



# North Dakota Department of Human Services 2017-2019 BIENNIAL REPORT



The North Dakota Department of Human Services 2017-2019 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.

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November 29, 2019

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

Dear Governor Burgum,

This report describes programs and services the North Dakota Department of Human Services (DHS) administers, provides and/or funds to help vulnerable North Dakotans improve their health and well-being if they are unable to access social determinants of health in their communities (economic stability, food, health care, etc.). DHS programs and services are a safety net, and caseload and expenditure data in this report highlight areas of opportunity to invest in community resources upstream, diverting people from the safety net.

The biennial report also highlights significant developments and major accomplishments achieved by the Human Services team together with partners during the 2017-2019 biennium. One accomplishment capped off a major multi-biennium project: the federal certification of the North Dakota Health Enterprise Medicaid Management Information System (MMIS) that processes Medicaid claims, pays enrolled providers and supports required federal reporting and other business functions. Other accomplishments described in the report are part of newly-evolving initiatives.

Our work has been driven by the desire to do what is right for clients, employees, and the taxpayers. It is transformative work. Rather than focusing on cost-cutting, resources are being reallocated to find and create greater efficiencies, improve client outcomes and continue investing in social determinants of health.

Key strategic priorities this biennium included strengthening and expanding the continuum of behavioral health services in North Dakota, studying and redesigning social services to be more effective and efficient, and improving access to in-home and community-based long-term services and supports.

The DHS Behavioral Health team continued to partner with stakeholders and lead efforts to implement the HSRI North Dakota Behavioral Health Strategic Plan recommendations. They worked tirelessly to increase the state's investment in primary prevention in communities, early intervention, and evidence-based recovery support such as peer support training, while continuing work to prevent opioid overdose deaths and expand access to medication assisted-treatment for opioid use disorder.

The department and division were grateful for, and pleased to support, North Dakota First Lady Kathryn Burgum's initiatives to fight the stigma surrounding addiction by educating people that addiction is a chronic disease and promoting recovery through Recovery Reinvented, which brought experts to North Dakota to share information about innovative solutions.

The department's Field Services area focused on improving access to quality and effective public behavioral health services by implementing evidence-based practices, expanding walk-in service hours, and expanding telehealth services beyond psychiatry, which resulted in a 38 percent increase in utilization in 2018. Field Services also worked closely with the 2018 National Governors Association Learning Lab to complete planning for a statewide behavioral health crisis response system that received legislative support and will be implemented during the 2019-2021 biennium.

During the biennium, the department also assumed financial responsibility for the cost of county social service programs and worked closely with partners at the North Dakota Association of Counties, county social service offices, and state and local elected representatives and public servants to implement 2017 Senate Bill 2206: the social service redesign bill. Details are included in a section of this report. Transforming the financing, structure, culture and service delivery processes in the human services system is complex and continues into the 2019-2021 biennium with the passage of Senate Bill 2124 in 2019.

With your continued support, we remain focused on collaborating with state and local partners, tribal nations, and public and private entities to proactively address challenges and create opportunities to positively impact the health, well-being and quality of life of vulnerable North Dakotans.

I invite you to review this report, which details additional accomplishments achieved by DHS staff and our partners. We are honored to have the opportunity to serve the people of North Dakota.

Sincerely,



Chris Jones  
Executive Director

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# Mission and Definitions

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

<b>Quality services</b>	<ul style="list-style-type: none"><li>• Services and care should be provided <b>as close to home as possible</b> to<ul style="list-style-type: none"><li>○ Maximize each person’s independence and autonomy</li><li>○ Preserve the dignity of all individuals</li><li>○ Respect constitutional and civil rights</li></ul></li><li>• Services should be <b>provided consistently across service areas</b> to promote equity of access and delivery of person-centered services</li></ul>
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<b>Efficient services</b>	<ul style="list-style-type: none"><li>• Services should be administered to <b>optimize</b> for a given cost the <b>number served at a service level aligned to need</b></li><li>• Investments and funding in DHS should <b>maximize return on investment for the most vulnerable</b> through safety net services, not support economic development goals</li><li>• Cost-effectiveness should be considered holistically, acknowledging <b>potential unintended consequences</b> and <b>alignment between state and federal priorities</b></li></ul>
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<b>Effective services</b>	<ul style="list-style-type: none"><li>• Services should <b>help vulnerable North Dakotans</b> of all ages <b>maintain or enhance quality of life</b> by:<ul style="list-style-type: none"><li>○ Supporting <b>access to the social determinants of health</b>: economic stability, housing, education, food, community, and health care</li><li>○ <b>Mitigating threats to quality of life</b> such as lack of financial resources, emotional crises, disabling conditions, or inability to protect oneself</li></ul></li></ul>
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# Social Determinants of Health

**Social determinants of health are all necessary and mutually reinforcing** in securing the well-being of an individual or family. They are only as strong as the weakest link.

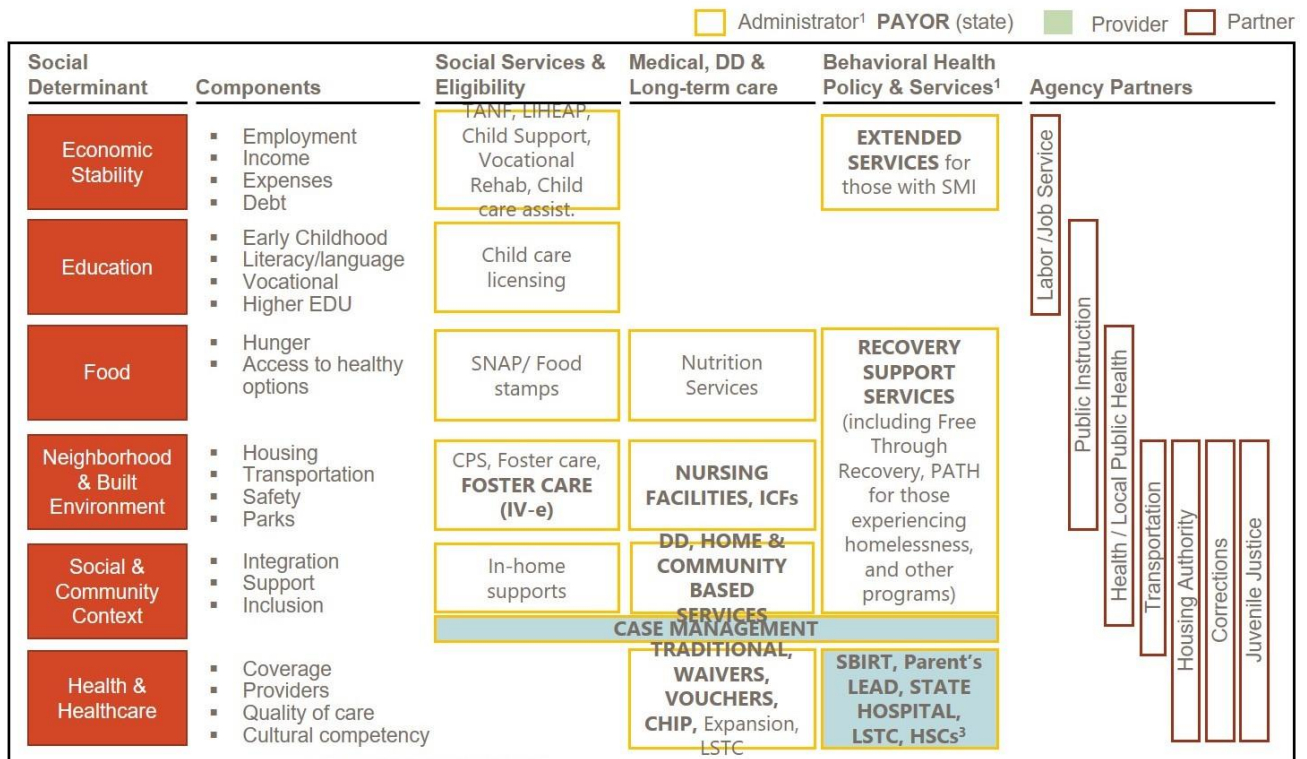
**Community resources shape and enable access to the social determinants** (e.g., schools provide access to education, employment provides access to economic stability).

**Investing in community resources** can, in many cases, **prevent individuals from needing to access DHS safety net services** to obtain the social determinants of health.

The North Dakota Department of Human Services enables access to social determinants of health, such as food, health and health care, economic stability, social and community context, **when community resources are insufficient**. This involves administering, paying for, providing and supporting numerous services.

## Illustrative Example:

### How DHS supports access to social determinants of health



## NOTE

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

## Guiding Principles

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- 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

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- Employs approximately 2,162 employees with about 75 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.

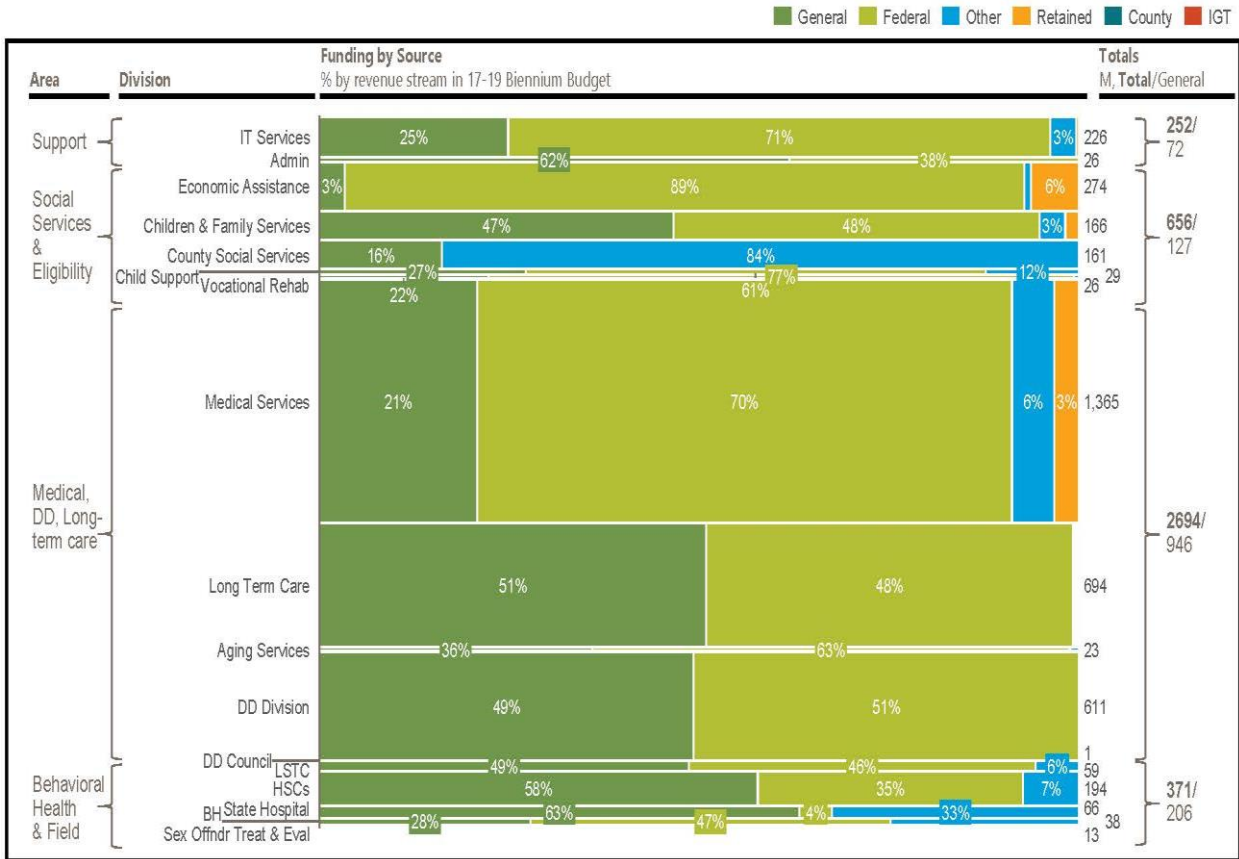


*The department works to keep people living in the community with the help of services and supports.*

# Investment in the Safety Net

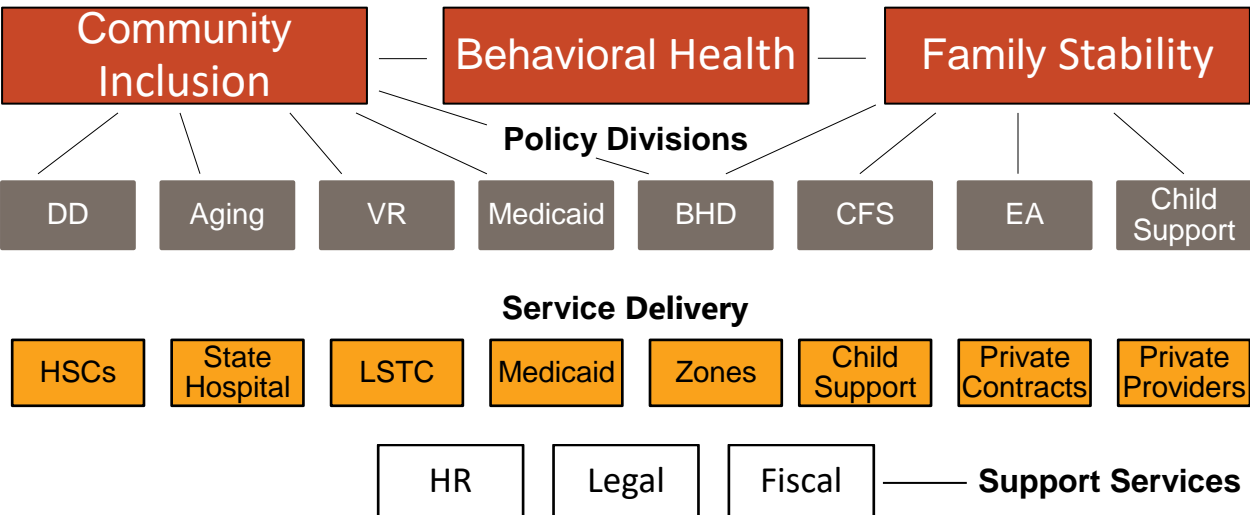
As a payor, the Department of Human Services spends most of its budget on medical services, developmental disability services and long-term care services. A significant share of these dollars comes from the general fund (state tax revenue).

## Illustration

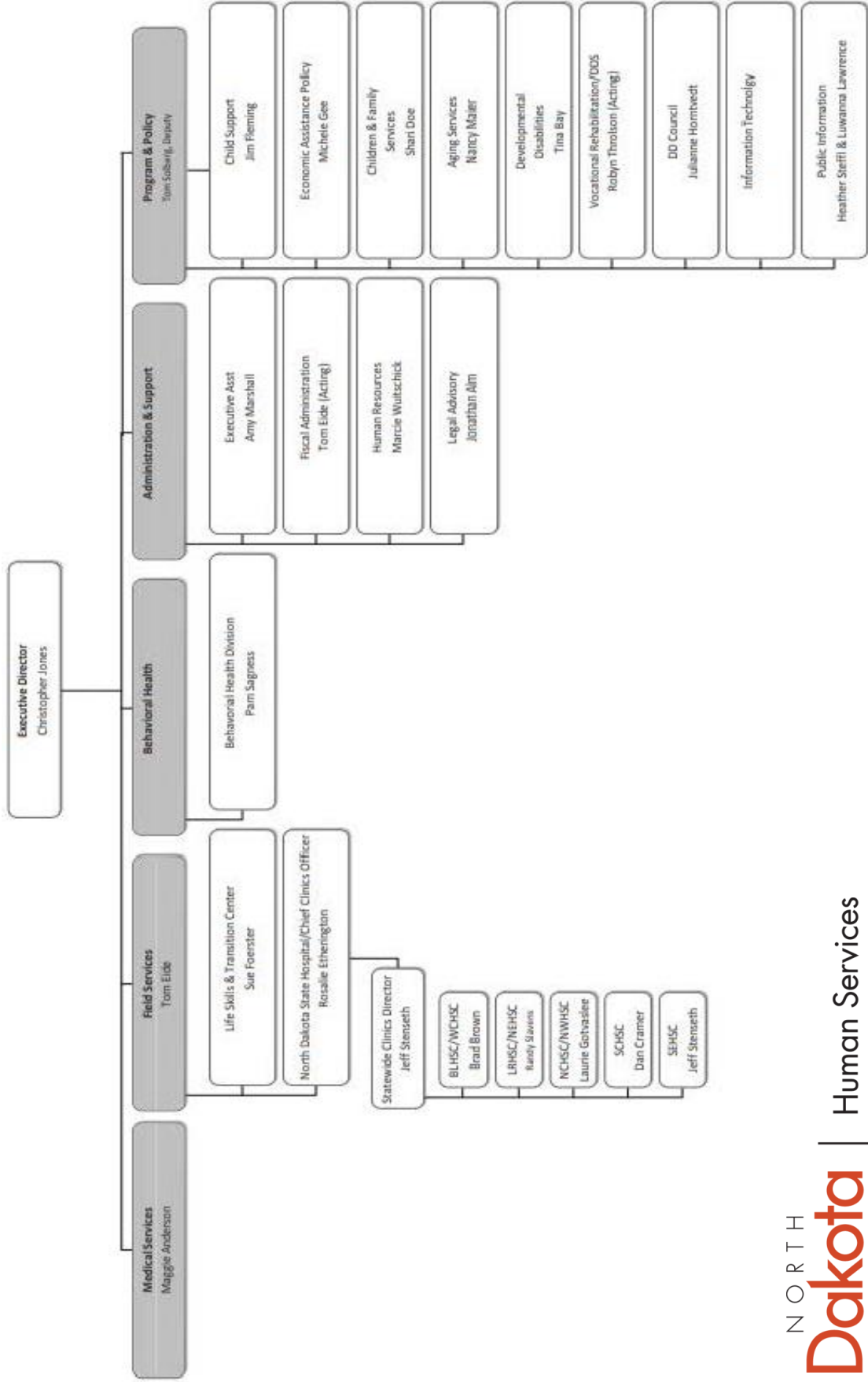


## Illustration: How overall structure supports purpose

### Overall Purpose



# Organizational Chart 2017-2019



# County Social Services Redesign

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The state has been incrementally absorbing social (human) service costs since the 1990s. Throughout the 2017-2019 biennium, the Department of Human Services, the North Dakota Association of Counties (NDACo) and county social service leaders have been working closely together with the support of the governor's office and state lawmakers to review and begin to redesign social services to better serve North Dakotans and deliver more effective services in a more efficient way.

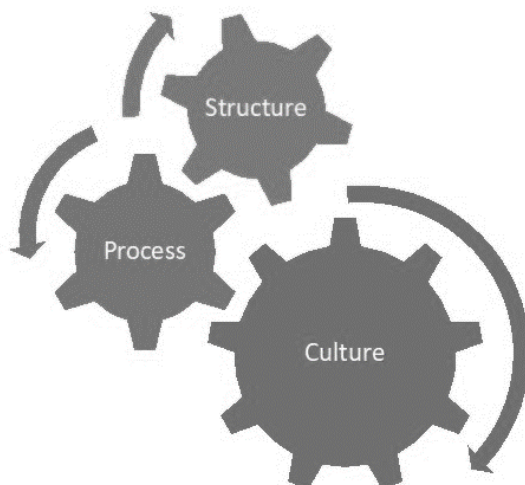
## Began with Senate Bill 2206

This collaborative work began with the passage of Senate Bill 2206 during the 2017 legislative session. Drafted to provide property tax relief, this bill transferred the funding of social service programs to the state for the biennium and required an interim study to include a pilot program and recommendations for implementing improvements.

