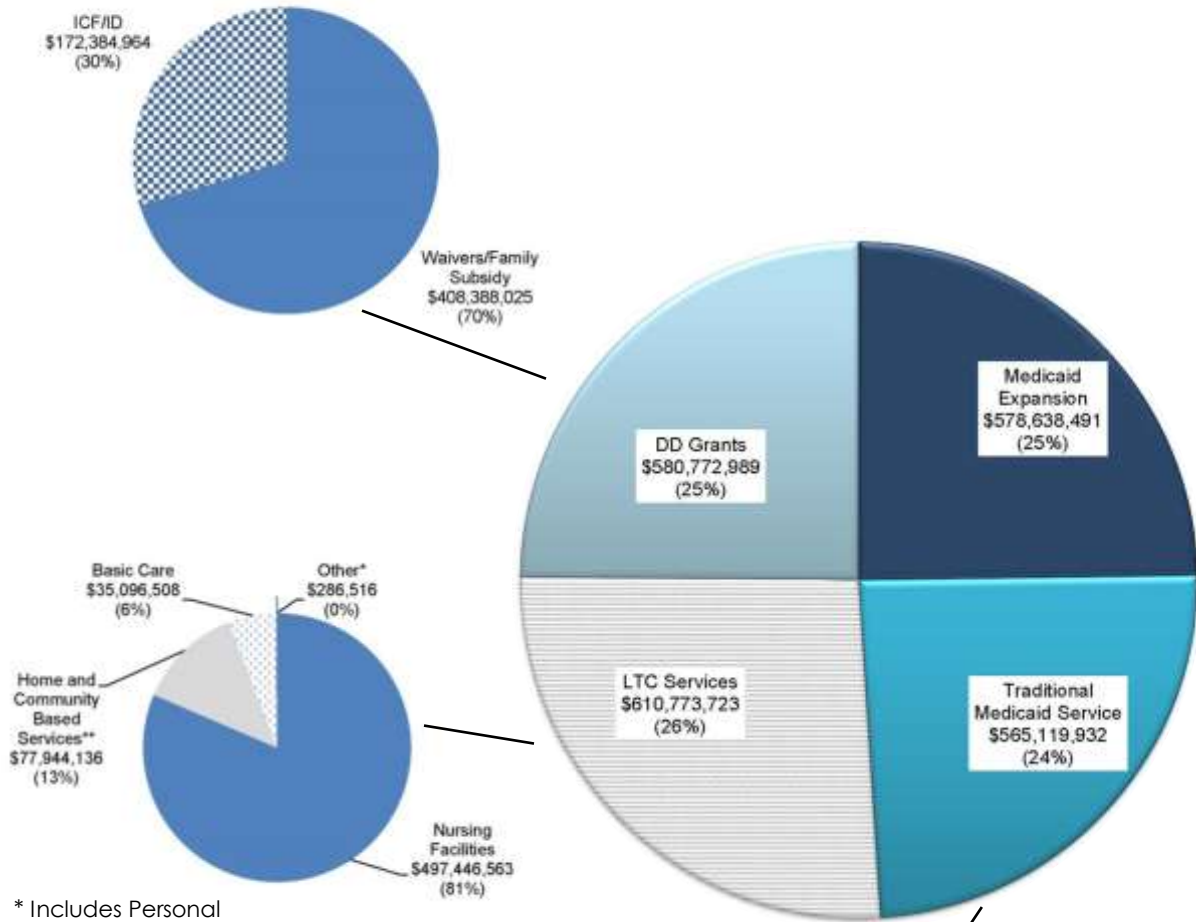
- Participated in the **Substance Exposed Newborns Task Force** created by the 2015 Senate Bill 2367. Representatives from the department’s Behavioral Health, Children and Family Services, Developmental Disabilities and Medical Services divisions were involved in the task force. Other members included legislators, medical providers, nonprofit entities focused on children’s mental health and well-being, Indian tribes, law enforcement, the foster care community and other state agencies. The task force presented a final report to Legislative Management that included four goals that subsequently lead to the passage of 2017 Senate Bill 2251.