- **SB 2206 Pilot study** kicked off on Oct. 12, 2017
- **Philosophy:** Put the client in the middle and identify how to deliver services to get the best outcomes and address gaps in community social determinants of health
- **4 committees** were created to focus on specific areas and met almost monthly between October 2017 and September 2018
  - Administrative
  - Child and Family Services
  - Adult Services, including older adults and persons with disabilities
  - Economic Assistance
- **Committee recommendations highlighted these themes for program improvements**
  - Specialize work
  - Collaborate to share resources/capacity
  - Improve ways of working and align to best practices
- **Improving programs is more than looking at structure:** process and cultural change must accompany structural change

### 3 Key Levers for Change

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- 3 Core Areas
  - Process
  - Structure
  - Culture
- Focus is on service delivery to the client in the most effective and efficient way possible
- Seek to remove geographic, political and cultural boundaries to deliver smart, efficient and compassionate human services
- Primary Stakeholders
  - Individuals & Families
  - Taxpayers
  - Employees

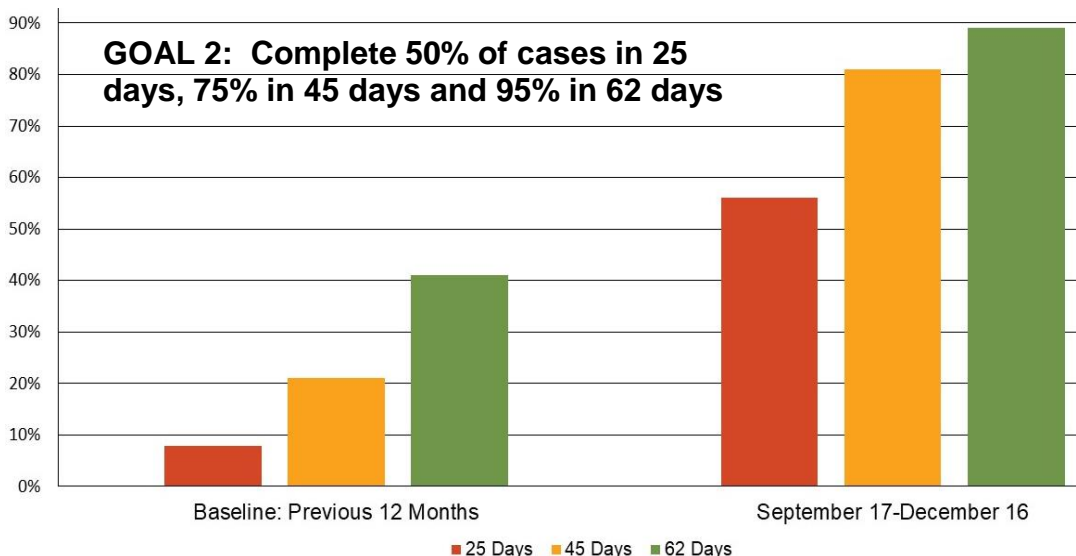
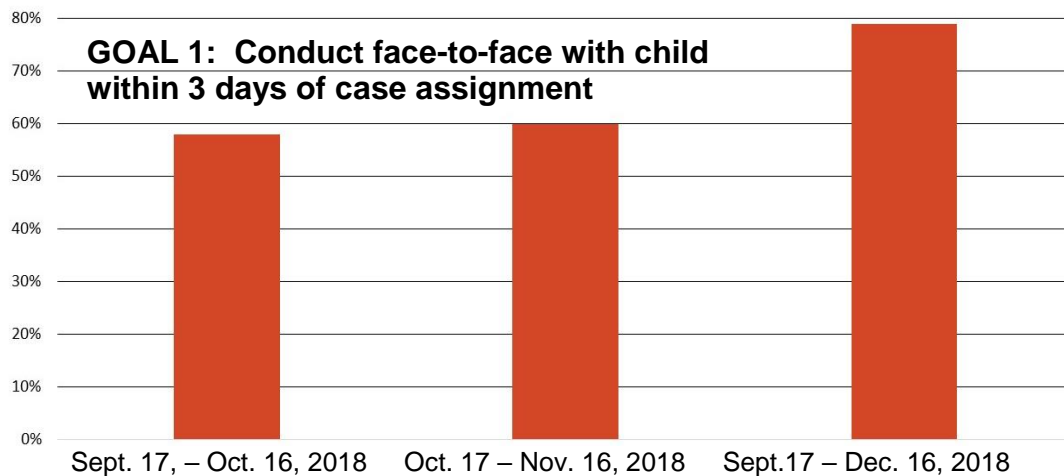


# County Social Services Redesign

## Theory of Constraints (TOC)

- To address process/cultural barriers, the department and its partners (NDACo and counties) have been working to improve services using the Theory of Constraints (TOC) method.
- The first TOC pilot project focused on **Child Protection Services (CPS) assessments**; it grew out of the SB 2206 study group that focused on child welfare services.
- **Counties volunteered** to participate and included rural and metro counties.
- CPS pilot redesign project **started in** counties in the **southwest and southeast regions** of the state.
- **Reason for redesign: families were being served differently**
  - Had 43 different ways of doing CPS
  - Forms, timelines and the way policy was interpreted locally were different
- **GOAL: Bring more consistency to the process**, while allowing some flexibility based on other services offered in a community and population needs.

## 2018 Child Protection Services Pilot Project Successes



# County Social Services Redesign

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From the outset of the study, it was recognized that North Dakota does not have comparable scale to states that have state-supervised, county-administered programs. This model was inefficient and unsustainable from a cost perspective.

Senate Bill 2124 evolved out of the desire to create a new service delivery model removing structural barriers preventing North Dakota from making needed changes and improvements.

## Senate Bill 2124 helps address these structural barriers:

- Rate per case funding formula did not enable change in the mix of services provided, thereby preventing specialization
- County boundaries created siloed operations, and the grant-like funding formula created a disincentive to sharing resources
- Scaling best practices across counties can be difficult due to institutional silos of county-based organizational structures and funding formula

## Overview of SB 2124

- Direct delivery of human services will be provided in up to 19 multi-county "zones" that preserve all current service access locations
  - counties with population over 60,000 may be single county zones
- Local decision-making in zone creation, with final plan approval by DHS
- Unique local programs to be continued
- Develop a state funding formula for direct costs that is tied to actual 2018 expenditures and state salary adjustments
- Retain local funding of indirect costs with a portion reimbursed through the indirect cost plan
- Establishes an expanded human service zone board composed of county commissioners and other local leaders with authority to hire the zone director and ensure local service needs are addressed
- Consultation role and approval authority for DHS in zone director selection and clear participation in evaluating performance of the director and zone
- Zone employees will remain within the state's merit system as required by federal law
- Employment and salaries of existing employees will be preserved, with transfers and reassignments protected by all existing rules
- Transfer of zone employees to the state for specific services that may be identified for specialization; but also allows for zone supervision of state employees if they physically remain in the zone office
- Statewide consistency in indigent burial and ultimately general assistance to increase efficiency and guarantee equal access. *Source: NDACo Bill Summary*

## Guiding principles

- No reduction in access points
- Redistribution of dollars from administration to direct client service delivery
- No reductions in force or reductions in pay (roles will be redesigned for some)
- Promote equity in access and meet clients where they are
- Promote specialization of efforts where possible to improve consistency of service
- Promote decision making as close to the client as possible

# County Social Services Redesign

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## Pilot projects

- Address the cultural and process barriers to change
- Are in various stages of planning and implementation and will be a key focus of work during the 2019-2021 biennium now that structural barriers are being removed
- Success criteria helps to ensure changes don't compromise the needs of:



## DHS Funding Overview

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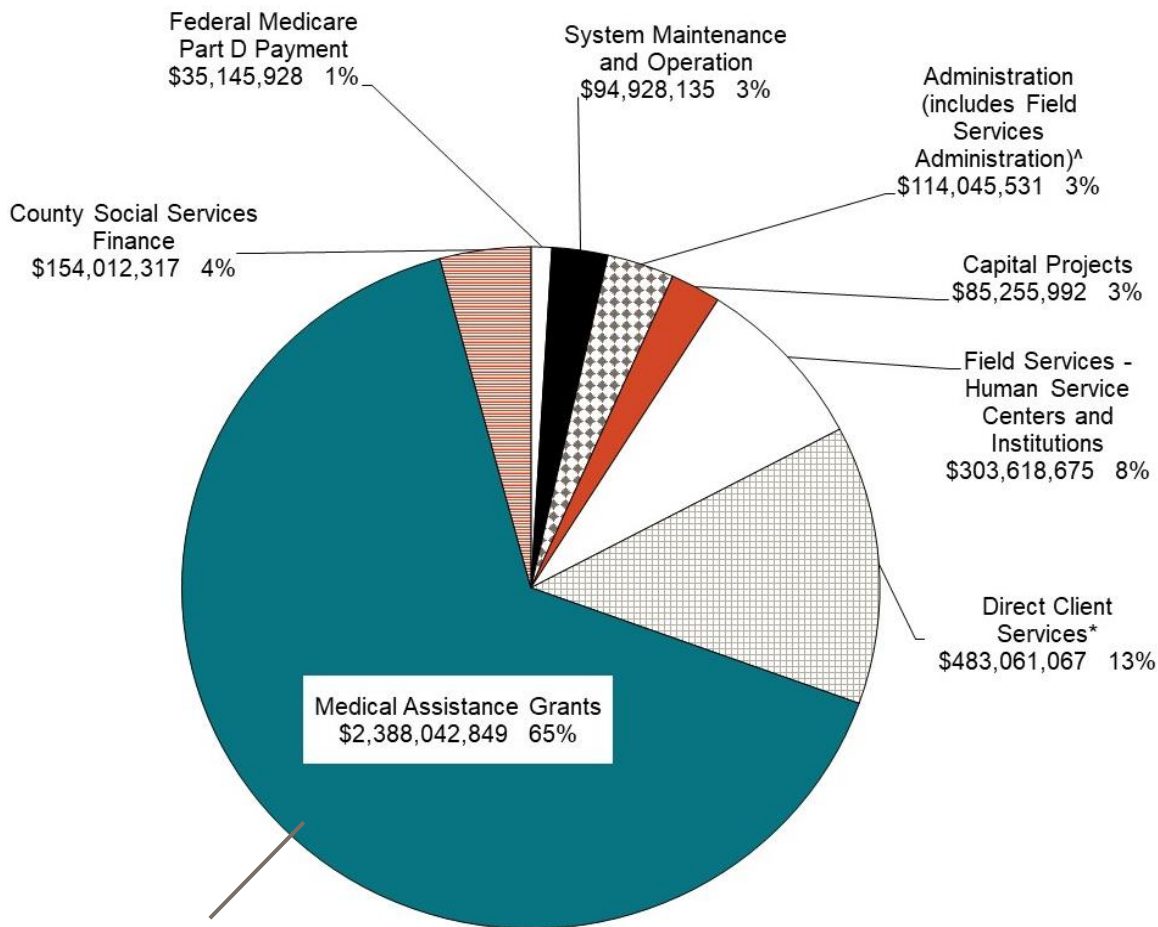
The Department of Human Services receives and distributes funds appropriated by Congress and the North Dakota Legislature for the purpose of providing health and human services to the state's most vulnerable residents.

### Expenditure Breakdown

- 65 percent of the budget is medical assistance grants, which is the portion that is similar to insurance coverage
- 13 percent is for direct client services
- 8 percent of the budget is for the delivery of health care via the institutions and regional human service centers
- 6 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
- 4 percent is for county social service finance

# Where Does the Money Go?

2017-2019 Actual Expenditures: \$3,658,110,494



Medical Assistance Grants (by Program) #	Actual Grants Expenditures	% of Medical Assistance Grants
Developmental Disabilities Grants	\$584,948,726	16%
Traditional Medicaid Grants and Healthy Steps (CHIP)	\$585,090,227	16%
Medicaid Expansion	\$570,521,018	16%
Long-Term Care Services	\$647,482,878	18%
<b>Total</b>	<b>2,388,042,849</b>	<b>65%</b>

**Notes:**

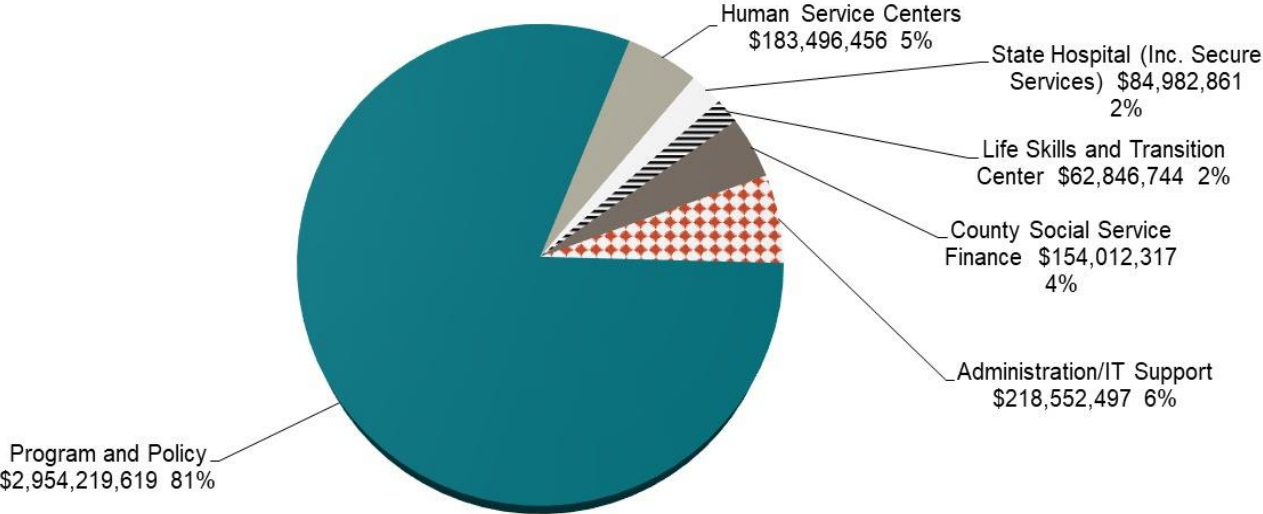
^ **Administration** includes \$2.6 million for the Dental Access Project and federal administrative funds paid to the Department of Health for nursing home surveys, a nurse aid registry, and the ND Quitline.

\* **Direct Client Services** include Economic Assistance Programs, regional child support units and IV-D judicial, and grants and service contracts for Child Welfare, Aging, Behavioral Health, Vocational Rehabilitation, Medical Services, and Developmental Disability.

# **Medical Assistance Grants** includes Community of Care Program, Personal Needs Allowance Supplemental Security Income, Remedial Eye Care, and County Jail Claims.

# Expenditures by Subdivision

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# Administrative Support Services

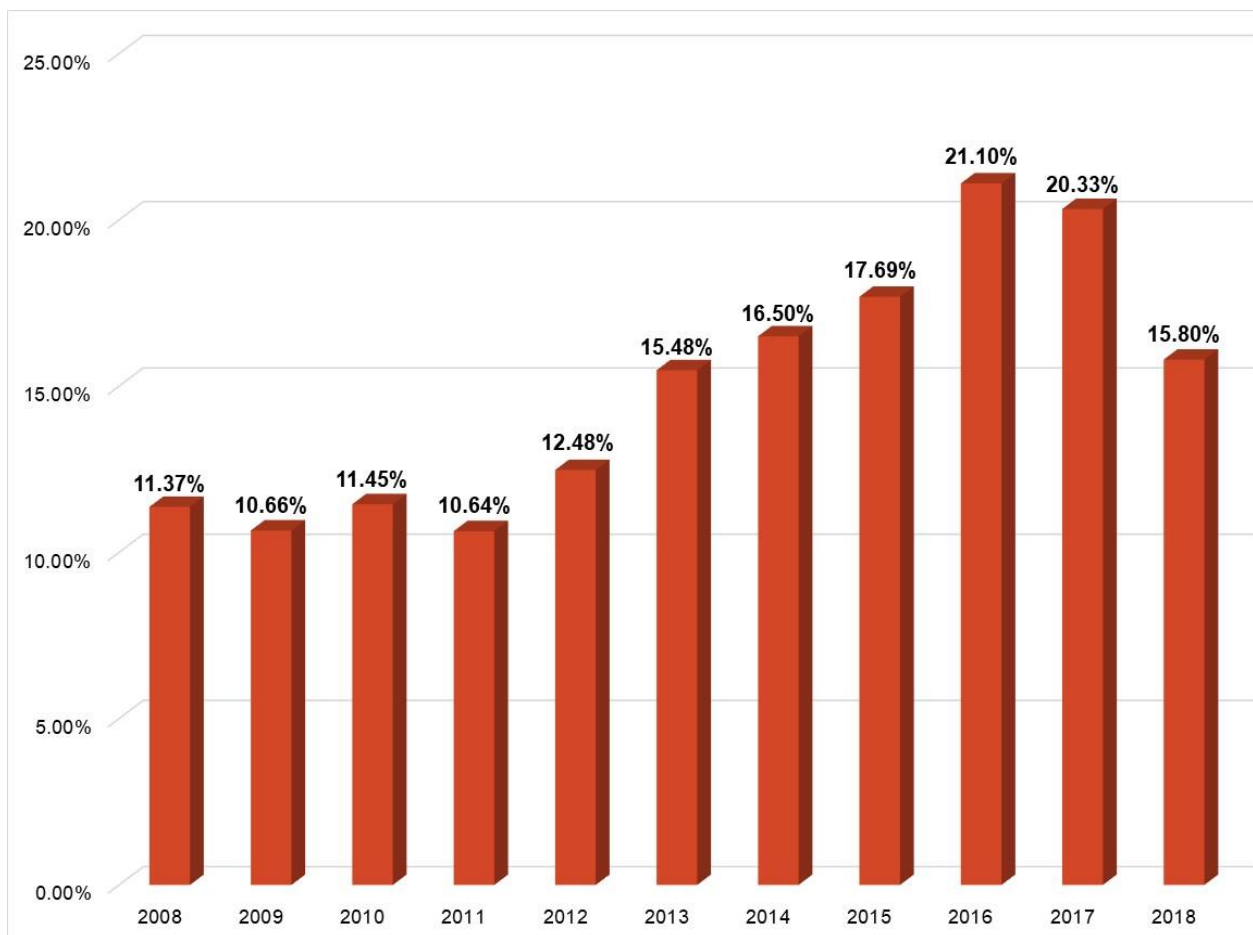
## Includes:

- 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, which are responsible for administering various programs and services that help improve the lives of vulnerable people.