Medicaid and Medicaid Expansion

Monthly Average Number of Eligibles and Recipients by State Fiscal Year



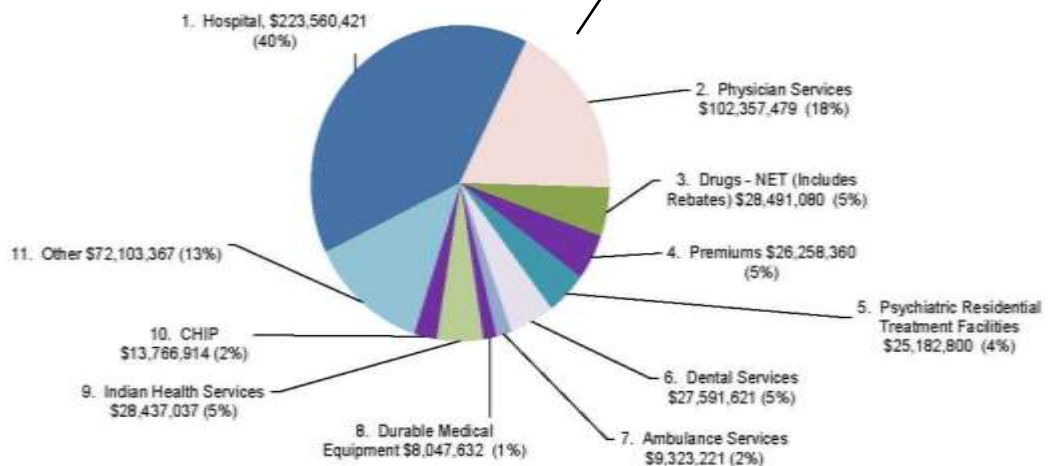
Medical Assistance Grants



* Includes Personal Needs Allowance and Community of Care.

** Includes SPED, Expanded-SPED, Personal Care, Targeted Case Management, Home and Community Based Services Waiver, Children's Medically Fragile Waiver, Technology Dependent Waiver, TBI Waiver, PACE, Children's Hospice Waiver, Autism Waiver, and Autism Voucher.

DD Grant expenditures are included in the Developmental Disabilities expenditures.



Vocational Rehabilitation Division

Russ Cusack, Director

Role

The Division of Vocational Rehabilitation (DVR) offers services to assist individuals with disabilities to achieve and maintain employment. About 90 percent of the division's clients have a significant disability. DVR also provides consultant services to businesses to assist with work site and workforce concerns, and offers pre-employment transition services to students with disabilities who are ages 14 to 21. Annually, the division recognizes one statewide and seven regional "employer of the year" award recipients who serve as models for other employers.

The division also provides services to help people age 55 and older who have a significant vision loss to maintain their independence in their homes. Staff members provide services locally in each human service center region.

Services

Professional Vocational Rehabilitation Counseling and Guidance includes assessments to identify an employment goal consistent with each client's strengths, resources, abilities, priorities, concerns, interests and informed choice. It also includes evaluating strengths and how a disability may affect ability to work, completing a comprehensive assessment of client rehabilitation needs, planning and implementing strategies to overcome barriers and helping clients adjust to and live with a disability.

Pre-employment Transition Service are provided to students with disabilities ages 14-21 and include self-advocacy training, workplace readiness training, work experience, counseling in post-secondary opportunities and job exploration.

Employment services

- **Accommodations** including adaptive aids, assistive technology, accessibility and work site evaluations, which assist the client in achieving his or her employment goal.

- **Training** is tailored to meet individual rehabilitation needs and attainment of employment goals. This may include on-the-job training, internships, job mentoring, and job coaching and/or academic training.
- **Job placement services** include resume writing skills and interview strategies, job referral, placement and follow-up services.

Services provided to employers include: staff retention, accessibility and Americans with Disabilities Act (ADA) consultation, recruitment, financial incentives, disability consultation, on-the-job training and on-site consultation and recommendations.

Vision rehabilitation services are provided to individuals with significant vision impairment or who are legally blind.

Disability Determination Services Unit works with the federal government to determine eligibility for the Supplemental Security Income Program and Social Security Disability Insurance Program.