## Employee Turnover Rate 2008-2018

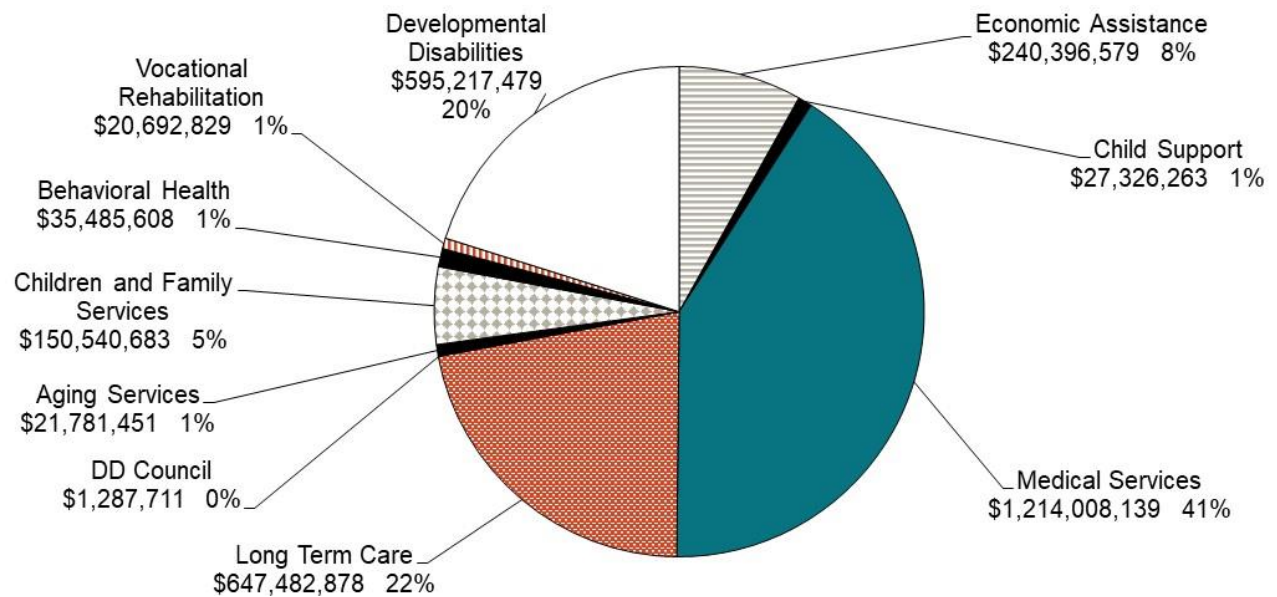


The state offered voluntary separation incentive programs in 2017 and 2018. The numbers reflect staff who left under the offering of those programs.

## 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



Older Americans Act funds help support senior meals.

# Aging Services Division

Nancy Nikolas Maier, Director

## Role

The Aging Services Division administers programs that enhance the quality of life of older adults and individuals with physical disabilities by helping 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.

## Administers

- **Older Americans Act Nutrition Services** are contracted senior meal services provided at a meal site or delivered to homes.
- **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
- Service Payments for Elderly and Disabled (SPED)
- Expanded Service Payments for Elderly and Disabled (Ex-SPED)

## Aging Services Division Making a Difference

David and Sharon consider themselves fortunate to have caring children – several of whom live locally - responsive health care providers, good friends and a community Parkinson’s disease support group that have all provided support as they face changes in David’s abilities. This past year, their daughter Amy also connected them to the Family Caregiver Support Program offered by the Aging Services Division.

Sharon said the program pays for respite care a few hours each week from a provider she and David chose. This gives her peace of mind because David is not alone when she needs to run errands or have a little time away from caregiving. Katie, the department’s local options counselor, also helped connect them to adaptive equipment in the house so David can be more independent. Katie keeps in touch too, in case more support is needed to help David live at home.

“It’s hard to ask for help, but there are services and resources available, and I encourage people to reach out for help,” Sharon said. “This service has allowed me to know David has good care while I can get miscellaneous errands done outside our home.”



# Aging Services Division

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- **Dementia Care Services Program** provides care consultation and training to caregivers and information and training about dementia for others in the community. DHS contracts for these statewide services.
- **Telecommunication Equipment Distribution Services** for people with communication impairments.
- **Guardianship Establishment Program** pays for the petitioning costs of guardianship proceedings for eligible indigent adults and adult Medicaid recipients.
- **Senior Community Service Employment Program** provides low-income individuals age 55 and older with part-time employment and training opportunities.

## Direct Services

- **Aging and Disability Resource LINK** services include information and assistance and options counseling to streamline access to community resources.
- **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** help 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, self-neglect and exploitation of vulnerable adults.

## Accomplishments

- Participated in social service redesign work required as part of Senate Bill 2206. Focus areas included eligibility for economic assistance programs and Medicaid, adult services including aging and developmental disability services, children and family services, and administration. This work also included the development and implementation of a Child Protection Services Assessment Pilot Program in the southeast and badlands regions to create efficiencies across the child welfare system by decreasing the time involved in completing quality CPS assessments, while also getting services to families earlier to prevent deeper involvement in the child welfare system. Other pilot programs are anticipated.
- Received a federal Lifespan Respite Grant to improve the well-being of families by coordinating existing respite systems, providing education and training opportunities, and expanding respite services for caregivers across the lifespan.
- Conducted State Plan on Aging input hearings statewide and conducted a survey to gather information about the provision of services to submit the state plan to the federal Administration of Community Living (ACL).

## Aging Services Division

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- Added community transition services to the Home and Community-Based Services Medicaid Waiver effective July 1, 2018, to assist eligible individuals transitioning from an institution or another provider-operated living arrangement to a private community living arrangement. Services can assist an individual with one-time moving costs and/or arrange for all non-Medicaid services necessary to help the individual with the actual coordination and implementation of their individualized plan to move back to the community.
- Served as the centralized intake point, receiving 2,276 reports of suspected abuse, neglect, and exploitation of vulnerable adults last federal fiscal year (Oct. 1, 2017 to Sept. 2018). These reports resulted in 1,305 vulnerable adult cases investigated statewide.
- In conjunction with the federal Abuse in Later Life grant awarded to the Abused Adult Resource Center, participated in training of law enforcement and community service providers statewide on abuse, neglect, and exploitation.
- Participated in training to begin the process of becoming nationally certified through the National Adult Protective Service Association.
- Provided information and assistance through the Aging and Disability Resource LINK (ADRL) care choice website and the toll-free telephone line. The website received 6,860 hits, and 2,790 individuals received assistance over the phone. A staff member responsible to provide this service became nationally certified by the National Association of Information and Assistance Services.
- Sponsored and organized the Symposium on Aging – a statewide training for county case managers, social workers, Older Americans Act service providers, and others who help older adults and adults with disabilities remain in their homes. Training focused on resources and skill building, as well as the provision of person-centered services.
- With the Lifespan Respite Coalition and ARCH National Respite Network and Resource Center hosted a planning summit June 18 on family caregivers' needs and strategies for improving access and usage of respite and other support services.
- With partnering divisions, hosted public information and input meetings on the state's transition plan that guides how home and community-based services funded through Medicaid waivers are provided. DHS received federal CMS approval in January 2019 on the North Dakota Revised Statewide Transition Plan for Home and Community-Based Settings under 1915(c) Waivers.



In 2019, state lawmakers  
**expanded the Aging and  
Disability Resource LINK**

capacity to educate people about care choices and connect people with HCBS services. They also approved a Web-based intake system.



# Behavioral Health Division

Pamela Sagness, Director

## Role

The Behavioral Health Division is a policy division, with responsibilities outline in North Dakota Century Code 50-06-01.4. The division is responsible for reviewing and identifying service needs and activities in the state's behavioral health system 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 provides technical assistance to address system needs. Efforts administered by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment and recovery.

## What we do:

### Administration

The division administers funding by contracting with providers and agencies throughout the state. Planning, implementation, and evaluation of efforts align into the following general categories:

- Community and Behavioral Health Promotion
- Children's Behavioral Health
- Adult Mental Health
- Adult Addiction

Parents LEAD [www.parentslead.org](http://www.parentslead.org)

Prevention Resource and Media Center  
[www.prevention.nd.gov](http://www.prevention.nd.gov)

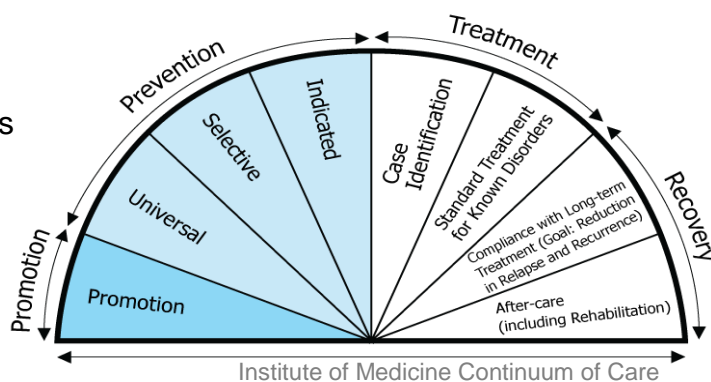
Speaks Volumes campaign  
[www.speakvolumes.nd.gov](http://www.speakvolumes.nd.gov)

Stop Overdose awareness and education initiatives  
[www.prevention.nd.gov/stopoverdose](http://www.prevention.nd.gov/stopoverdose)

Prescription Drug Take Back awareness and education initiatives  
[www.prevention.nd.gov/takeback](http://www.prevention.nd.gov/takeback)

Tribal Prevention Programs

Community Prevention Programs



### Regulation

The division ensures the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities.

Regulation is provided for the following:

- Substance Use Disorder Treatment Facilities
- Regional Human Service Centers
- Psychiatric Residential Treatment Facilities (PRTF) for Children
- Opioid Treatment Programs

### Partnerships

The division works collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.

# Behavioral Health Division

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## Training and Technical Assistance

The division provides training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies.

Efforts include:

- Hosting training events (Behavioral Health Conference, community prevention trainings, etc.)
- Facilitating statewide collaboration and sharing resources
- Developing tools and resources based on data and evidence-based strategies
- Offering free prevention resources available to the community

## What is behavioral health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.



## Accomplishments

- Launched the Free Through Recovery program in partnership with the North Dakota Department of Corrections and Rehabilitation (DOCR) to increase recovery support services (care coordination and peer support) to individuals involved with the criminal justice system who have behavioral health concerns. Community providers received training on care coordination and peer support, with the goal of connecting individuals to housing, jobs, social supports, peers and clinical services. The goal is to help people be successful in their recovery and reduce recidivism by linking community behavioral health services and supports with community supervision.
- Continued to expand the Substance Use Disorder Voucher program authorized by lawmakers in 2016 to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders in underserved areas while increasing the provision of evidence-based services.
- Received two federal discretionary grants to address the opioid crisis through implementation of prevention, treatment, and recovery efforts.
- Produced videos for social media and other uses to educate stakeholders about opportunities and initiatives underway to strengthen the behavioral health system.
  - Peer Support: <https://youtu.be/csoJ-zEu1bE>
  - Free Through Recovery: [https://youtu.be/43yvkZl87\\_Y](https://youtu.be/43yvkZl87_Y)
  - Addressing Opioids: [https://youtu.be/XvjU-LiD\\_ic](https://youtu.be/XvjU-LiD_ic)
  - Legislative: <https://youtu.be/wmEtjLsCnSE>

## Behavioral Health Division

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- Awarded federal State Targeted Response to the Opioid Crisis Grant funding to 16 community grantees, including four tribal communities, to implement strategies to increase access to evidence-based treatment and recovery support services such as peer support and other strategies and to reduce overdose-related deaths through prevention efforts and the distribution of naloxone. Grantees, which include public health units and tribal organizations, received funding, training and technical assistance to support community-specific strategies.
- Continued working with partners to prevent opioid overdoses by purchasing and distributing directly or through community partners approximately 4,900 naloxone kits, providing over 150 trainings on effective overdose prevention to approximately 3,000 nurses, first responders, corrections professional, behavioral health providers, educators and others; and supported training on prescribing guidelines.
- Continued to support the adoption of medication-assisted treatment, including implementing a prescriber champion program and increasing the number of buprenorphine prescribers from 18 to 50 within 16 months.
- Continued to support 26 North Dakota communities and tribes in the implementation of evidence-based substance abuse prevention services focused on preventing underage drinking and adult binge drinking.
- Wrote administrative rules for the certification of Minor in Possession education providers in order to increase access to evidence-based early intervention services for youth sentenced to alcohol and drug education.
- Supported continued training of behavioral health professionals and other professionals working across the behavioral health continuum of care by hosting the annual Behavioral Health Conference.
- Conducted training for Strategic Prevention Framework Partnership for Success (SPF PFS) grantees to implement proven strategies to prevent and reduce underage drinking and the progression of substance abuse and to strengthen local prevention infrastructure and capacity. The 10 grant recipients are from communities identified as high need based on their population, consumption rate and other factors including risk factors for underage drinking, and that had previously been awarded a Strategic Prevention Framework Incentive Grant.



67 percent of Free Through Recovery participants achieved positive outcomes in at least three of four outcomes (housing, employment, recovery and involvement with law enforcement).

## Behavioral Health Division

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- Together with the state's licensed opioid treatment programs, shared information at the North Dakota State Fair about evidence-based treatment options for opioid use disorder, including medication-assisted treatment.
- Collaborated with North Dakota First Lady Kathryn Burgum to reduce social stigma surrounding addiction and educate people that addiction is a chronic disease. Also worked with Gov. Doug Burgum and the first lady to launch a multi-faceted campaign aimed at reducing the stigma of addiction, promoting support for those affected by addiction, and inspiring innovative approaches to addressing and preventing the disease of addiction.
- Worked to expand access to residential addiction treatment options through the Robinson Recovery Program by switching to a voucher-funded program enabling individuals to access these services not only from ShareHouse in Fargo, but also from other approved voucher service providers across the state. By supporting more treatment and recovery options closer to home, individuals can maintain their employment, retain their housing, be closer to their children, and stay connected to other family members and friends who can be an important source of support during and after treatment.
- Sponsored annual behavioral health conferences, immediately following Recovery Reinvented events hosted by Gov. Burgum and First Lady Kathryn Burgum, which offered training on effective programs, best practices and new initiatives and advances in behavioral health, while also celebrating state and local accomplishments. The pre-conference training track in 2018 focused on children's behavioral health.
- Contracted with Heartview Foundation and Community Medical Services to provide training and consultation on withdrawal management and medication-assisted treatment for correctional settings so they can safely and effectively serve individuals who have a substance use disorder.
- Awarded a new round of community grants funded through the division's federal block grant to prevent substance abuse focusing on reducing underage drinking, adult binge drinking and prescription drug abuse. The grants, totaling \$700,000 were awarded to 10 public health units. The division hosted multiple training sessions for grantees on best practice strategies.



The number of providers able to prescribe buprenorphine (a type of medication-assisted treatment for opioid use disorder) **increased** from 16 in April 2017 to 60 in January 2019.

# Behavioral Health Division

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- Expanded the focus of Parents Lead to include children's behavioral health and well-being resources for parents and others and launched its new website [www.parentslead.org](http://www.parentslead.org).
- Hosted a Day for Prevention that brought together more than 500 people to discuss public policies, strategies and resources that work to prevent substance abuse. Through division funding, event participants received training on naloxone administration and received naloxone kits to prevent overdose deaths. Web-based resources were also announced to support community prevention efforts.
- Released the North Dakota Behavioral Health System Study, an evaluation of the capacity of the state's behavioral health system to prevent and respond to behavioral health challenges and promote the well-being of North Dakotans. Prepared by Human Services Research Institute (HSRI), the report identified a shortage of prevention and early intervention services and an over-reliance on residential and inpatient services. The study was a component of legislative committee studies during the 2017-2019 interim, and its recommendations became the basis for strategic ongoing planning and implementation efforts.
- Sponsored training by the Treatment Collaborative for Traumatized Youth in North Dakota to raise the standard of care for traumatized children. Training focused on the impact of traumatic stress on human development, how post-traumatic stress increases the risk for substance use disorders and evidence-based treatment strategies.
- Awarded funding for a behavioral health school pilot project focusing on prevention and early intervention to Simle Middle School in Bismarck.
- Received encouraging news from the federal Centers for Disease Control that overdose deaths in North Dakota decreased for the first time in 2017, falling by 13.2 percent to 68 deaths. A record 77 deaths occurred from overdose in the state in 2016. Federal opioid response grant funding continued to be an important tool to sustain efforts to prevent overdose deaths to improve access to effective treatment and recovery services.

Of parents and caregivers exposed to Parents Lead, over half (57.5 percent) are having increased ongoing conversations about behavioral health with their children and almost half (47.9%) are being more conscious of role-modeling around their children.

These are two protective factors proven to support the behavioral health of children. (2018 BHD Parents Lead Parent Survey)





# Behavioral Health Division

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- Trained just over 225 peer support specialists to share their lived experience and support others in recovery by sharing strategies and helping connect individuals to services and community resources. Right around 80 percent of trained peer support specialists are located in a rural community. As part of this effort, the division co-hosted with the ND Cares Coalition the first military peer support training in the state for service members, veterans, their family members and survivors.



## April 2018 Behavioral Health System Study

Completed as a component of interim legislative committee studies during the 65th Legislative Interim, the North Dakota Behavioral Health System Study, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division identified 65 recommendations in 13 categories. Recommendations are intentionally broad and far-reaching and are not expected nor suggested to be implemented at once.

### Recommendations

1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access



# Child Support Division

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James Fleming, Director

## Role

The purpose of the Child Support Program is to help parents meet the needs of their children by securing appropriate and sustainable child support.

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

- Expanded the state disbursement unit in Bismarck to accommodate all incoming calls throughout the state, which will allow specially-trained customer service representatives to field as many calls as possible and reduce the interruptions to caseworkers in the field.
- Implemented a new state law providing for the suspension of child support obligations if the parent who owes child support is incarcerated under a sentence of 180 days or more.
- Stopped the growth in total past-due support that is owed in North Dakota in cases being enforced by the child support program and reduced the total debt in those cases from \$256 million on July 1, 2017, to \$253 million on June 30, 2019.
- Reached a new record of 97.06 percent utilization rate in electronic new hire reporting by employers to the Child Support Division. Only 5,753 new hires out of 195,650 in 2018 needed to be entered manually into the new hires database.

# Child Support Division

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- Created a new Child Support website to improve customer service, expand online functions and facilitate online payments and access to case information.
- Awarded the *2017 Partnership Award* from the National Tribal Child Support Association for collaboration with tribal child support programs in accessing federal offset payments that support tribal children and families. The state has created a consortium to support this effort that includes the Standing Rock Sioux Tribe in North and South Dakota, the Lac Courte Oreilles Tribe in Wisconsin and the Chippewa-Cree Tribe in Montana.
- Collected a total of \$209.6 million in cases enforced by the program under Title IV-D of the Social Security Act for the 2017-2019 biennium. Including collections in nonIV-D cases, the total amount of child support disbursed in the biennium was a record \$332.9 million.
- Reported \$187.2 million in collections from income withholding by employers in the biennium, accounting for 56.24 percent of total collections.



75.30 percent of current support accrued was collected in the month in which it was due.  
(Federal Fiscal Year 2018)

## Child Support - Making a Difference

Partnerships with other jurisdictions are important when it comes to child support.

The division's tribal offset partnership consortium works to collect federal offset payments from parents who owe past-due support in tribal child support cases. This biennium, the program collected \$300,000 in federal offset payments that went towards supporting tribal children and families served by the Standing Rock Sioux Tribe in North and South Dakota, the Three Affiliated Tribes in North Dakota, the Lac Courte Oreilles Tribe in Wisconsin, and the Chippewa-Cree and the Fort Belknap Tribes in Montana.

Federal offset payments are things like income tax refunds, federal retirement payments, and Conservation Reserve Program payments.

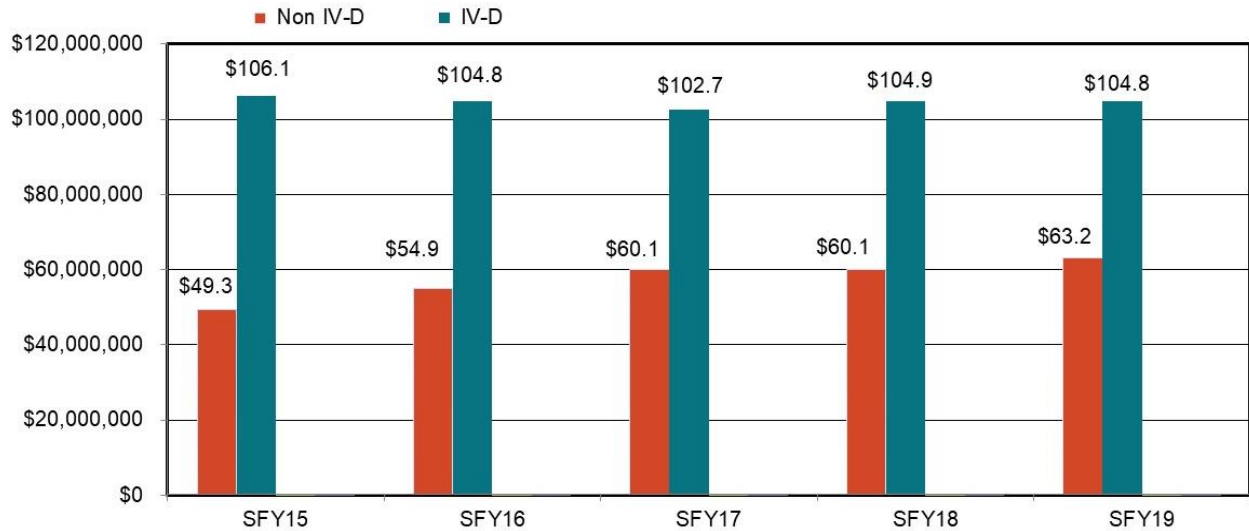
"We are so grateful for this partnership because of the difference it is making in the lives of our tribal children," said Sunnie Bisonette with the Lac Courte Oreilles Tribal Child Support Program.



# Child Support Division

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## Annual Child Support Receipts by State Fiscal Year



Each 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

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Lauren Sauer, Acting Director (April 2018 – )

Shari Doe, Director (– April 2018)

## 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 and assessment of prospective adoptive families, child placement, and follow-up services, adoption subsidies, birth-family services, child placement agency licensure, and adoption search/disclosure services
- **Criminal Background Checks** on licensed and regulated child care providers, child care staff and household members, adoption, guardianship, residential facility and licensed child placement agency employees, foster/Temporary Assistance for Needy Families kinship care/relative care
- **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 and to assist with post-secondary educational expenses
- **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 for providers of early care and education of children
- **Family Preservation Services** are parent aide, prime time child care, safety permanency funds, intensive in-home family therapy, respite, family-centered engagement meetings, 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 qualified residential treatment programs
- **In-Home Case Management Services** are provided to families at risk of having 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** provides procedures for the interstate placement of children and arranges responsibilities for those involved in placing a child
- **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 agencies as appropriate for resettlement in the United States who are placed into licensed foster homes

## Accomplishments

- Implemented an Alternative Response to reports of substance exposed newborns, providing newborns and their caregivers with a plan of safe care, supports and service referrals without the stigma of a child abuse and neglect record. During the biennium, 186 county social service personnel were trained in the Alternative Response for substance exposed newborns.
- Supported the work of county social services in responding to 32,812 reports of suspected child abuse and neglect and conducting 14,642 assessments of those reports. Some reports are referred to tribal and out-of-state child welfare organizations. Reports of a criminal nature are referred to law enforcement. There can be more than one report associated with a single assessment.
- Piloted the Handle with Care program in the Mandan Public Schools in partnership with Prevent Child Abuse North Dakota. Handle with Care facilitates communication between law enforcement and the schools for children identified through calls to police and sheriff offices. Law enforcement notifies the school to “handle with care” for a child present at the scene of upsetting or traumatic events, so the school can offer the child support and understanding when the child comes to school following the event. The program is rolling out to additional communities, including Fargo and rural schools in Cass County.
- Piloted and implemented a redesigned Child Protection Services (CPS) process to address timeliness of responses to reports of suspected child abuse and neglect. State data indicated that timeliness requirement in state administrative rule (62 days to complete an assessment) was met only 48 percent of the time (41 percent in the pilot regions). Through the process of redesign, an ambitious target of completing 50 percent of CPS assessments in 25 days, 75 percent of CPS assessments in 35 days, and 95 percent of CPS assessments within 62 days. At the end of the pilot project, 56 percent of the assessments were completed within 25 days; 81 percent were completed by 45 days, and 89 percent were completed by 62 days. While the target goals have not yet been met, the data shows dramatic improvement.

## Children and Family Services Division ---

- Implemented a process for safety assessment and safety management when sexual behaviors are reported between minors. Social services staff provides parents with resources to help keep children from repeating behaviors and helps address trauma in the family resulting from sexual acting out between children.
- Collaborated with the Behavioral Health Division and key stakeholders to identify a trauma screening tool to be used by county social services when working with children.
- Integrated a trauma assessment into the CPS assessment process to help identify children who may need referral for additional behavioral health services to mitigate the effects of trauma experienced by children.
- Implemented a new Onsite Case Review process to complete eight reviews annually, including one in each region. Both foster care and in-home services cases, and county social services, Title IV-E-eligible tribal child welfare cases, and Division of Juvenile Services foster care cases are included in the case sample.
- Began work to implement a continuous quality improvement (CQI) process within the child welfare system, which included hosting key stakeholders for the CQI Academy. CQI will allow the child welfare system to identify problems in the system, implement solutions, and monitor and adjust the solutions to improve outcomes for children and families.
- Participated in social service redesign projects using Theory of Constraints. This included work to transform child protective services, early childhood services, criminal background check services, and in-home services.
- Developed and launched the Family Centered Engagement (FCE) Initiative, which is a facilitated team process that brings together families and service providers to improve decision making and outcomes for children who are removed, at risk of removal, or are dual status youth. Goals include reducing foster care placements by increasing the number of children remaining safely in their own homes or placed with relatives/kin.
- Received federal grant funding, and with assistance from a contracted provider, worked on the development of a kinship navigator program that will be integrated within the FCE Initiative. The developed program will place a kinship navigator at FCE meetings held to assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.
- Began work on design and implementation of a statewide child care licensing information management system.



# Children and Family Services Division

- Hosted a stakeholder convening that brought together nearly 400 stakeholders both in person and virtually through web streaming to learn about the Family First Prevention Services Act and how it will impact North Dakota.
- Worked with stakeholders to create administrative rules regarding Qualified Residential Treatment Programs (QRTP) and with the 66<sup>th</sup> Legislative Assembly, through North Dakota House Bill 1102, to revise Century Code regarding QRTPs.
- Revamped administrative rules for foster home licensing and for QRTP rate setting.
- Created administrative rules for supervised independent living programs.
- Worked with the Executive Office, Medical Services Division, Behavioral Health Division, and Field Services to identify an outside vendor to provide qualified individual services in compliance with the Family First Prevention Services Act.
- Collaborated with the Behavioral Health Division and Field Services to begin work on the North Dakota Prevention Plan, which will allow the state to receive Title IV-E reimbursement for a percentage of eligible services aimed at preventing children being removed from their homes and placed in foster care.

## Children and Family Services Division Making a Difference

The department's commitment to foster youth does not end when they age out of foster care.

Elizabeth Muralt is a shining example of this. Elizabeth was in the North Dakota foster care system for almost her entire childhood. Through her journey, she received support from the Independent Living Program through PATH ND and the department's 18+ foster care program. Today, Elizabeth attends North Dakota State University majoring in social work with the help of an education and training voucher through the department.

She's an inspiration to many with a passion for advocating for the foster care system through her public speaking opportunities and presentations, and involvement on the North Dakota Youth Leadership Board. One day Elizabeth hopes to write a book about her experiences and open a shelter for at-risk youth.



# Children and Family Services Division

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- Worked with representatives from the tribes and Casey Family Programs to update the Tribal IV-E Maintenance Program Agreement that allows tribes access to federal funding pursuant to Title IV, Part E of the Social Security Act. This federal reimbursement program allows funding to be passed through the department to the tribes to pay for foster care placement in affidavit approved tribal homes.
- Partnered with the North Dakota Supreme Court, Division of Juvenile Services, and the Juvenile Justice State Advisory Group and other stakeholders to implement the Dual Status Youth Initiative. The target population are youth 1) involved in an open child protection services (CPS) assessment or who has been identified as a victim of a CPS "Services Required" determination and 2) who has an unruly/delinquent referral. North Dakota is the only state to implement this type of multi-systems work statewide with families involved in both the child welfare and juvenile justice systems.
- Implemented two federal requirements for criminal background checks for licensed and regulated child care providers. The first required all child care staff, regardless of position or age, to complete a fingerprint-based background check. The second requirement, a provisional employment requirement, affected when a new staff member could begin work and eventually have full unrestricted employment at a licensed or regulated child care provider. Later in the biennium, the department received a waiver from the federal government to revert back to prior policy on the provisional employment requirement due to concerns expressed by child care providers. The waiver expired on Sept. 30, 2019.
- Completed a thorough review of the criminal background check unit's internal processes and procedures to reduce the time it takes to process fingerprint-based criminal background checks. Team members created a new simplified authorization form, enhanced website content, added a daily secure pickup of criminal records from the Bureau of Criminal Investigation, and implemented other efficiencies.
- Drafted the 2020-2024 Children and Family Services Plan including convening and stakeholder workgroup meetings comprised of over 25 public and private stakeholder agencies.
- Strengthened the lives of children and families with services and supports that focused on safety, permanency and well-being.
  - Completed 306 foster care adoptions, 76 other private agency adoptions and 303 stepparent adoptions.



Due to more relative caregivers, an ever increasing focus on family foster care settings and training, and additional supports allowing instate facility providers to accept youth with higher needs, the **number of children placed out of state in residential child care facilities decreased by 56 percent.**

## Children and Family Services Division ---

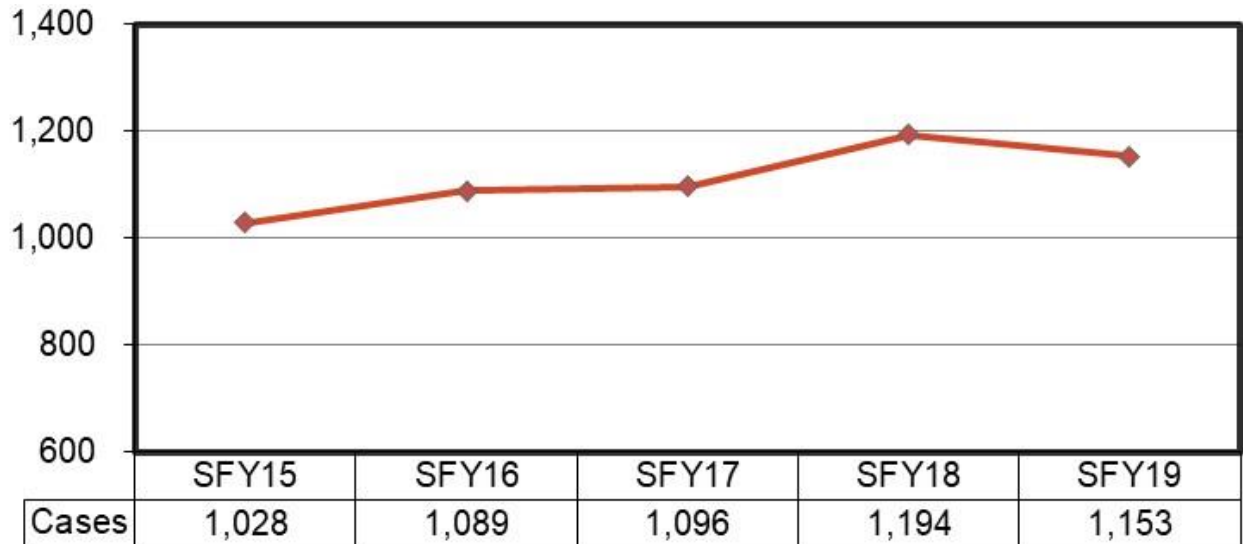
- Provided supportive services to adoptive and guardianship families through the ND Post Adopt Network, contracted through the Adults Adopting Special Kids program, including seven events that included 221 individuals, 104 individual support groups, and thousands of personal, email, phone and social media contacts to support families.
- 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.
- Provided 160 current and former foster youth with education and training vouchers to assist with post-secondary education.
- Completed 15,262 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.
- Supported the provision of services of about 550 families with intensive in-home family therapy services to prevent out-of-home placement in foster care and support family reunification. Provided over 1,319 families with in-home case management services (Federal Fiscal Year 2018).
- Supported 67 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 program also offers ongoing support of foster care case management and case planning.
- 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 others mandated to report suspected child abuse or neglect.

# Children and Family Services Division

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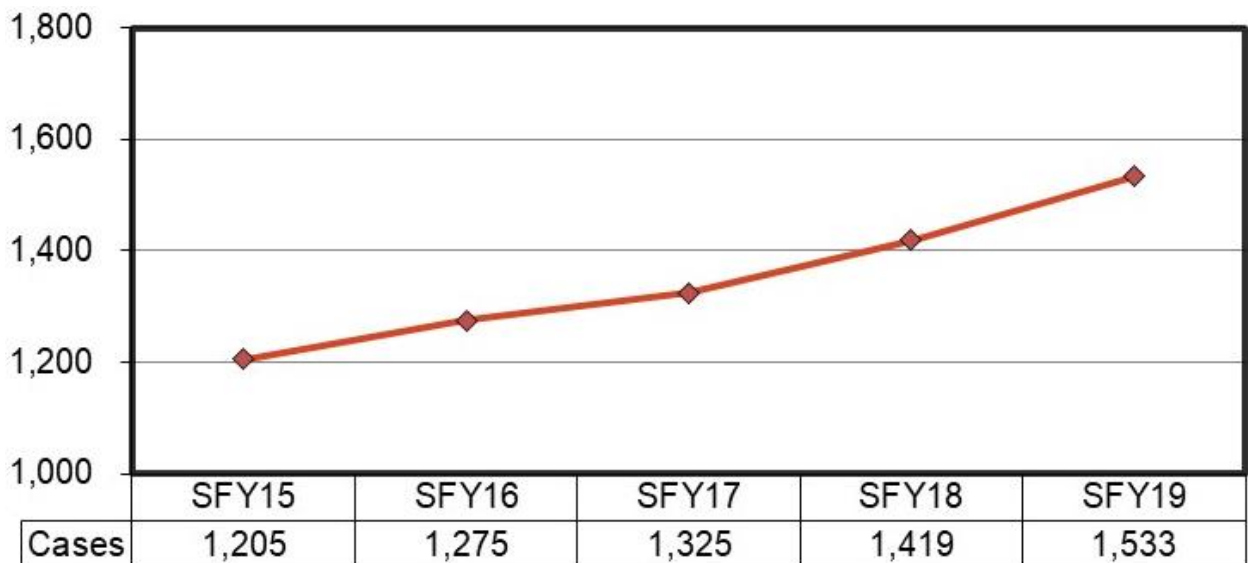
## Foster Care

Monthly Average Number of Paid Cases by State Fiscal Year



## Subsidized Adoptions

Monthly Average Number of Cases by State Fiscal Year



# Developmental Disabilities Division

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Tina Bay, Director

## Role

The Developmental Disabilities Division supervises the delivery of a variety of services to individuals with an intellectual or developmental disability and children ages birth to three years who have developmental delays. Private providers and division staff located 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***

- Budgeting
- Licensing
- Training
- Quality Assurance
- Policy Development
- Contract Management
- Technical Assistance

### ***Regulation***

- Develop and monitor Traditional Home and Community-Based Waiver
- Interpret and ensure compliance of state and federal rules
- Make administrative code updates

### ***Partnerships***

- North Dakota Interagency Coordinating Council
- State Rehabilitation Council
- Transition Task Force
- Money Follows the Person Program

## Accomplishments

- Implemented a new provider payment methodology on April 1, 2018, after working for multiple bienniums in consultation with developmental disability service providers, the North Dakota Association of Community Providers and consultants. Funding for services was not decreased, but the methodology used to distribute funds changed, which resulted in changes to staffing patterns. While some clients changed providers or settings following implementation, no one was admitted to the

## Division Programs

### ***Family Support***

In-Home Support  
Self-Directed Services  
Extended Home Health Care

### ***Children and Adult Services***

Residential  
Employment  
Day Habilitation  
Corporate Guardianship  
Intermediate Care Facilities

### ***Infant and Toddler***

Birth Review  
Right Track  
Early Intervention  
Experienced Parents

**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.

# Developmental Disabilities Division

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Life Skills and Transition Center (LSTC) as a result of the payment changes. The department, along with a steering committee that includes providers and advocates, continues to meet to monitor implementation, and make adjustments as needed.

- Participated in social service redesign work required as part of Senate Bill 2206. Focus areas included eligibility for economic assistance programs and Medicaid, adult services including aging and developmental disability services, children and family services, and administration.
- Implemented a new quality management system to support better client outcomes. The system allows the Developmental Disabilities Division to monitor the quality of services by provider and client goals and outcomes.
- Received approval from the Centers for Medicare and Medicaid Services (CMS) on the renewal of North Dakota's Medicaid traditional home and community-based services for individuals with developmental disabilities waiver, which serves over 5,600 people. The renewal followed an in-depth review of all 10 appendices, public stakeholder meetings and comments, and discussion with CMS. Changes were made to better serve individuals with significant medical needs and those transitioning from an institution.
- Worked with staff at the regional human service centers, the LSTC, and stakeholders to support over 90 transitions and diversions that either prevented individuals from going to an institutional setting or assisted them with moving to a community setting.
- Converted a part-time position to a full-time position to support the provision of Early Intervention Services to children under age three and to better address rising caseloads and stakeholder expectations.
- Realigned supervision by shifting the direct supervision of developmental disabilities program administrators and program managers in the regions from the human service centers to the Developmental Disabilities Division. This restructuring supports consistent service delivery, quality, and better alignment with policy.
- With partnering divisions, hosted public information and input meetings on the state's transition plan that guides how home and community-based services funded through Medicaid waivers are provided. DHS received federal CMS approval in January 2019 on the North Dakota Revised Statewide Transition Plan for Home and Community-based Settings under 1915(c) Waivers.



In State Fiscal Year 2018, helped 3,034 infants and toddlers with developmental delays (or at risk) and their families receive early intervention services to maximize their abilities.



# Economic Assistance Division

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Michele Gee, Director (Oct. 2018 – )

Carol Cartledge, Director (– Sept. 2018)

## Role

The Economic Assistance Division is responsible for the administration of economic assistance programs, which help qualifying low-income individuals and families with children, the elderly, and people with disabilities meet their household needs.

The division is also responsible to ensure programs are administered within federal and state law by developing policies, providing eligibility workers with training and technical assistance, and monitoring program accuracy and integrity. The division also distributes benefits to recipients and payments to providers and vendors.