Vocational Rehabilitation Division

Accomplishments

- **Served** 3,371 North Dakotans with disabilities through training and other services; ultimately helping 537 individuals to become employed or remain employed during Federal Fiscal Year (FFY) 2016. Average weekly earnings of clients achieving employment rose from \$156 to \$437 after rehabilitation.
- **Vision rehabilitation specialists assisted** 751 individuals in FFY 2016 to remain in their homes by providing counseling and training on effective communication and daily living skills, and on purchasing and using magnification devices and other assistive technology.
- As part of **Disability Employment Month** activities, the Department distributed a nationally-produced public service announcement to TV broadcasters statewide, which garnered significant unpaid airtime, including a slot during the broadcast of the World Series.
- Collaborated with schools and parents to meet **Workforce Innovation and Opportunity Act (WIOA) goals** for transition-age students with disabilities. North Dakota was one of five agencies, from among 80 agencies nationwide, that met the federal mandate for provision of pre-employment transition services.
- Hosted meetings with **stakeholders** to gather **input** on business services, vocational counseling and other services that connect people with disabilities to job openings.
- Collaborated with Job Service North Dakota and the Department of Public Instruction to submit the four-year **Unified Workforce Plan** to the federal government as required by WIOA. The plan represents unified efforts to provide an effective and efficient workforce system for the state that emphasizes private and public partnerships, career pathways, cross-program data and measures and development of a job-driven workforce system.
- **Implemented Section 511 of WIOA** (effective July 22, 2016), which added new requirements for employers who hold special wage certificates, known as 14(c) certificates, under the FLSA [29 U.S.C. 214(c)] to assure individuals with disabilities have opportunities for community employment and employment at or above minimum wage. DVR conducted annual reviews of about 900 individuals impacted by this change.
- Initiated the **Expanded Supported Employment** pilot project with a goal of building capacity to deliver customized services for individuals with intellectual and developmental disabilities leading to integrated and competitive employment. Participants were receiving day supports and/or employed in non-integrated environments prior to their enrollment in the pilot. As of June 2017, there were 41 individuals enrolled in the pilot project and 21 of them were working in competitive integrated employment positions.

Field Services

Rosalie Etherington, NDSH Superintendent, Chief Clinics Officer
Jeff Stenseth, Statewide Clinics Director
Andrew McLean, Medical Director

On Jan. 1, 2017, Field Services Included:

- 8 regional human service centers
- 4 satellite clinics / 24 outreach sites
- North Dakota State Hospital
- Life Skills and Transition Center
- 116 service contracts

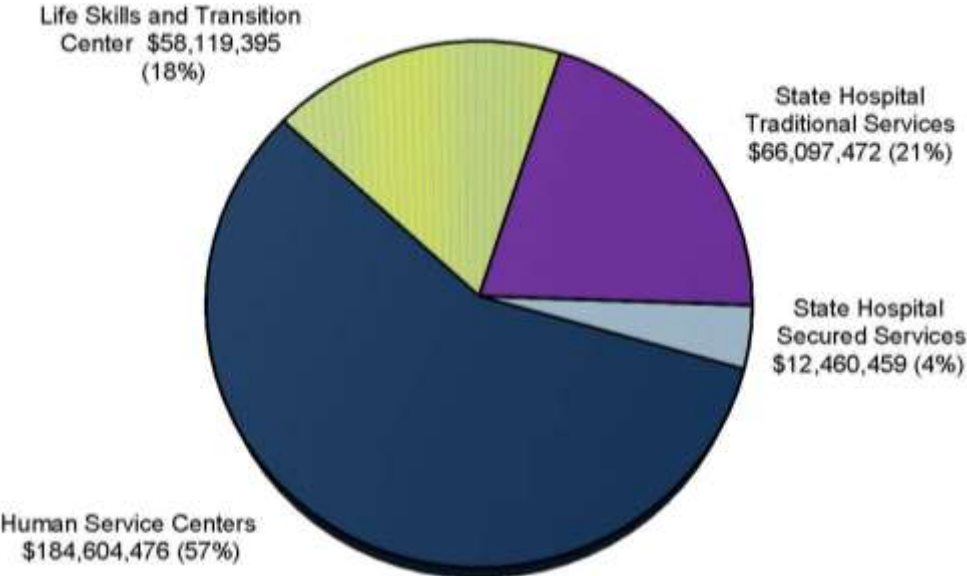
Regional Human Service Centers

- **Bismarck:** West Central Human Service Center (WCHSC)
Director: Brad Brown (December 2016-) and Sandy Thompson (-October 2016)
- **Devils Lake:** Lake Region Human Service Center (LRHSC)
Director: Randy Slavens (July 2016-) and Kate Kenna (Retired June 2016)
- **Dickinson:** Badlands Human Service Center (BLHCS)
Director: Brad Brown (December 2016-) and Sandy Thompson (-October 2016)
- **Fargo:** Southeast Human Service Center (SEHSC), *Director: Jeff Stenseth*
- **Grand Forks:** Northeast Human Service Center (NEHSC)
Director: Randy Slavens (July 2016-) and Kate Kenna (Retired June 2016)
- **Jamestown:** South Central Human Service Center (SCHSC)
Director: Dan Cramer (December 2015-) and Jeff Stenseth (-December 2015)
- **Minot:** North Central Human Service Center (NCHSC), *Director: Laurie Gotvaslee*
- **Williston:** Northwest Human Service Center (NWHSC)
Director: Laurie Gotvaslee