## Administers


- **Basic Care Assistance** helps low-income individuals who need the services of a licensed basic care facility pay for room and board costs.
- **Child Care Assistance** helps qualifying families with the financial resources to find and afford quality child care for their children while they work or attend school or training.
- **Crossroads Program** assists parents to complete their high school education and develop key tools to become self-supporting by providing case management services, financial assistance with the cost of transportation and child care, along with financial incentives for making progress and achieving education plan goals.
- **Low-Income Home Energy Assistance Program** helps qualifying households pay a portion of their heating costs. The program can also pay for furnace and chimney cleanings, furnace repair and replacements, along with weatherization services to increase energy efficiency.
- **Supplemental Nutrition Assistance Program** provides nutrition benefits to supplement the food budget of needy families, so they can purchase healthy food and move towards self-sufficiency.
- **Temporary Assistance for Needy Families** 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 Optional Targeted Low Income Children** policy and eligibility determination.

## Administrative Oversight

- **Quality Control/Assurance** is responsible for measuring program accuracy and integrity by conducting reviews to ensure proper program participation and correct benefits are issued to eligible households.
- **Program and System Support** provides policy and system support and training to county eligibility workers administering economic assistance programs.

# Economic Assistance Division

- Implemented phase two of the Self-Service Portal and Consolidated Eligibility System (SPACES) on March 18, 2019. Phase two integrated the application process and consolidated eligibility determinations for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Child Care Assistance Program with the Affordable Care Act and Optional Low Income Targeted Children, which were implemented in February 2016.
- Began work on phase three to modernize and consolidate eligibility determination processes for traditional Medicaid for the aged, blind, and disabled eligibility group.
- Kicked off the NDWorks pilot projects in Grand Forks and Ramsey counties on August 15, 2018, to assist able-bodied SNAP applicants, ages 18-60 who are employed less than 30 hours per week, to become self-sufficient through employment and training. The pilot projects operate in partnership with Community Options, Inc. and uses limited state dollars by leveraging partnership funds to receive federal match.



**Assisted 141 teen parents with child care and transportation costs** while they completed their high school education through the Crossroads Program.

## Economic Assistance Division Making a Difference

Adults participating in the Temporary Assistance for Needy Families (TANF) program must participate in the Job Opportunity and Basic Skills (JOBS) Program. The program provides supported employment and case management services, along with support service payments to move individuals into employment and self-sufficiency.

While being a single parent, Anna Olson, was able to graduate from the Police Academy because of the JOBS program. She has been working with a Community Options caseworker who offered her support during school, after graduation, and helped her gain full-time employment at the Ward County Jail. This new opportunity has given Anna and her entire family a new sense of self-worth and accomplishment.

This program positively impacted Anna's life. She now has a better quality of life and greater economic stability.

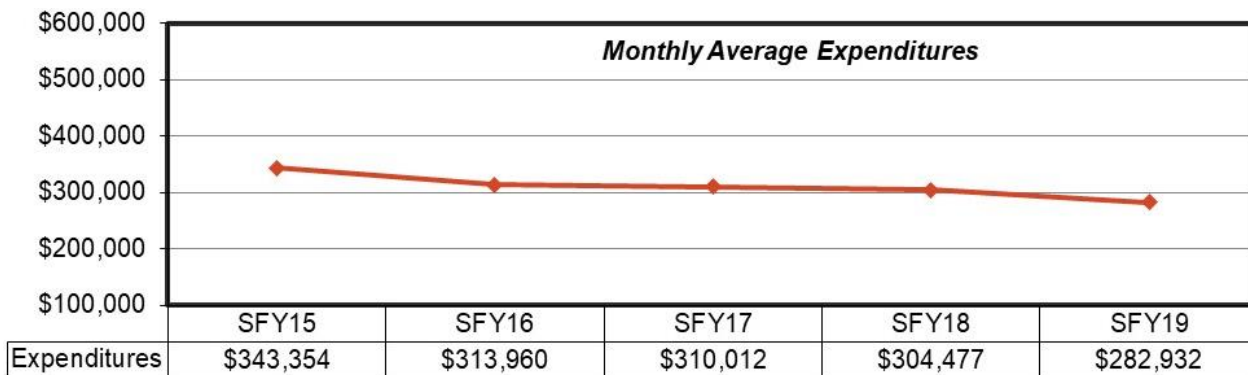
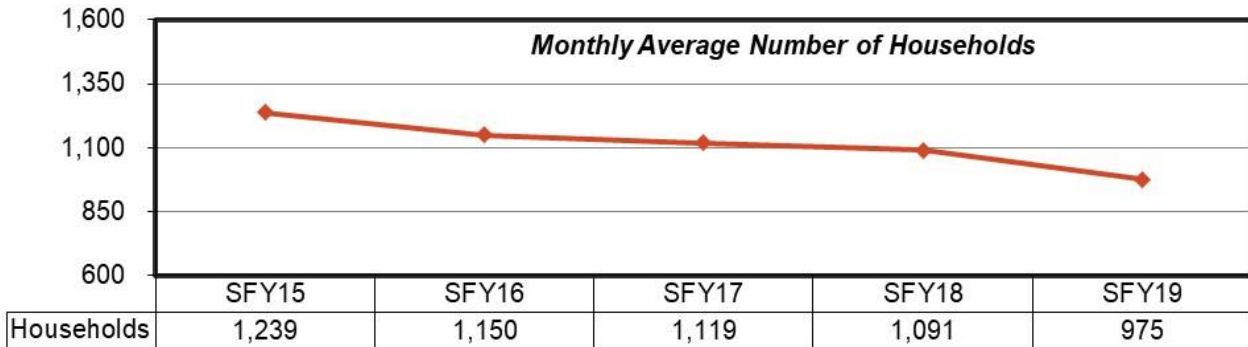


# Economic Assistance Division

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## Temporary Assistance for Needy Families

### Monthly Average Number of Households/Expenditures by State Fiscal Year

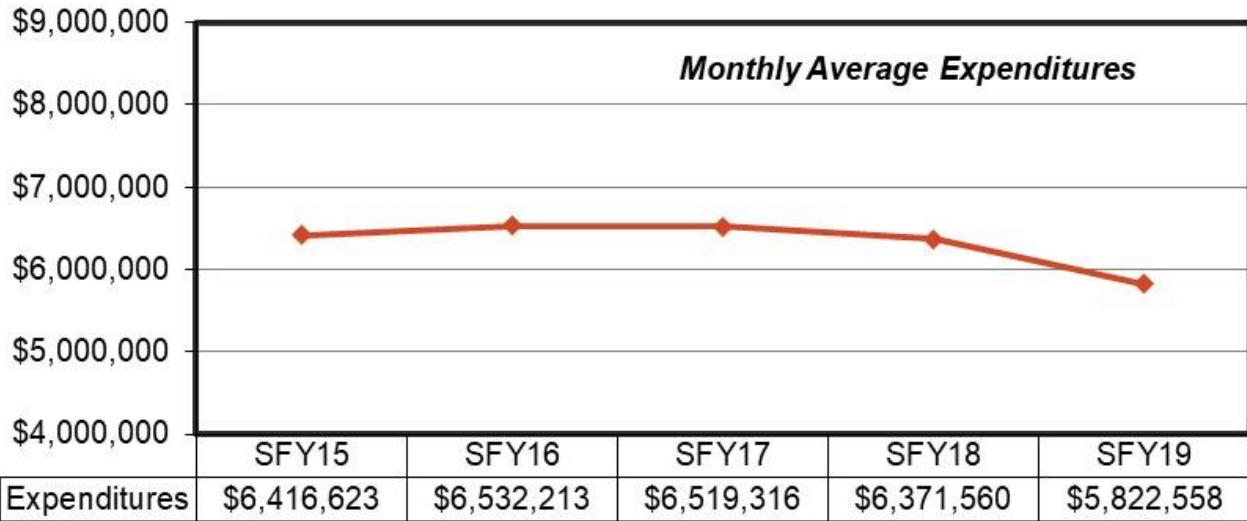
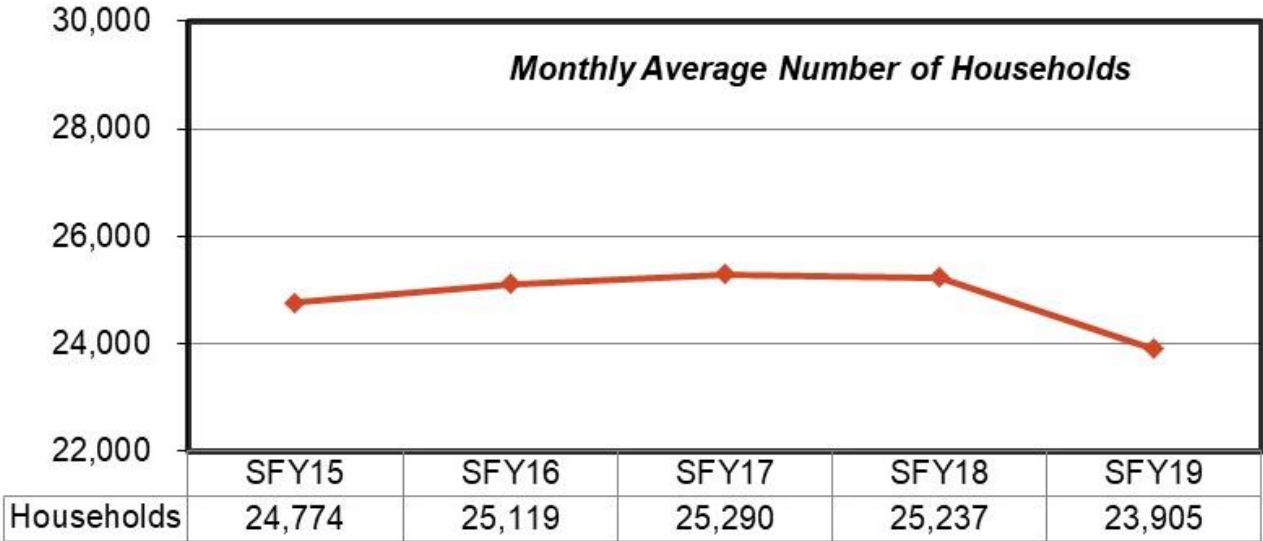


- Achieved a TANF work participation rate of 68.70 percent. States are required to meet at least 50 percent.

# Economic Assistance Division

## Supplemental Nutrition Assistance Program

### Monthly Average Number of Households/Expenditures by State Fiscal Year



- Achieved a SNAP payment accuracy rate of 95.48 percent (2.28 percent above the national average).

About 45 percent of SNAP participants are low-income children.

About 33 percent of participating SNAP households have earned income, which means they are working.

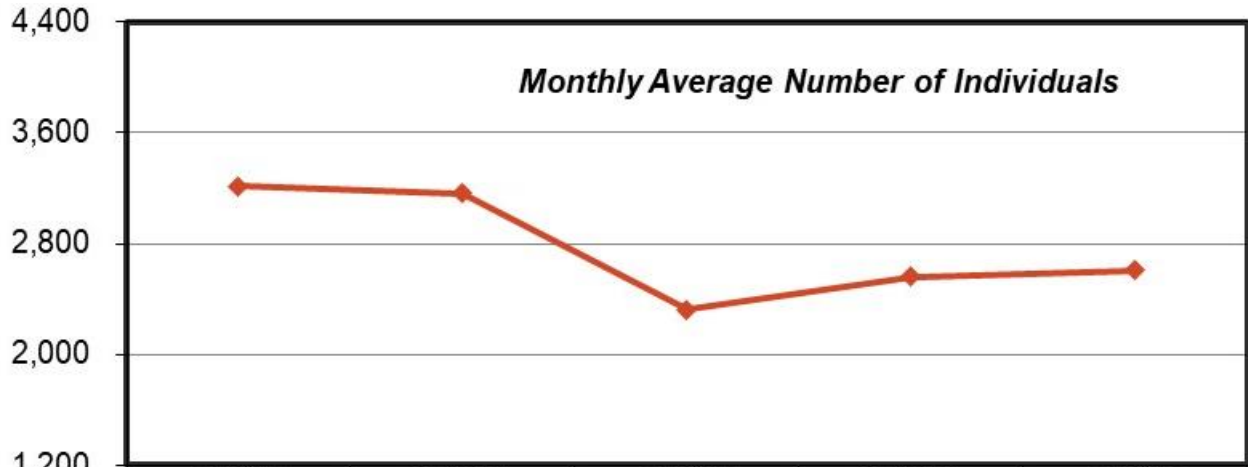
About 30 percent of SNAP clients are elderly and/or disabled.

# Economic Assistance Division

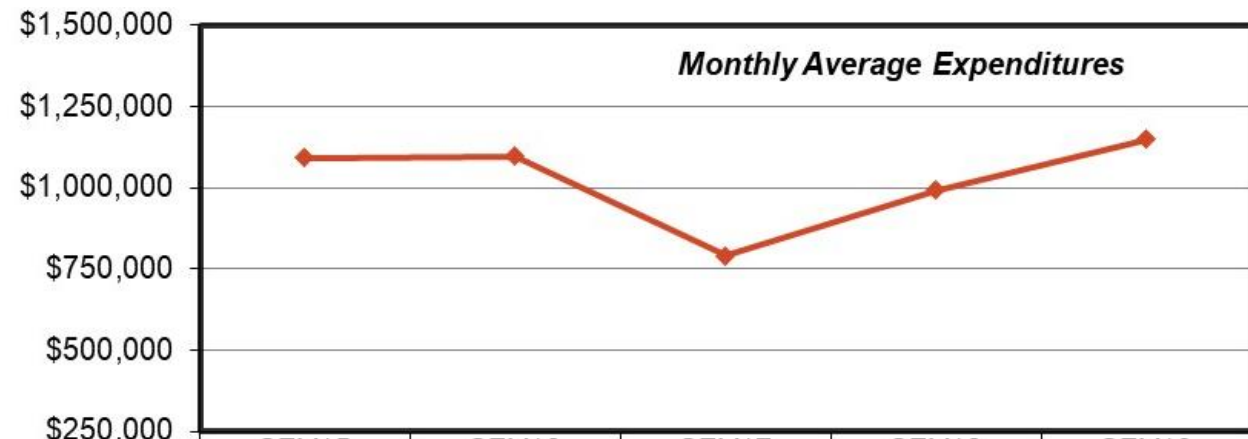
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## Child Care Assistance Program

### Monthly Average Number of Children/Expenditures by State Fiscal Year



	SFY15	SFY16	SFY17	SFY18	SFY19
Individuals	3,214	3,162	2,322	2,563	2,605

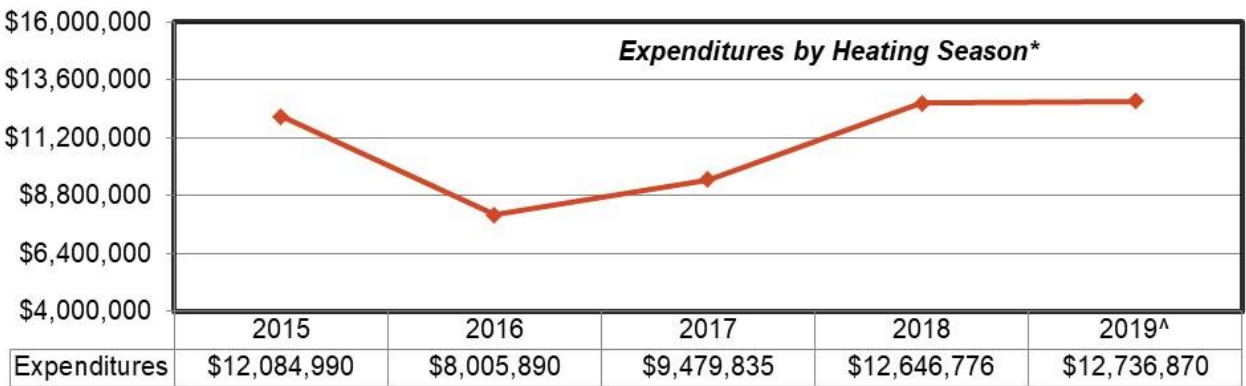
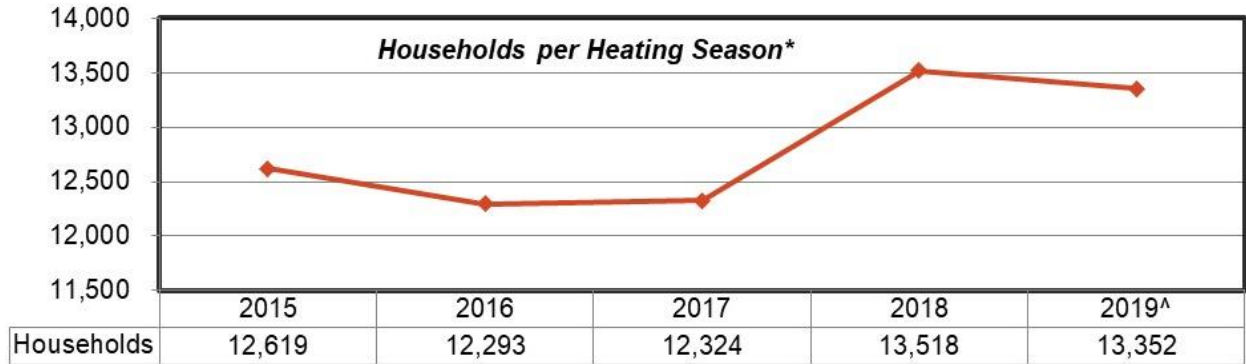


	SFY15	SFY16	SFY17	SFY18	SFY19
Expenditures	\$1,092,431	\$1,096,254	\$790,189	\$991,640	\$1,149,473

# Economic Assistance Division

## Low Income Home Energy Assistance Program

### Households/Expenditures by Heating Season



\* The Low Income Home Energy Assistance Program (LIHEAP) heating season runs from October 1 of each year to May 31 of the following year.

<sup>^</sup> For comparison purposes total 2019 heating season expenses, some of which were paid in the 2019-2021 biennium.



Almost 70% of the participating LIHEAP households include **people who are elderly, have disabilities or include children age five and younger.**



# Medical Services Division

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**Vacant (June 2019 –)**

**Maggie Anderson, Director (– June 2019)**

## 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, low-income adults, pregnant women, older adults, and people with disabilities.

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

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 Children’s Medicaid Waivers for Autism Spectrum Disorders, Medically Fragile and Hospice and the Autism Voucher Program.

## Services

- Medicaid program administration
- Provider enrollment, claims processing and payments
- Children’s Health Insurance Program (CHIP) administration
- Medicaid Expansion 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 case management program, which supports coordination of care through a single medical professional
- Autism Voucher Program and Medicaid Waiver for Autism Spectrum Disorders

## Accomplishments

- Served an unduplicated 69,341 households and 124,371 eligible individuals through Medicaid, Medicaid Expansion and CHIP in State Fiscal Year (SFY) 2018. Served an unduplicated 69,392 households and 125,306 eligible individuals through Medicaid, Medicaid Expansion and CHIP in SFY 2019. During the 2017-2019 biennium, about 45 percent of individuals determined eligible for Medicaid were under the age of 21, nine percent were classified as older adults, 12 percent had a disability and 12 percent were adults. In addition, 22 percent were covered under Medicaid Expansion.

# Medical Services Division

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- Received certification for the North Dakota Health Enterprise Medicaid Management Information System (MMIS) from the Centers for Medicare and Medicaid Services (CMS). The system processes Medicaid claims and pays enrolled Medicaid providers. It also supports required federal reporting and other business functions required of state Medicaid agencies. Certification allows the state to claim the maximum federal reimbursement amount of 75 percent for costs associated with the operation of the system going back to Oct. 5, 2015, the date the system began processing and paying Medicaid claims. Upon final federal approval, the state estimates about \$17 million in reimbursement costs will be returned to the general fund.
- Added a position to focus on Medicaid Tribal projects, which has allowed the Medical Services Division to strengthen relationships with Indian Health Services and Tribal Health Programs. The position has been used to facilitate dialogue around increased enrollment of programs and securing Medicaid funding for services provided.
- Completed a comprehensive review and update to the Medicaid coverage for children who receive services through an Individualized Education Program (IEP) and amended the Medicaid State Plan to allow registered nurses to enroll as Medicaid providers when serving children with an IEP who have complex medical needs.
- Implemented fingerprint-based criminal background checks for high-risk Medicaid providers.

## Medical Services Division Making a Difference

Ashley Wohl's after-school routine might not be like most teenagers. When arriving at home, she is greeted by one of her caregivers who helps her with daily tasks like removing her winter coat, adjusting her position in her wheelchair and other personal needs. The caregiver is a second set of hands for Ashley, who receives in-home supports through the department's Children with Medically Fragile Needs Medicaid Waiver. The waiver helps families keep their child home instead of placing them in a nursing home or hospital for daily medical care.

Ashley, a high school junior, was born with a genetic disorder that weakens muscles used for movement and has caused her to be in a wheelchair from an early age. Her family credits the caregivers and in-home supports for making a positive difference in Ashley's independence.


After graduation, Ashley plans to attend college to pursue a career in genetic testing or other medical-related field.



# Medical Services Division

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- Developed an e-learning module for providers who provide targeted case management for children in the child welfare system. This allows newly enrolling providers to access training on-demand.
- Enhanced program integrity efforts by creating an adjustment and recovery tracking database to more efficiently monitor adjustments and recoveries within the Program Integrity Unit. Also, automated the pay and chase invoice process to bill primary health insurance providers for pediatric preventative services.
- Implemented retroactive billing to start billing primary health insurance providers of medical policies that are associated with retroactive third party coverage that is added to MMIS.
- Implemented a new process for recouping Medicaid Expansion member overpayments from the managed care organization rather than the member. Under the new process, member responsibility is only for services received rather than for the entire premium paid on their behalf.
- Added coverage for applied behavior analysis as a Medicaid State Plan service for qualifying children with autism spectrum disorder.
- Increased the eligibility age from nine to 11 for the Medicaid Children’s Autism Spectrum Disorder Waiver and increased the number of slots for the waiver from 59 to 96.
- Increased the number of slots for the Medicaid Children’s Medically Fragile Waiver from 15 to 25.
- Received legislative approval to implement a 1915(i) Medicaid state plan amendment to cover community-based behavioral health services such as housing, education and employment supports for targeted populations of children and adults.



Continued to address narcotic use through enhancement of the claims payment system and evolution of national narcotic use guidelines. Some results from these efforts include:

31% **decrease** in the overall number of tablets of immediate release narcotics dispensed.

83% **decrease** in the overall number of tablets of high strength narcotics, which are associated with accidental overdoses dispensed.

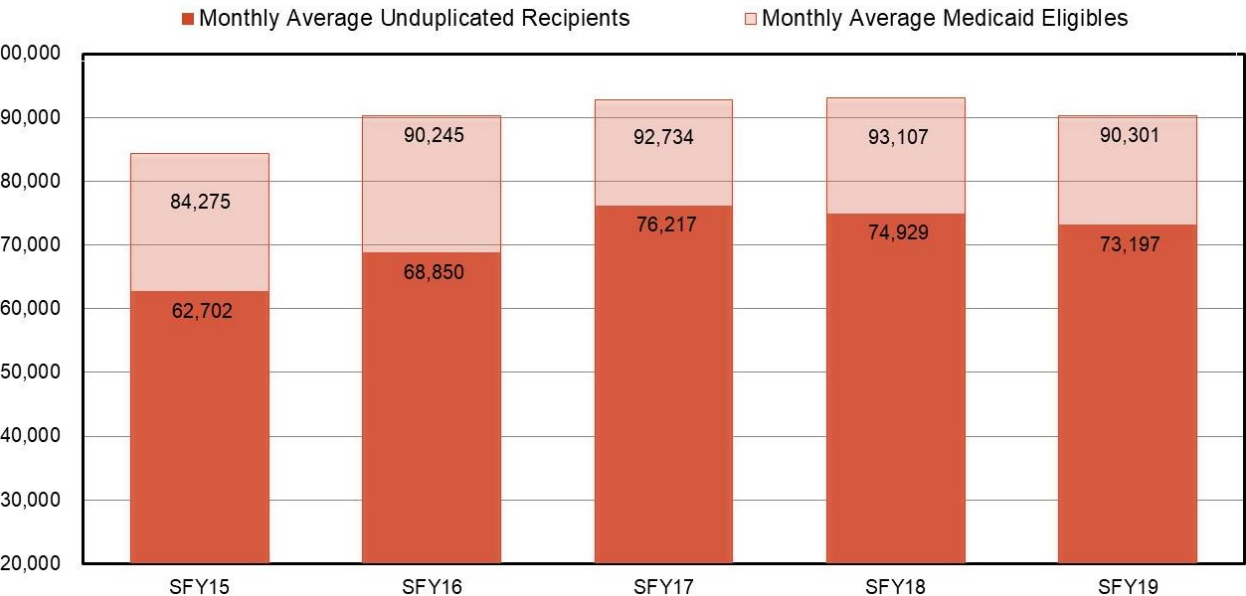
52% **decrease** in the total number of members using extended release narcotics.

# Medical Services Division

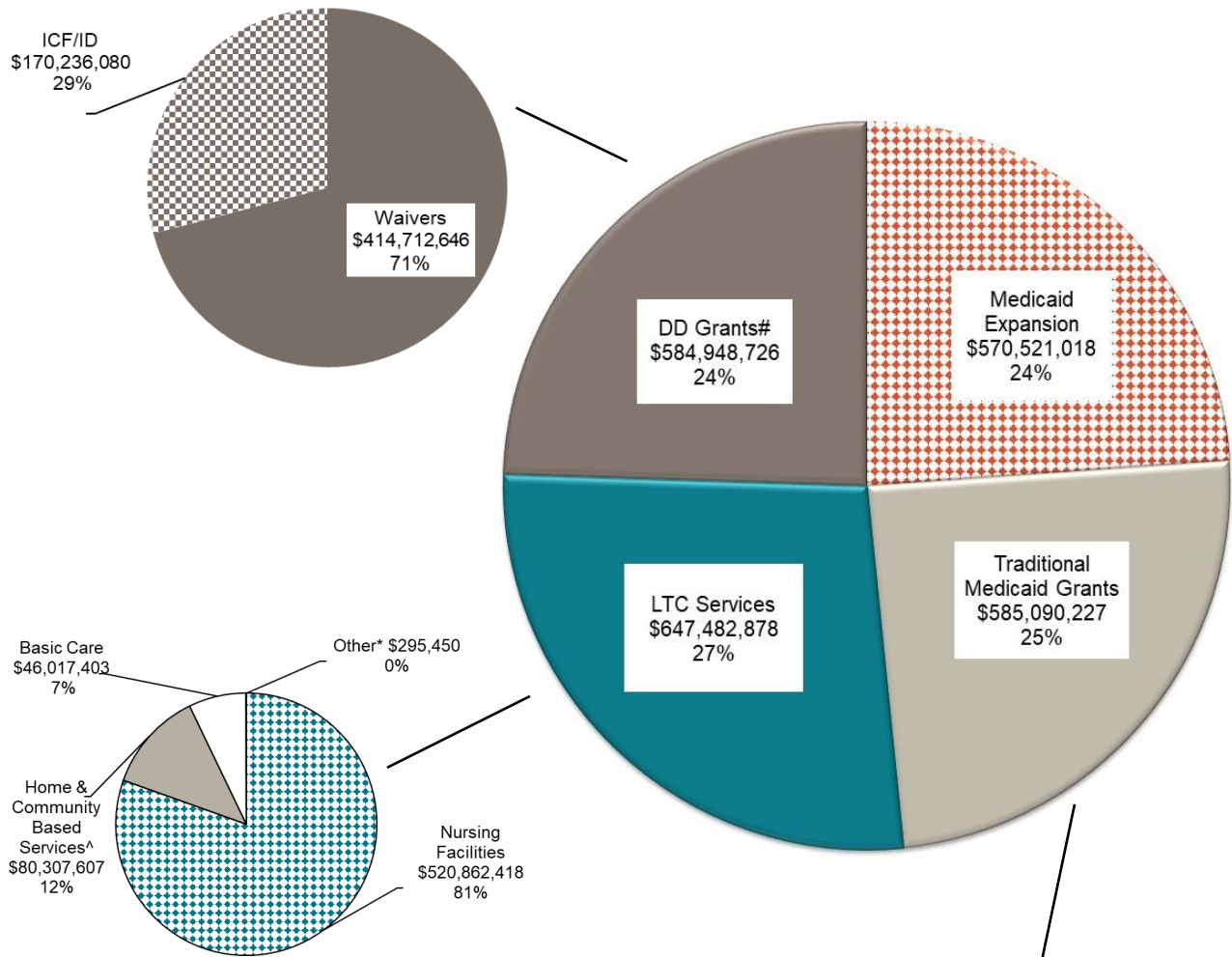
- Completed a rewrite of the addiction, psychiatric, and rehabilitative services sections of the Medicaid State Plan to remove access barriers and streamline provider processes.
- Completed a comprehensive review and update to the Medicaid coverage for services rendered via telemedicine. This removed barriers to the use of telemedicine by allowing most Medicaid-covered services to be rendered via telemedicine.
- Transitioned 148 individuals from an institution to community living through the Money Follows the Person (MFP) program between July 1, 2017 and June 30, 2019, bringing the total number of people transitioned to 465 since 2008.
- Through the MFP Tribal Initiative, the Mandan, Hidatsa, and Arikara Nation and the Turtle Mountain Band of Chippewa secured nonemergency medical transportation services and home and community-based services agency enrollment for their communities.
- With partnering divisions, hosted public information and input meetings on the state’s transition plan that guides how home and community-based services funded through Medicaid waivers are provided. DHS received federal CMS approval in January 2019 on the North Dakota Revised Statewide Transition Plan for Home and Community-Based Settings under 1915(c) Waivers.

## Medicaid and Medicaid Expansion

Monthly Average Number of Eligibles and Recipients by State Fiscal Year



# Medical Assistance Grants



Traditional Medicaid Grants	Actual Expenditures	% of Traditional Medicaid
Hospital	\$277,967,117	47%
Physician Services	\$83,651,809	14%
Indian Health Services	\$23,377,825	4%
Premiums	\$31,417,457	5%
Psychiatric Residential Treatment	\$29,203,989	5%
Dental Services	\$28,650,359	5%
Drugs - NET (Includes Rebates)	\$11,425,213	2%
Healthy Steps (CHIP)	\$9,448,992	2%
Ambulance Services	\$35,695,966	6%
Durable Medical Equipment	\$15,506,782	3%
Other	\$38,744,718	7%
<b>Total</b>	<b>\$585,090,227</b>	<b>100%</b>

\* Other includes Personal Needs Allowance SSI and Community of Care.

<sup>^</sup> Home and Community Based Services includes SPED, Expanded-SPED, Personal Care, Targeted Case Management, Home and Community-Based Services Waiver, Children's Medically Fragile Waiver, Technology Dependent Waiver, Traumatic Brain Injury Waiver, Program of All-Inclusive Care for the Elderly, Children's Hospice Waiver, Autism Waiver and Autism Voucher.

# DD Grant expenditures are included in the Developmental Disabilities Division expenditures.



# Vocational Rehabilitation Division

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**Robyn Throlson, Acting Director**

## Role

The Division of Vocational Rehabilitation (DVR) offers services to assist individuals with disabilities to achieve and maintain competitive, integrated employment and also offers pre-employment transition services to students with disabilities ages 14-21. About 93 percent of the division's clients have a significant disability.

VR also provides consultant services to businesses to assist with work site and workforce concerns. Annually, the division recognizes employers who are models for other organizations because of their employment of individuals with disabilities.

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 and communities.

## Services provided to individuals with disabilities:

- **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 a disability.
  - **Employment Services**
    - **Accommodations** including adaptive aids, assistive technology, accessibility and worksite evaluations, 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 coaching, supported employment, and/or academic and vocational training.
    - **Job Placement** services include resume writing skills and interview strategies, job referral, placement and follow-up services.
- **Pre-employment Transition Services** are provided to students with disabilities ages 14-21 and includes self-advocacy training, workplace readiness training, work experience, counseling in post-secondary opportunities, and job exploration.





# Vocational Rehabilitation Division

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## Services Provided to Employers:

- Staffing help, like recruitment and retention
- Financial Incentives
- Accessibility and Americans with Disabilities Act consultation
- Disability education and awareness training

**NOTE:** *There are no costs to employers associated with services except for those accommodations or modifications chosen by the employer as a result of VR recommendations.*

## Other Services:

- **Older Individuals who are Blind Program** serves individuals age 55 and older who have a significant vision impairment or 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.

## Accomplishments

- Established contracts with 15 school districts throughout the state to provide pre-employment transition services to transition-age youth with disabilities. Served 2,219 students with disabilities through contracts and VR counselor services.
- Served 3,721 individuals with disabilities through VR, assisting 579 individuals to reach their vocational goals. For every \$1 spent by VR for Federal Fiscal Year 2019, clients earned \$7.76 and paid back \$1.55 in federal taxes.
- Provided 3,370 services and other disability-related expertise to employers to help them fill positions with qualified workers, understand options for retaining experienced workers affected by a disability, and understand tax credits, the Americans with Disabilities Act and affordable solutions to workplace barriers.
- Provided vision rehabilitation services to 618 individuals through the Older Individuals who are Blind Program, which helped them remain living independently in their homes.
- Relocated VR offices in Devils Lake and Grand Forks to Job Service North Dakota offices in those communities to serve clients more effectively by providing convenient access to a wider array of employment support services in one convenient location.

## Vocational Rehabilitation Division

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- Recognized National Disability Employment Awareness Month by working with supportive broadcasters in North Dakota to air public service announcements reminding employers and the public that people with disabilities have many abilities and are an important resource for meeting the state's workforce needs. The division also publicly recognized two employers for their leadership in the employment of people with disabilities and recognized VR staff for assisting clients to achieve their employment goals.



### Vocational Rehabilitation Division Making a Difference

To assist high school students with disabilities to identify and work towards a career goal that meets their unique interests and abilities, VR provides pre-employment transition services and makes a difference in the lives of North Dakotans like Elizabeth Romanick.

Elizabeth is attending Minot State University with vocational counseling and guidance, financial help and other support from VR and MSU's Advancing Students Toward Education and Employment Program. With VR's support, Elizabeth has explored possible careers and work experiences at Texas Roadhouse, the Bismarck Larks, with other employers, and through MSU. This has helped Elizabeth develop skills such as public speaking and identify her career path, which includes event planning, marketing and disability advocacy. With her determination and positive attitude, watch for Elizabeth to continue to make a difference in our state.

# Field Services

## Field Services Leadership Team

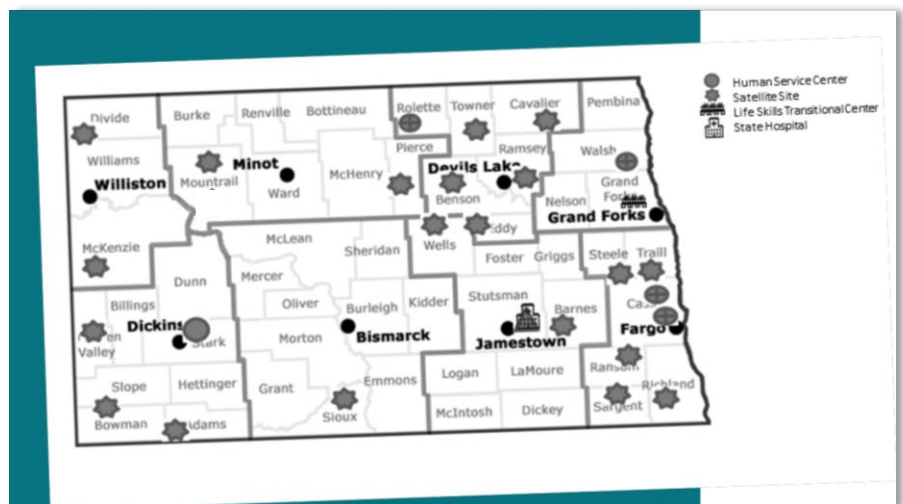
Tom Eide, Director of Field/Interim Chief Financial Officer  
Rosalie Etherington, Chief Clinic Officer/ND State Hospital Superintendent  
Jeff Stenseth, Field Services Operations Officer/SEHSC Regional Director  
Dr. Laura Kroetsch, Field Services Medical Director  
Jeremy Smith, Director of Quality Management and Accreditation  
Tricia Hopper, Director of Psychosocial Rehabilitation Services  
Lisa Schauer, Medical Records and Coding Lead

## Regional Human Service Centers

- BISMARCK: West Central Human Service Center (WCHSC) Director: Brad Brown
- DEVILS LAKE: Lake Region Human Service Center (LRHSC) Director: Julie Baumgarn (January 2019 -) and Randy Slavens (- January 2019)
- DICKINSON: Badlands Human Service Center (BLHCS) Director: Brad Brown
- FARGO: Southeast Human Service Center (SEHSC) Director: Jeff Stenseth
- GRAND FORKS: Northeast Human Service Center (NEHSC) Director: Randy Slavens
- JAMESTOWN: South Central Human Service Center (SCHSC) Director: Dan Cramer
- MINOT: North Central Human Service Center (NCHSC) Director: Laurie Gotvaslee
- WILLISTON: Northwest Human Service Center (NWHSC) Director: Charlotte “Char” Ferrell (December 2018 -) and Laurie Gotvaslee (- January 2019)

## Institutions

- JAMESTOWN: **North Dakota State Hospital**
  - Rosalie Etherington, Superintendent
  - Dr. Ed Yabut, Medical Director
  - Tonya Perkins, Hospital Administrator
- GRAFTON: **Life Skills and Transition Center**
  - Susan Foerster, Superintendent

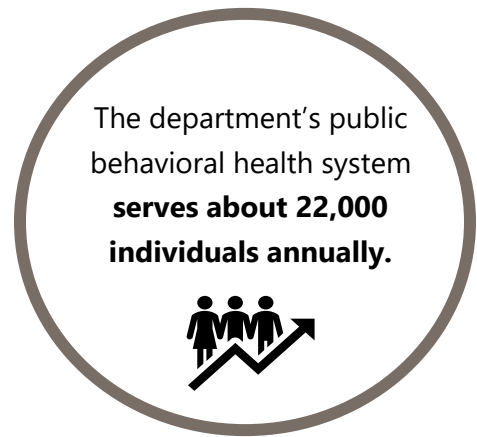


## Role

Field Services is the direct services area of the department. It includes the Life Skills and Transition Center and North Dakota’s public behavioral health system comprised of the regional human service centers and the North Dakota State Hospital. It offers a continuum of community based, residential and hospital services for individuals with persistent and severe behavioral health disorders. Staff also provide specialized services and supports in homes and communities and in residential settings that help people with intellectual and developmental disabilities reach their individual goals. Some Field Services team members also provide other human services.