Institutions

- North Dakota State Hospital (*Jamestown*)
- Life Skills and Transition Center (*Grafton*)

Field Services Expenditures



Regional Human Service Centers

Role

The Department's eight regional human service centers and the North Dakota State Hospital provide a continuum of services to North Dakotans with severe and persistent mental illnesses and substance use disorders either directly or through contracts with other service providers.

The human service centers are located in Bismarck, Devils Lake, Dickinson, Fargo, Grand Forks, Jamestown, Minot and Williston. Each serves a multi-county area delivering community-based behavioral health services and other human services on-site, at satellite clinic locations in Beach, Bowman, Grafton, Rolla, Valley City, Watford City, and the Off Main location in Fargo; at part-time outreach offices and via telehealth.

The centers utilize best practices and may adjust services based on local demographics and unique needs in their regions. They also share expertise and staffing resources and may use telehealth to serve clients at other centers impacted by capacity issues.

Core Population Served

- Adults with serious mental illness
- Children with serious emotional disturbance
- Adults and children with substance use disorders that co-occur with serious mental illness
- Pregnant females with substance use disorders
- IV drug users

Services

Outpatient Clinical and Community Services

Emergency Services include 24-hour crisis lines, open access assessments and services, community outreach, mobile crisis support where available, crisis psychotherapy and residential services, social detoxification services, and North Dakota State Hospital admission screening.

Chronic Disease Management, also known as behavioral health recovery management, is provided for individuals with severe behavioral health disorders and includes assessment, targeted case management, addiction counseling, psychotherapy, psychosocial rehabilitation, medication management, and residential, transitional and supported housing services.

Other Specialized Services

- Developmental disability program management
- Vocational rehabilitation counseling and related services
- Adult protective services and other aging services
- Supervision of child welfare services, including child abuse and neglect, child care and foster care licensing
- Supervision of economic assistance programs administered by the counties
- Court-ordered psychological assessment

Regional Human Service Centers

Public *Behavioral Health Accomplishments*

- **Reorganized behavioral health services** creating the positions of chief clinics officer and statewide clinic operations director to provide overall clinical leadership, to align and strengthen treatment and recovery services at the regional human service centers, and enhance coordination with the State Hospital and contracted behavioral health services.
- Approved the Department's **medical director** accepting the University of North Dakota's offer to lead the medical school's psychiatry department while retaining his Human Services leadership role. This **dual role** created an opportunity to address capacity and behavioral health workforce needs by creating residency opportunities at DHS locations and utilizing telehealth to deliver services.
- Signed a contract with Netsmart for an **electronic health record system** to be implemented first at the North Dakota State Hospital and subsequently rolled out to the regional human service centers and Life Skills and Transition Center.

Regional Human Service Center Accomplishments

- Served 26,828 registered human service center clients and provided crisis-line services to 9,803 individuals, some of whom were not registered clients during State Fiscal Year (SFY) 2016.
- Implemented Open Access walk-in behavioral health assessments and services at the regional human service centers to increase access to behavioral health services and to reduce wait times and no-show rates.
 - Uses a triage approach to provide immediate care to those most in need, and connect people to assessments and related services in a more timely manner, while maintaining the ongoing patient caseload
 - Launched Open Access at Northwest Human Service Center (NWHSC) in Williston in September 2015
 - Subsequently implemented Open Access at the remaining human service centers
 - North Central Human Service Center (NCHSC) in Minot – January 2016*
 - Southeast Human Service Center (SEHSC) in Fargo – October 2016*
 - South Central Human Service Center (SCHSC) in Jamestown – March 2016*
 - West Central Human Service Center (WCHSC) in Bismarck – April 2017*
 - Badlands Human Service Center (BLHSC) in Dickinson – May 2017*
 - Lake Region Human Service Center (LRHSC) in Devils Lake – June 2017*
 - Northeast Human Service Center (NEHSC) in Grand Forks – June 2017*
- **Provided information to policymakers** studying the state's public and private behavioral health systems, behavioral health needs, gaps in services, and opportunities to strengthen services and supports, and also participated in community behavioral health discussions, education and planning efforts.