## What we do:

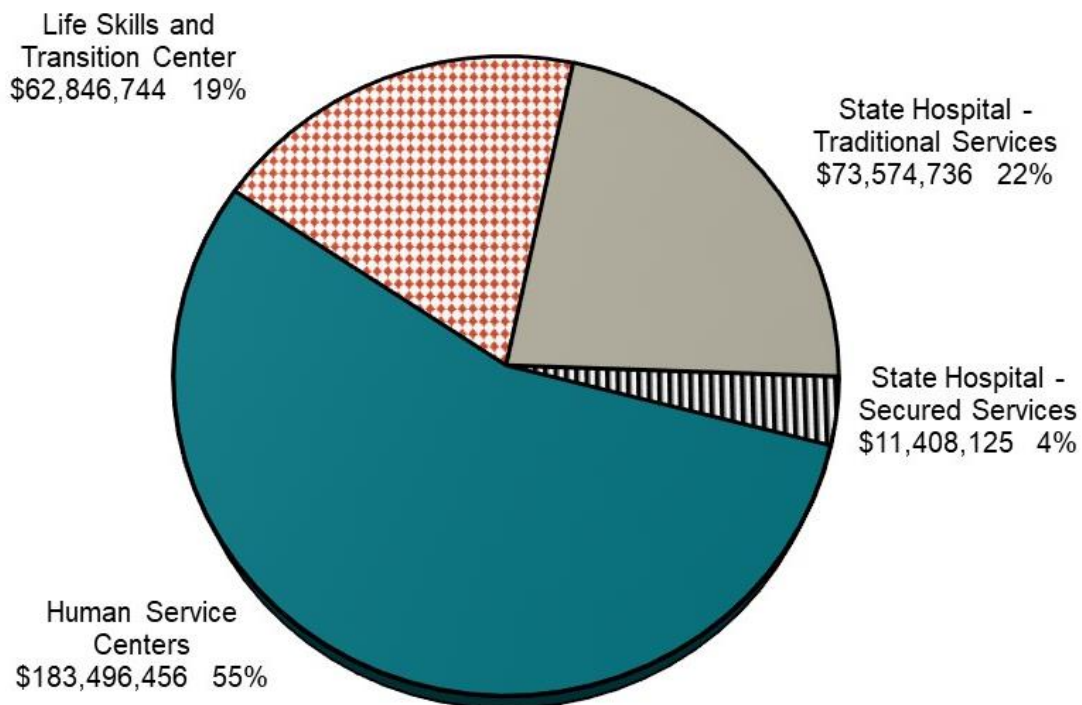
- Case management services
- Outpatient therapies and rehabilitation services
- Medication prescribing, delivery, and management
- Specialized assessment
- Residential services and hospital inpatient mental health and substance use disorder services
- 24-hour behavioral health crisis services



## The DHS public behavioral health includes:

- **1 North Dakota State Hospital** with 100 adult psychiatric hospital beds, 106 residential beds for adults with substance use disorders (reduced to 46), and 45 residential beds for the sexually dangerous individuals
- **8 Regional Human Services Centers** and 4 satellite clinics that are open 5 days weekly and offering psychotherapy, crisis, medication and case management services
- **33 outreach sites** open 1-3 days weekly and offering case management and therapy services
- 1 10-bed **Psychiatric Residential Treatment Facility** for youth
- **95 crisis stabilization beds** across the 8 regions
- 100 **adult residential substance use disorders treatment beds** and associated services
- 8 **regional social centers** with independent self-governance
- 35 **contracted entities** providing statewide medication delivery and other case aide supports
- 3 **safety-net contracts** with private psychiatric facilities

## Field Services Expenditures



# Regional Human Service Centers

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- Employ about 850 individuals
- Serve multi-county areas
- Provide community-based behavioral health services and other human services on-site and from satellite locations in Beach, Bowman, Grafton, Rolla, Valley City, Watford City, and the Off Main location in Fargo; at 33 outreach sites; and via telehealth
- Offer behavioral health services focused on chronic disease management and behavioral health crisis services
- Utilize best practices and adjust services based on local demographics and unique needs in their regions
- Share expertise and staffing resources across the system and use telehealth to serve clients statewide

## Priority Populations Served

**Individuals other providers can't or won't serve and those with limited ability to pay for needed services, including:**

- 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 women with substance use disorders
- People who use intravenous drugs

## Other specialized services that may be offered at center locations:

- 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 assessments

## Key initiatives in Field Services

**Build a culture and employee retention**

**Strategy of getting services to people sooner, at a lower level of care and in their own communities**

**Team-based rehabilitative services**

**Operational effectiveness and efficiencies**

# Regional Human Service Centers

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## 2018 AT A GLANCE – Human Service Centers

- **18,146 individuals received 536,301 services**
- **2,920 youth** received behavioral health services
- **1,049 pregnant women and/or individuals who inject drugs** received substance use disorder services
- 3,017 clients received **7,818 telehealth services (38% 1-year increase)**
- 5,364 clients received **12,469 emergency services**
- 7,134 clients received **12,819 assessments**
- 3,072 clients received **82,400 days of residential treatment services**

## Accomplishments

- Continued to update evidenced-based changes by implementing care models and practices such as Integrated Dual Disorder Treatment, Assertive Community Treatment, Multisystemic Therapy, EMDR Therapy, Trauma-Focused Cognitive Behavioral Therapy, Dialectical Behavior Therapy; and restructuring into multidisciplinary teams to reflect new processes and approaches.
- Continued to expand the hours for walk-in behavioral health services at regional centers so that individuals could walk in and receive an assessment, be triaged and connected to appropriate services at the regional center or through community support services and partner agencies. The centers use a triage approach to provide immediate care to those in crisis, while maintaining services to current clients and connecting others to services. This meets the goal of getting appropriate behavioral health services to people sooner at a lower level of care in communities.
- Continued to pursue accreditation of the regional human service centers by completing a request for proposals process and selecting Council on Accreditation (COA) as the organization that will survey the human service centers. Established the timeline for achieving accreditation and a project team began reviewing and updating processes and policies to align with COA standards. Accreditation supports quality and consistency across the centers.
- Implemented a new electronic health record (EHR) system at the regional human service centers in partnership with the North Dakota State Hospital and Life Skills and Transition Center. The new EHR system provides a number of benefits by supporting better quality and availability of medical records, adding consistency across the system, and enabling our providers to more quickly share key information. Additionally, it will enhance Field Services' long-term ability to provide more measurable outcomes will be enhanced.
- Expanded telehealth services beyond psychiatry to include addiction counseling, integrated assessment, and psychotherapy.



## Regional Human Service Centers

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- Transitioned from using separate addiction and mental health assessments to using integrated assessments for all client assessments at Lake Region and Northeast human service centers beginning July 1, 2018, because most clients have multiple behavioral health needs.
- Opened a satellite office co-located with the City-County Public Health District building in Valley City after determining that regularly scheduled outreach visits by team members to Valley City were insufficient to meet area behavioral health needs.
- Moved away from a shared-management model toward full-time on-site leadership at the human service centers to more fully develop relationships with local partners and collaborate more effectively on communitywide solutions to behavioral health and human service needs. Hired regional directors at LRHSC in Devils Lake and Northwest Human Service Center in Williston.



### Regional Human Service Centers - Making a Difference

What does success look like? For “Shannon,” whose child has multiple, complex diagnoses, success is her child living at home, developing more self-control over angry outbursts and destructive behaviors, performing in a concert without panicking and running off stage, excelling in math and interacting with peers. Success is also measured by a school speech, a sign of respect, a hug, and finding the self-confidence to swim in the deep end of the pool.

Over the past eight years, their case manager Vickie at the human service center has been there, even in crises, to connect “Shannon’s” family to help in many forms including: parent aide services, PRIDE mentors, respite care, therapeutic foster care, transportation to clinical appointments, autism spectrum disorder waiver services, and other community supports and resources.

“I cannot find enough words to thank her for giving us support, help, and especially hope,” “Shannon” said. “I remember initially feeling so desperate and alone and wondering how to get our child help. Because of West Central and Vickie, and many others, I can now envision my child with a future where he can live on his own and function in the community.”

## Regional Human Service Centers

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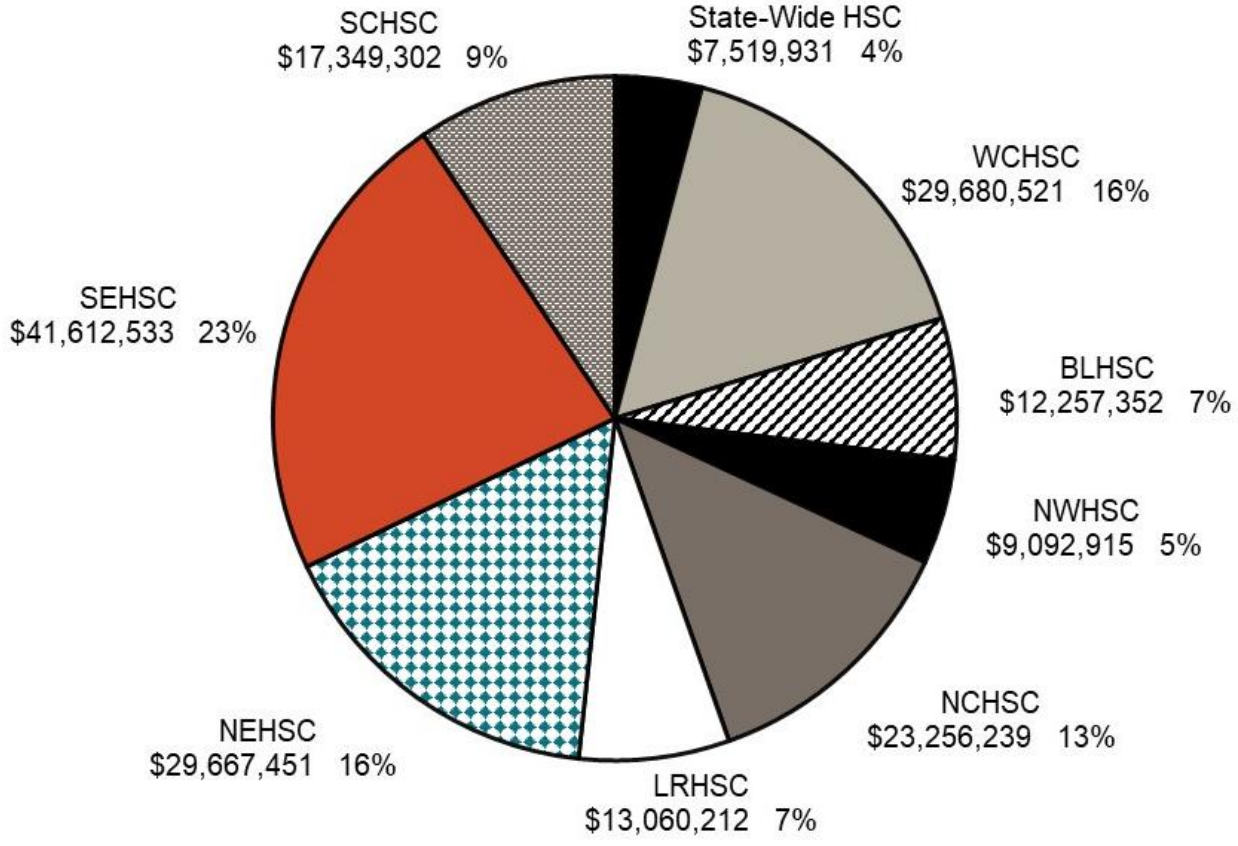
- Passed the 16-month mark toward the goal of transforming Psychosocial Rehabilitation Services in the human service centers. This new approach to how services are provided is improving individuals' lives.



### Success Story Example

- An individual who had lived in a residential facility for several years, worked with a skills trainer and mental health technician to develop the skills to transition into an independent-living setting where the individual continues to reside.
- Received technical assistance through the 2018 National Governors Association Learning Lab, engaged in learning collaboratives with other states, completed a self-assessment of current resources and capacity in each region, and subsequently created a plan for developing a behavioral health crisis response system in North Dakota. Once implemented, the goal is a system with standardized 24-hour crisis line services, in-person emergency services and crisis residential services; and increased capacity to accommodate daytime emergencies by expanding walk-in service hours and expanding mobile crisis services to the west central region.

# Regional Human Service Centers Expenditures



## Regional Human Service Centers - Making a Difference *One Recovery Story*

I am an addict and have survived a heroin overdose. I got lucky, but sadly that was not the end of my active addiction. I have visited many rehabs only to relapse a few weeks after each one. During this past year, I started detox and entered rehab once again at a human service center.

After inpatient treatment, I enrolled in a transitional living program, a sober house, if you will. That helped me stay more accountable. I also enrolled in the center's substance use disorder program where I work with a team of professionals and participate in a treatment group with peers. I also attend NA and AA frequently.

Together, with all those resources, peer support and self-determination, I am now able to not just stay sober, but to enjoy a life of recovery. I no longer wake in pain, desperately seeking my next fix. I sleep solid nights, eat regularly and am no longer living in squalor. I genuinely feel great about myself.

I have regained my physical health, have improved in my mental health, and continue to grow in my spiritual health. I have hope to continue living in recovery.

# North Dakota State Hospital

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Rosalie Etherington, Superintendent

## Role

The North Dakota State Hospital provides specialized inpatient and residential care to individuals with severe, complex, and persistent mental illnesses and substance use disorders or other co-occurring diagnoses such as traumatic brain injuries that result in significant behavioral challenges that 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.

During the biennium, the hospital had 106 beds designated for a Joint Commission-accredited residential addiction treatment program named the Tompkins Rehabilitation Program. It served adults with substance use disorder who were in the custody of the North Dakota Department of Corrections and Rehabilitation (DOCR) and were scheduled to be released soon to the community. Under changes approved by the 2019 legislature, the Tompkins program will be transformed to a 46-bed unit and services will be refocused on providing residential substance use treatment and services to divert people from further involvement with the justice system. It will serve individuals who come from community living, as well as DOCR clients.

## North Dakota State Hospital Capacity

- 100 Psychiatric hospital beds for traditional adult population
- 106 Residential substance use disorder treatment beds (Tompkins Rehabilitation Program – downsized in 2019)
- 45 Sex offender treatment beds
- 16 Transitional living beds for individuals with severe mental illness
- 4 Community transition beds for sex offenders



## About Admissions

- Experience an **average of 18 admissions per week**.
- Admissions **typically come from private psychiatric community hospitals** due to violence or the need for longer stabilization and psychiatric rehabilitation
- 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 sexually dangerous individuals
- Residential addiction treatment services provided by the Tompkins Rehabilitation Program

# North Dakota State Hospital

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## Accomplishments

- Led the implementation of a new electronic health record (EHR) system at the North Dakota State Hospital, Life Skills and Transition Center and the eight regional human service centers. The new EHR system was implemented to support better quality and availability of medical records, add consistency across the system, and enable our providers to more quickly share key information. Additionally, Field Services' long-term ability to provide more measurable outcomes has been enhanced.
- Chosen by the American Hospital Association, with 13 other Joint Commission-recognized high achieving hospitals, to participate in a Centers for Medicare and Medicaid Services sponsored demonstration project to publish effective psychiatric hospital best practices.

### North Dakota State Hospital - Making a Difference

#### *One Recovery Story*

"John" began receiving treatment for his mental health as a teenager. Over the years, the college graduate received extensive community services including repeated admissions to a community hospital and outpatient services through a human service center and other community providers. He was also admitted to the North Dakota State Hospital (NDSH) several times.

In spite of multiple, different forms of treatment including many medications, "John" continued to experience severe symptoms and could not function outside of a locked unit at the NDSH. Following extensive research and consultation, the treatment team, in partnership with "John" and his family, chose Electro Convulsive Therapy (ECT).

After traveling from NDSH to Sanford in Fargo to complete six initial weeks of ECT treatment, "John" reported he was not hearing voices, was able to concentrate on daily living tasks, and was beginning to feel more like himself. He continued to receive treatments at Sanford while engaging in psychosocial rehabilitation at NDSH.

With the support of friends, family, NDSH services, and inpatient psychosocial rehabilitation, "John" has regained his independence and is successfully living and working symptom free in his community.

"With mental illness, I hope you see it takes a village, and without my family, the State Hospital, the doctors and the TL (transitional living) home, I would not be where I am today," said "John," adding that he hopes to go back to school to make an impact on the lives of others who struggle just as he once did.

## North Dakota State Hospital

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- Retained hospital, residential, and laboratory accreditation by Joint Commission.
  - Earned Joint Commission reaccreditation of laboratory services without any deficiencies, which is a rare accomplishment, and earned reaccreditation of behavioral health services.
  - Continuously accredited since 1956, the North Dakota State Hospital received another three-year accreditation after an initial preliminary denial in March 2019. The preliminary denial was the result of a change in Joint Commission philosophy regarding the use of intensive care management. The hospital responded swiftly with a change in its practices and through a series of follow-up surveys received accreditation, and the preliminary denial was eliminated.
- Continued to serve as a teaching hospital for North Dakota universities. Students receiving internships, residencies or student rotations included: medical students, medical residents, psychology residents, psychology students, dietician students, nursing students, counselor and psychotherapy students, occupational therapy students, and advance practice nursing interns.
- Continued to invest in safety of patients and staff at the hospital through facility and equipment upgrades, continually enhancing and evolving training for staff, and investing in additional supports for staff and implementing best practices.
- Achieved a lower recidivism rate than the national average for individuals participating in the sex offender treatment program. The rehabilitation approach the hospital uses resulted in an average length of stay of 5.5 years for treatment completion to community release, while the national average is 7.5 years.



# Life Skills and Transition Center

Susan Foerster, Superintendent

## Role

The Life Skills and Transition Center (LSTC) is an Integral part of the statewide provider system for people with intellectual and developmental disabilities. It has been accredited by the Council on Quality and Leadership since 1989 and serves as the safety net. Admissions occur when an individual's needs have exceeded community resources. The regional human service centers handle the referrals for admission to the center.

The LSTC also serves individuals residing in homes at the LSTC, in supported living arrangements in the community of Grafton, and in communities across the state. The off-campus outreach and consultation services the LSTC provides statewide help people remain in their communities and homes and prevent admissions.







## Who LSTC serves:

- People with developmental/intellectual disabilities who have complex and/or high-intensity needs who cannot be safely served in the community
- Individuals that community providers are unable to support based on the providers' current level of services
- People who need the specialized expertise available at LSTC due to behavioral health and medical conditions that are complex and chronic
  - Requiring skilled nursing services
  - Involving co-occurring psychiatric diagnoses and challenging behaviors including sexual offending behaviors
  - Requiring a safe place for short-term respite care
- Individuals, including youth with intellectual disabilities, who are transitioning to community settings and having difficulty finding housing and services

## Transitions to community

After individuals enter care, LSTC ensures that they are transitioned as quickly as possible back into their homes and communities by developing and maintaining a dynamic person-centered community transition plan for all people residing at the LSTC.

## Programs:

 <b>Residential services</b> 24-hour comprehensive services and supports, including medical and clinical programming	 <b>Vocational services</b> serves individuals at work sites on the campus and in the community	 <b>Outreach services</b> Support individuals in community housing to live independently
 <b>Evaluation Services (CARES) Clinical Assistance Resource</b> Consultation and in-home and on-site support to keep people living in the community	 <b>CARES Clinic</b> Access to physical, occupational, and speech therapy services, adaptive equipment services, dental and medical services	 <b>DD Behavioral Health Services</b> Applied behavioral analyst assessment and intervention services

# Life Skills and Transition Center

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## 2019 Legislative Investment in DHS Strategy Strengthening the Continuum of Services

- DHS Crisis Services Expansion - During the 2019 North Dakota legislative session, lawmakers approved funding and 7.5 FTEs to expand the LSTC's CARES services and implement statewide crisis services. The new CARES FTEs will be located in communities across the state and will work closely with the behavioral health mobile crisis team with the goal of being fully operational in early 2020.
- As the LSTC continues to downsize and transition more people to the community, the goal is to support the continuum of services with short-term crisis bed units (4-bed adult and 4-bed youth).