Regional Human Service Centers

Accomplishments *(Continued)*

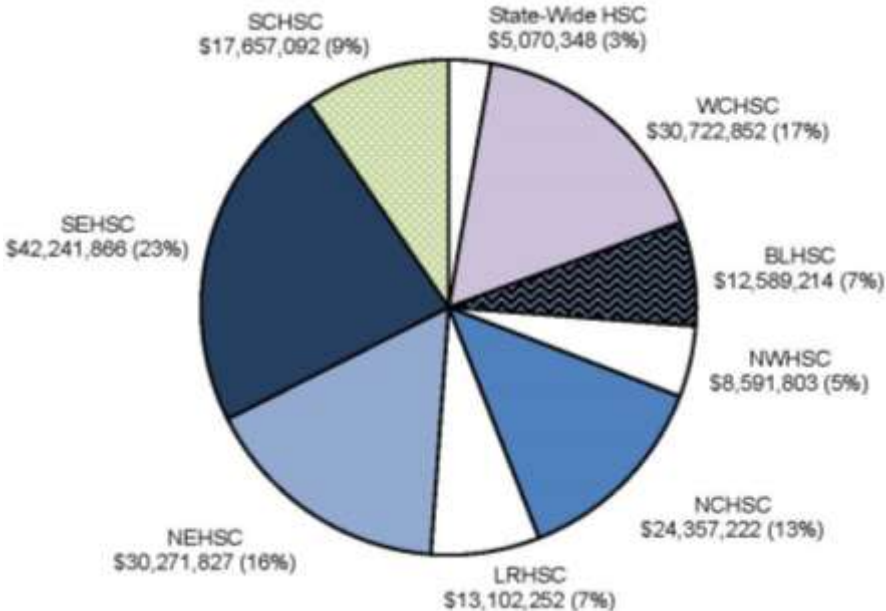
- Worked with local community partners in Bismarck, Fargo and Grand Forks to organize **recovery events** featuring walks, speakers, wellness demonstrations, fellowship and meals, and other activities in order to celebrate people in recovery from addiction and to promote prevention and healthy living.
- Supported **training** in Assertive Community Treatment, Dual Diagnosis Capability in Addiction Treatment, Illness Management and Recovery, quality management, emergency management, psychosocial rehabilitation and recovery management for staffs at the regional human service centers.
- Participated in **safety and security reviews** and **lockdown training** conducted by the Department's risk manager.
- Required mental health technicians to **complete certification training** for targeted case management.
- Filled a gap in behavioral health services in the Minot region by opening NCHSC's **Open Arms adult crisis and transitional living center program**. This assures area residents have access to an intermediate, supervised level of care that can help prevent some psychiatric hospital stays and smooth transitions for individuals leaving inpatient care.
- **Hosted training** at NWHSC and NCHSC about vicarious trauma. Department behavioral health professionals are exposed to traumatic experiences regularly through their work.
- Entered into a **collaborative effort involving BLHSC, the Southwest Judicial District Court** and the **Southwest Multi-County Correction Center (SWMCC)** in Dickinson to connect individuals who undergo a bond hearing and are in need of addiction and evaluation services quickly. BLHSC staff provided outreach at the SWMCC three days per week to connect individuals with services in the community.
- Added these **evidence-based programs** at West Central Human Service Center:
 - *Illness Management and Recovery* providing information, support, and skills to help clients manage their mental illness and move forward in their own recovery process.
 - *Assertive Community Treatment* delivering integrated services to people with serious mental illness.
 - *Dialectical Behavior Therapy* group to teach skills to people in need.
 - *Eye Movement Desensitization and Reprocessing therapy* is an integrative psychotherapy approach that is effective for the treatment of trauma.
 - *Stage-Based Treatment* for substance use disorders.

Regional Human Service Centers

Accomplishments (Continued)

- Implemented an **integrated team-based service delivery model** at SCHSC in Jamestown for the provision of all behavioral health services. Treatment teams comprised of therapy, addiction counseling, case management and medical staff treat clients in a holistic integrated way with an emphasis on restoring life-role function. Staff also provide 40 hours per week of group programming within an integrated treatment mall, implementing evidence-based interventions uniquely identified to meet the needs of a population experiencing chronic behavioral health disorders.
- Started a new **Dual Diagnosis Education Group** in Grand Forks offering education, including healthy coping skills, and peer support for NEHSC clients living with a mental illness and chemical/alcohol addiction.
- Added two new **evidence-based programs** to the services offered by NEHSC's Addiction Unit: *Dialectical Behavior Therapy* group specific for substances abusers and *Matrix for the Criminal Justice Client* features an intensive outpatient treatment program used with Adult Drug Court clients that included group and individual therapy, family education sessions and aftercare programming.
- Provided programmatic support to the new **community social detox center** in Grand Forks that opened in the fall of 2016.
- Received **accreditation** from the Commission on Accreditation of Rehabilitation Facilities for the Ruth Meiers Adolescent Center, a residential treatment program for children and adolescents in Grand Forks, which is affiliated with NEHSC.

Regional Human Service Centers Expenditures



North Dakota State Hospital

Rosalie Etherington, Superintendent

Role

The North Dakota State Hospital provides specialized inpatient or residential care to individuals with severe and persistent mental illnesses and substance use disorders whose needs exceed community resources. The regional human service centers are required by law to prescreen all admissions to determine if individuals have access to appropriate alternative local community services.

Individuals served often have complex needs that may include both mental illness and substance use disorders, or other co-occurring diagnoses such as traumatic brain injuries or developmental disabilities that result in significant behavioral challenges.

On average, the hospital serves 950 individuals annually, handles about 18 admissions per week, and has an average length of stay of 55 days. The hospital has 123 beds designated for the adult traditional patient population. Admissions typically come from private psychiatric community hospitals due to violence or the need for longer stabilization and psychiatric rehabilitation.

The State Hospital also designates 106 beds for a Joint Commission accredited residential addiction treatment program named the Tompkins Rehabilitation Program. It serves adults who are in the custody of the North Dakota Department of Corrections and Rehabilitation (DOCR) who have a substance use disorder and are scheduled to be released soon to the community.

The hospital also has a 76-bed unit to provide residential treatment of civilly committed sexually dangerous individuals.

The State Hospital continues to serve as the primary inpatient mental health provider for the Devils Lake, Dickinson, Jamestown, and Williston regions (a 26-county area) because those regions do not have private community hospitals that provide inpatient psychiatric and substance use disorder treatment services.

Services

- **Acute, sub-acute, and specialized rehabilitation hospital services** for individuals with severe and persistent mental illnesses and substance use disorders
- **Transitional living services** for adults with persistent and serious mental illness
- **Evaluation and treatment services** for civilly committed sexually dangerous individuals
- **Residential addiction treatment services** provided by the Tompkins Rehabilitation Program through a contract with the North Dakota Department of Corrections and Rehabilitation for inmates preparing for community release

North Dakota State Hospital

Accomplishments

- Added a new 16-bed unit at the State Hospital to **expand the Tompkins Rehabilitation Program** from 90 to 106 beds. The program provides diagnosis, evaluation and residential treatment services under a contract with DOCR. Individuals may receive group and individual therapy, cognitive restructuring, structured social environment therapy and aftercare planning services.
- Implemented **new violence reduction efforts** including training in violence prevention and response, milieu management and behavior management resulting in the reduction of patient-patient and patient-staff violence.
- Passed the two-day inspection by the North Dakota Department of Health, on behalf of the Centers for Medicare and Medicaid Services (CMS), without any condition-level deficiencies. The **validation survey** is part of CMS operating procedures for “deemed status” hospitals, which are those hospitals accredited by Joint Commission with an acceptance of the accreditation by CMS. Health care organizations that achieve accreditation through a Joint Commission deemed status survey are determined to meet or exceed Medicare and Medicaid requirements.
- Successfully passed the **Joint Commission accreditation survey** and received a three-year accreditation following a survey visit.
- Implemented a **Psychiatric Residency Program** in August 2016 to build the behavioral health workforce at the hospital and in the state. The program began with one resident and expects a steady rotation of up to six residents per year.
- Accompanied a **DOCR Innovation Team** that traveled to the Norway State Hospital as part of the state’s Justice Reinvestment effort. Superintendent and Chief Clinics Officer participated in the team that secured assistance from the European American Criminal Justice Innovation Program to study public policy and sentencing and treatment practices involving nonviolent offenders charged with drug and alcohol-related crimes.
- Hosted the **interim Human Services Committee** in March 2016 as the committee continued its study of behavioral health needs. DHS representatives provided information about the role of human service centers, regional intervention services and emergency services, hospital diversion efforts, crisis mobile response services and State Hospital commitment proceedings. DHS staff also provided information on mental health services for adults, including public and private services and services provided at the regional human service centers, including the eligibility screening process for services such as case management.

Life Skills and Transition Center

Susan Foerster, Superintendent

Role

The Life Skills and Transition Center (LSTC) is a comprehensive support agency that provides structured residential services, independent supported living arrangement services, day supports, youth transition services, and other specialized services for people with developmental and intellectual disabilities who have significant needs that may exceed community resources. Some clients may also require skilled nursing services, or have co-occurring psychiatric diagnoses and challenging behaviors including sexual offending behaviors. Clients also include youth with intellectual disabilities who are transitioning to community settings and having difficulty finding housing and services. Staffs at the regional human service centers handle referrals for admission to the center.

LSTC services are provided on and off campus to meet individual needs and personal goals. LSTC outreach services and support help people with disabilities live, work and maintain their health in the community.

The LSTC campus also houses private apartments, a Veterans Affairs Clinic, a Head Start Program, two child care centers, Northeast Human Service Center's outreach office in Grafton, and outreach offices for other state agencies and community non-profit organizations. Efforts to study facility usage and explore future local and regional economic development opportunities are ongoing.

Services

Residential Services

- 24-hour comprehensive services and supports, including medical and clinical programming that are outcome-based and guided by each person's preferences and individual needs
- Access to community activities and organizations
- Transportation to community sites, events and activities
- Youth transition residential services

Vocational Services – Work Activity Program

- Work sites on the campus and in the community
- Work and activities are focused on each individual's needs and interests and, when possible, integrate individuals into community work sites

Outreach Services

- Independent Supported Living Arrangement Program in local community housing
- Clinical Assistance, Resources and Evaluation Services (CARES) Program offers outreach services including consultation and in-home and on-site supports provided by a team of clinical staff and direct support staff in the community to prevent admissions and readmissions and help transition people from the LSTC. In 2016, the team served 24 people through 136 service encounters.

Life Skills and Transition Center

Outreach Services (Continued)

- CARES Clinic assures that people with disabilities living in the community in the Grafton region have local access to physical, occupational and speech therapy services; adaptive equipment services; and dental and medical services provided by the LSTC without having to travel to Grand Forks. The clinic served 220 people in 2016.
- Intellectual Disabilities Behavioral Health Service is provided by a team of applied behavioral analysts who offer behavioral assessment and intervention services to people with developmental disabilities throughout North Dakota.

Accomplishments

- Worked with individuals, their families, advocates, partners and providers to **transition** 32 individuals to the community during the biennium.
- Provided **short-term crisis admission with services and supports** ranging in duration from three to 29 days for 20 individuals who then returned to their homes in their communities.
- Provided developmental disabilities **behavioral health services** to 263 people residing in over 30 communities throughout the state in 2016.
- Received a rare **four-year accreditation** from the Council on Quality and Leadership (CQL) recognizing the full-service support agency for its person-centered services and practices that promote quality of life and community integration for the people it serves on and off the campus through residential services, behavioral health consultations and other outreach and vocational services.
- Successfully completed the **annual Centers for Medicare and Medicaid Services (CMS) recertification** (Title 19 Survey) for all residential buildings and health services.
- Hosted **Grafton Community Task Force strategic planning** sessions and participated in community discussions over the biennium. PRAXIS, a consultant hired by the city of Grafton and the Red River Regional Economic Development Council, conducted a strategic planning initiative to identify regional and community needs and options for reuse and repurposing of LSTC facilities and grounds.

Appendices

Expenditures 2015-2017 Biennium

| Subdivision | Salaries and Wages | Operating Expenses | Capital Assets | Construction Carryover | Grants | HSCs and Institutions | Grants-Medical Assistance | Total | General | Federal | Other |
|---|--------------------|--------------------|----------------|------------------------|--------------------|-----------------------|---------------------------|----------------------|----------------------|----------------------|--------------------|
| Administration - Support | 15,927,316 | 7,215,072 | | | | | | 23,142,388 | 13,901,540 | 8,910,440 | 330,408 |
| Information Technology Services | 13,531,109 | 83,603,009 | 28,991 | 107,294,407 | 24,375 | | | 204,461,891 | 62,329,717 | 135,106,232 | 7,045,942 |
| Management Total | 29,458,425 | 90,818,081 | 28,991 | 107,294,407 | 24,375 | - | - | 227,624,279 | 76,231,257 | 144,016,672 | 7,376,350 |
| Economic Assistance Policy - Grants | 7,833,757 | 9,301,853 | | | 225,816,145 | | | 243,151,755 | 15,125,131 | 211,523,667 | 16,502,957 |
| Child Support | 23,755,441 | 3,675,014 | | | | | | 27,430,455 | 8,096,740 | 16,828,855 | 2,504,860 |
| Medical Services | 8,423,563 | 43,984,131 | | | 211,010 | | 1,145,908,318 | 1,198,627,022 | 276,024,315 | 874,505,277 | 47,997,430 |
| Long Term Care | | | | | 407,002 | | 610,366,721 | 610,773,723 | 316,946,201 | 290,588,848 | 3,298,674 |
| DD Council | 245,517 | 124,448 | | | 341,160 | | | 711,125 | - | 711,125 | - |
| Aging Services | 2,709,361 | 16,344,453 | | | 2,925,479 | | | 21,979,293 | 7,469,057 | 14,283,863 | 226,373 |
| Children And Family Services | 3,077,661 | 7,043,466 | | | 156,190,670 | | (160) | 166,311,637 | 63,686,029 | 92,827,377 | 9,598,231 |
| Behavioral Health | 2,707,499 | 13,275,781 | | | 1,681,793 | | | 17,665,073 | 7,216,344 | 9,788,738 | 659,991 |
| Vocational Rehabilitation | 5,412,406 | 3,665,217 | | | 12,451,304 | | | 21,528,927 | 5,891,123 | 15,507,975 | 129,829 |
| Developmental Disabilities Division * | 1,838,601 | 6,955,711 | - | - | 533,952 | | 580,772,989 | 590,101,253 | 263,623,467 | 300,277,766 | 6,000,000 |
| Program And Policy Total | 56,003,806 | 104,570,074 | - | - | 400,558,515 | - | 2,337,047,668 | 2,998,180,263 | 984,478,427 | 1,626,843,491 | 86,658,345 |
| State-Wide HSC Management | | | | | | 5,070,348 | | 5,070,348 | 3,021,536 | 1,966,993 | 81,819 |
| Northwest HSC | | | | | | 8,591,803 | | 8,591,803 | 5,002,066 | 2,877,774 | 711,943 |
| North Central HSC | | | | | | 24,357,222 | | 24,357,222 | 14,680,785 | 8,763,020 | 913,417 |
| Lake Region HSC | | | | | | 13,102,252 | | 13,102,252 | 7,258,746 | 3,321,042 | 2,522,464 |
| Northeast HSC | | | | | | 30,271,627 | | 30,271,627 | 18,347,926 | 9,719,977 | 2,203,924 |
| Southeast HSC | | | | | | 42,241,866 | | 42,241,866 | 26,379,291 | 14,057,067 | 1,805,488 |
| South Central HSC | | | | | | 17,657,092 | | 17,657,092 | 10,884,306 | 5,871,233 | 901,553 |
| West Central HSC | | | | | | 30,722,852 | | 30,722,852 | 19,142,764 | 10,414,699 | 1,165,389 |
| Badlands HSC | | | | | | 12,589,214 | | 12,589,214 | 8,495,039 | 3,432,749 | 661,426 |
| Human Service Centers Total | | | | | | 184,604,476 | - | 184,604,476 | 113,212,479 | 60,424,574 | 10,967,423 |
| State Hospital | | | | 55,199 | | 66,042,273 | | 66,042,273 | 48,362,647 | 854,136 | 16,880,689 |
| Sex Offender Treatment & Evaluation Program | | | | | | 12,460,459 | | 12,460,459 | 12,460,232 | | 227 |
| Life Skills and Transition Center | | | | | | 58,119,395 | | 58,119,395 | 33,462,730 | 22,866,803 | 1,789,862 |
| Institutions Total | | | | 55,199 | | 136,622,127 | | 136,622,127 | 94,285,609 | 23,720,939 | 18,670,778 |
| Total | 85,462,231 | 195,388,155 | 28,991 | 107,349,606 | 400,582,890 | 321,226,603 | 2,337,047,668 | 3,447,086,344 | 1,268,207,772 | 2,055,005,676 | 123,872,896 |

* DD Grants moved to the Developmental Disabilities Division in the 15-17 Biennium. In prior bienniums, it was reported under the Long-Term-Care Division.

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