## Campus Utilization

- The LSTC campus also houses private apartments, a Head Start Program, three child care centers, NEHSC's outreach office in Grafton, and outreach offices for other state agencies and community nonprofit organizations.
- Efforts to study facility usage and explore future local and regional economic development opportunities are ongoing.

## Accomplishments

- Received annual Centers for Medicare and Medicaid Services recertification (Title 19 Survey) in all buildings and programs throughout the LSTC campus. There were no deficiencies in the recertification of the Health Service Center.
- Continued work toward consolidating residential services for people living at the LSTC to two buildings. This remodel work is helping to update facilities and greatly enhance living areas to support better, more client-centered care. Additionally, because of the consolidation, LSTC has more staff immediately available to provide support to people.
- Continued to specialize at the LSTC in serving individuals with developmental and intellectual disabilities who have complex needs, including dual diagnosis, high medical needs and legal issues, which remains an integral part of the statewide array of services.
- Provided in-home support services to families, and behavioral and other support to over 25 youth and adult service provider agencies and multiple school districts through the LSTC's Developmental Disabilities Behavioral Health Services' applied behavior analyst services team.

### All people living at the LSTC have:

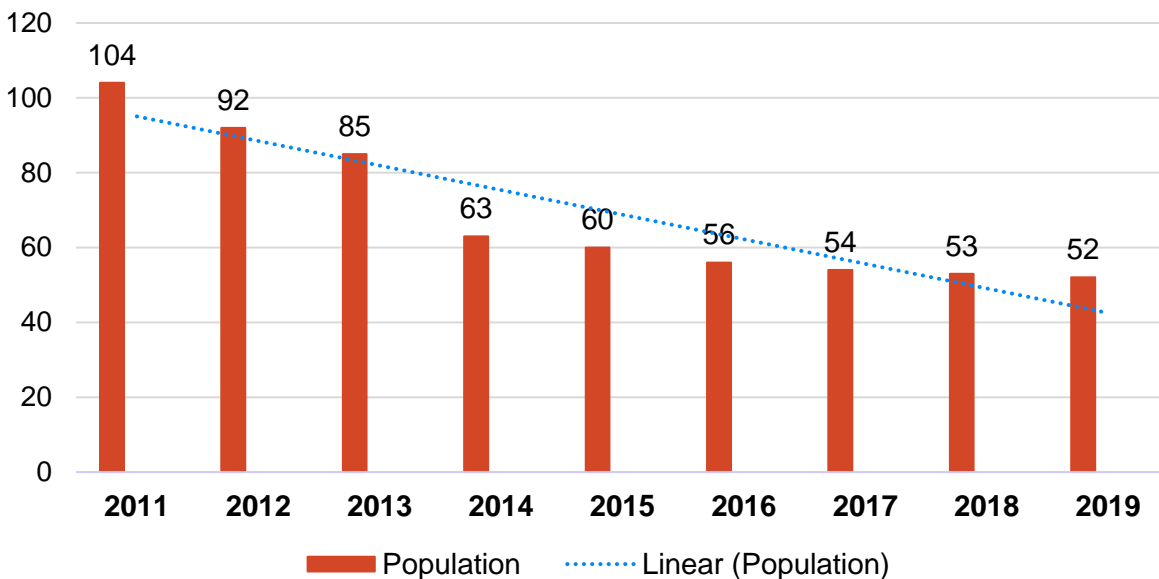
- A completed **Support Intensity Scale assessment**
- Developmental Disability **Program Managers on their team**
- **Person-Centered Transition Plan** to more actively support individuals in moving back to their home communities

# Life Skills and Transition Center

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- Implemented a new electronic health record system at LSTC in partnership with the North Dakota State Hospital and the regional human service centers.
- Entered into a \$4.6 million energy upgrade agreement with UNESCO to make the LSTC physical plant infrastructure more energy efficient.

**Life Skills and Transition Center  
Adult Population as of June 30, 2019**



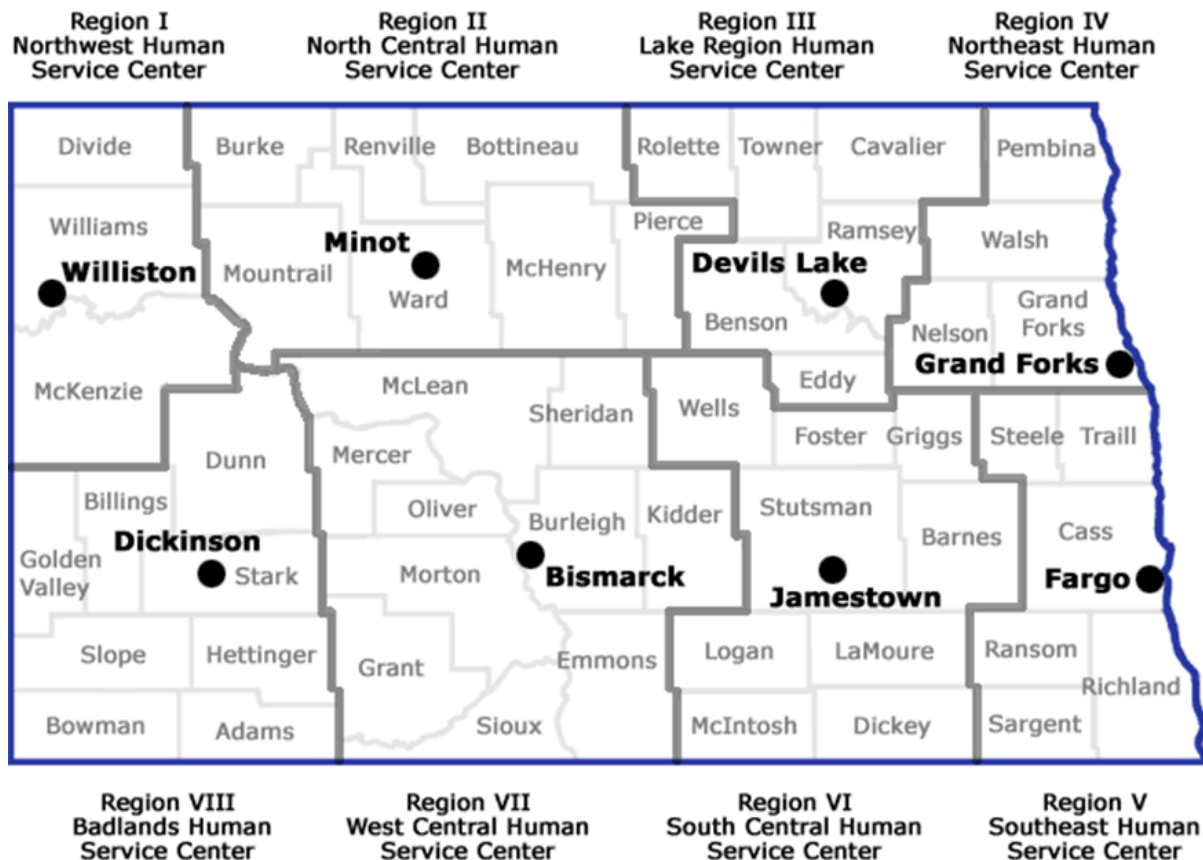
# Agency Contact Information

North Dakota Department of Human Services  
 600 E. Boulevard Ave., Dept. 325  
 Bismarck, ND 58505-0250  
 Phone: (701) 328-2310  
 711 (TTY)  
 Email: [dhseo@nd.gov](mailto:dhseo@nd.gov)  
 Website: [www.nd.gov/dhs](http://www.nd.gov/dhs)

## Division Contact Information

<p><b>Aging Services</b>          1237 W. Divide Ave., Suite 6          Bismarck, ND 58501  <b>Phone:</b> (701) 328-4601  <b>Toll Free:</b> (855) GO2-LINK  <b>Fax:</b> (701) 328-8744  <b>Email:</b> <a href="mailto:dhsaging@nd.gov">dhsaging@nd.gov</a></p>	<p><b>Child Support</b>          P.O. Box 7190          Bismarck, ND 58507-7190  <b>Phone:</b> (701) 328-3582  <b>Toll Free:</b> (800) 231-4255  <b>Fax:</b> (701) 328-6575  <b>Email:</b> <a href="mailto:centralofficecse@nd.gov">centralofficecse@nd.gov</a>  <b>Website:</b> <a href="http://www.childsupportnd.com">www.childsupportnd.com</a></p>
<p><b>Children and Family Services</b>          600 E. Boulevard Ave.          Bismarck, ND 58505-0250  <b>Phone:</b> (701) 328-2316  <b>Toll Free:</b> (800) 245-3736  <b>Fax:</b> (701) 328-3538  <b>Email:</b> <a href="mailto:dhsdfs@nd.gov">dhsdfs@nd.gov</a></p>	<p><b>Developmental Disabilities</b>          1237 W. Divide Ave., Suite 1A          Bismarck, ND 58501-1208  <b>Phone:</b> (701) 328-8930  <b>Toll Free:</b> (800) 755-8529  <b>Fax:</b> (701) 328-8969  <b>Email:</b> <a href="mailto:dhsddreq@nd.gov">dhsddreq@nd.gov</a></p>
<p><b>Economic Assistance</b>          600 E. Boulevard Ave.          Bismarck, ND 58505-0250  <b>Phone:</b> (701) 328-2332  <b>Toll Free:</b> (800) 755-2716  <b>Fax:</b> (701) 328-1060  <b>Email:</b> <a href="mailto:dhseap@nd.gov">dhseap@nd.gov</a></p>	<p><b>Medical Services</b>          600 E. Boulevard Ave.          Bismarck, ND 58505-0250  <b>Phone:</b> (701) 328-7068  <b>Toll Free:</b> (800) 755-2604  <b>Fax:</b> (701) 328-1544  <b>Email:</b> <a href="mailto:dhsmed@nd.gov">dhsmed@nd.gov</a></p>
<p><b>Behavioral Health</b>          1237 W. Divide Ave., Suite 1C          Bismarck, ND 58501-1208  <b>Phone:</b> (701) 328-8920  <b>Toll Free:</b> (800) 755-2719  <b>Fax:</b> (701) 328-8969  <b>Email:</b> <a href="mailto:dhsbhd@nd.gov">dhsbhd@nd.gov</a></p>	<p><b>Vocational Rehabilitation</b>  <b>1000 E. Divide Ave.</b>          Bismarck, ND 58501-1926  <b>Phone:</b> (701) 328-8950  <b>Toll Free:</b> (800) 755-2745  <b>Fax:</b> (701) 328-1884  <b>Email:</b> <a href="mailto:dhsvr@nd.gov">dhsvr@nd.gov</a></p>

## Regional Human Service Center Contact Information



<p><b>Bismarck - West Central Human Service Center</b>          1237 W. Divide Ave., Suite 5, Bismarck, ND 58501-1208  <b>Phone:</b> (701) 328-8888  <b>Toll Free:</b> (888) 328-2662</p>	<p>Crisis Line: (701) 328-8899 OR          Toll Free: (888) 328-2112          E-mail: <a href="mailto:dhswwchsc@nd.gov">dhswwchsc@nd.gov</a>          Fax: (701) 328-8900          711 (TTY)</p>
<p><b>Devils Lake - Lake Region Human Service Center</b>          200 Hwy 2 W., Devils Lake, ND 58301-3532  <b>Phone:</b> (701) 665-2200  <b>Toll Free:</b> (888) 607-8610</p>	<p>Crisis Line: (701) 662-5050          E-mail: <a href="mailto:dhsllrhsc@nd.gov">dhsllrhsc@nd.gov</a>          Fax: (701) 665-2300          711 (TTY)</p>
<p><b>LRHSC Outreach Office - Rolla</b>          1102 Main Ave. W., PO Box 88, Rolla, ND 58367-0088</p>	<p>Phone: (701) 477-9050          Fax: (701) 477-8281</p>
<p><b>Dickinson - Badlands Human Service Center</b>          300 13<sup>th</sup> Ave. W., Suite 1, Dickinson, ND 58601  <b>Phone:</b> (701) 227-7500  <b>Toll Free:</b> (888) 227-7525</p>	<p>Crisis Line: (701) 290-5719          E-mail: <a href="mailto:dhsblhsc@nd.gov">dhsblhsc@nd.gov</a>          Fax: (701) 227-7575          711 (TTY)</p>

## Regional Human Service Center Contact Information

<b>Fargo - Southeast Human Service Center</b> 2624 Ninth Ave. S., Fargo, ND 58103-2350 <b>Phone:</b> (701) 298-4500 <b>Toll Free:</b> (888) 342-4900 711 (TTY)	Crisis Line: (701) 298-4500 OR (888) 342-4900 OR 2-1-1 Helpline E-mail: <a href="mailto:dhssehsc@nd.gov">dhssehsc@nd.gov</a> Fax: (701) 298-4400
<b>Grand Forks - Northeast Human Service Center</b> 151 S. Fourth St., Suite 401, Grand Forks, ND 58201-4735 <b>Phone:</b> (701) 795-3000 <b>Toll Free:</b> (888) 256-6742	Crisis Line: (701) 775-0525, OR (800) 845-3731 E-mail: <a href="mailto:dhsnehsc@nd.gov">dhsnehsc@nd.gov</a> Fax: (701) 795-3050 711 (TTY)
<b>NEHSC Outreach Office - Grafton</b> Life Skills and Transition Center, Admin Building Grafton, ND 58237	Phone: (701) 352-4334
<b>Jamestown - South Central Human Service Center</b> 520 Third St. N.W., Box 2055, Jamestown, ND 58402 <b>Phone:</b> (701) 253-6300 <b>Toll Free:</b> (800) 260-1310	Crisis Line: (701) 253-6304 E-mail: <a href="mailto:dhsschsc@nd.gov">dhsschsc@nd.gov</a> Fax: (701) 253-6400 711 (TTY)
<b>Valley City Satellite Office</b> City-County Public Health District Building 415 2 <sup>nd</sup> Ave. N.E.	
<b>Minot - North Central Human Service Center</b> 1015 S. Broadway, Suite 18, Minot, ND 58701 <b>Phone:</b> (701) 857-8500 711 (TTY)	Crisis Line: (701) 857-8500 OR (888) 470-6968 E-mail: <a href="mailto:dhsnchsc@nd.gov">dhsnchsc@nd.gov</a> Fax: (701) 857-8555
<b>Williston - Northwest Human Service Center</b> 316 Second Ave. W., Williston, ND 58801 <b>Phone:</b> (701) 774-4600 711 (TTY)	Crisis Line: (701) 572-9111 OR (800) 231-7724 E-mail: <a href="mailto:dhsnwhsc@nd.gov">dhsnwhsc@nd.gov</a> Fax: (701) 774-4620

## Institutions Contact Information

<b>North Dakota State Hospital</b> 2605 Circle Dr. Jamestown, ND 58401 Phone: (701) 253-3650, 711 (TTY) Fax: (701) 253-3999	<b>Life Skills and Transition Center</b> 701 W. Sixth St. Grafton, ND 58237 Phone: (701) 352-4200, 711 (TTY) Fax: (701) 352-4376
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## Child Support Contact Information

<b>Child Support – Customer Service</b> P.O. Box 7280 Bismarck, ND 58507-7280 Phone: (701) 328-5440 Toll Free: (800) 231-4255	711 (TTY) Fax: (701) 328-6074 Case questions: <a href="mailto:childsupport@nd.gov">childsupport@nd.gov</a> Website: <a href="http://www.childsupportnd.com">www.childsupportnd.com</a>
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# Appendices

## Expenditures 2017-2019 Biennium

	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	Subdivision	General	Federal	Other
Administration - Support	17,499,170	8,695,726	-	-	-	-	-	-	-	-	-	-	16,582,147	9,241,046	371,703
Information Technology Services	12,005,942	107,096,215	77,237	73,178,207	-	-	-	-	-	-	-	-	63,792,404	117,798,416	10,766,781
<b>Management Total</b>	<b>29,505,112</b>	<b>115,791,941</b>	<b>77,237</b>	<b>73,178,207</b>	-	-	-	-	-	-	-	-	<b>80,374,551</b>	<b>127,039,462</b>	<b>11,138,484</b>
Economic Assistance Policy - Grants	7,881,493	9,503,768	-	-	223,011,318	-	-	-	-	-	-	-	8,556,330	213,822,214	18,018,035
Child Support	23,766,176	3,560,087	-	-	-	-	-	-	-	-	-	-	7,521,591	16,568,331	3,236,341
Medical Services	8,859,103	46,742,286	-	-	229,599	-	-	-	-	1,158,177,151	-	-	287,957,144	848,266,143	77,784,852
Long Term Care	-	-	-	-	410,678	-	-	-	-	647,072,200	-	-	338,341,273	306,998,114	2,143,491
DD Council	244,934	232,081	-	-	810,695	-	-	-	-	-	-	-	-	1,287,711	(1)
Aging Services	3,101,283	15,802,703	-	-	2,877,464	-	-	-	-	-	-	-	8,000,508	13,496,305	284,637
Children And Family Services	3,304,199	7,973,917	-	-	139,270,593	-	-	-	-	(8,026)	-	-	62,780,904	82,401,269	5,358,510
Behavioral Health	3,589,340	21,408,757	-	-	10,487,512	-	-	-	-	-	-	-	13,272,703	15,187,121	7,025,785
Vocational Rehabilitation	5,027,142	6,254,630	-	-	9,411,057	-	-	-	-	-	-	-	4,977,001	15,631,707	84,121
Developmental Disabilities Division *	2,257,294	7,422,724	-	-	588,735	-	-	-	-	584,948,726	-	-	291,685,657	303,531,822	-
<b>Program And Policy Total</b>	<b>58,030,964</b>	<b>118,900,953</b>	-	-	<b>387,097,651</b>	-	-	-	-	<b>2,390,190,051</b>	-	-	<b>1,023,093,111</b>	<b>1,817,190,737</b>	<b>113,935,771</b>
State-Wide HSC Management	-	-	-	-	-	-	-	-	-	7,519,931	-	-	6,317,434	1,202,497	-
Northwest HSC	-	613	-	-	9,092,301	-	-	-	-	9,092,914	-	-	5,951,873	2,620,192	520,849
North Central HSC	-	-	-	-	23,256,239	-	-	-	-	23,256,239	-	-	12,630,272	8,424,099	2,201,868
Lake Region HSC	-	-	-	-	13,060,212	-	-	-	-	13,060,212	-	-	7,933,905	3,915,174	1,211,133
Northeast HSC	-	-	-	-	29,667,451	-	-	-	-	29,667,451	-	-	16,299,830	9,787,033	3,580,588
Southeast HSC	-	-	-	-	41,612,533	-	-	-	-	41,612,533	-	-	28,142,292	11,449,855	2,020,386
South Central HSC	-	-	-	-	17,349,303	-	-	-	-	17,349,303	-	-	11,095,585	4,887,678	1,366,040
West Central HSC	-	-	-	-	29,680,521	-	-	-	-	29,680,521	-	-	17,514,302	10,180,701	1,985,518
Badlands HSC	-	-	-	-	12,257,352	-	-	-	-	12,257,352	-	-	7,760,588	3,130,057	1,366,707
<b>Human Service Centers Total</b>	-	<b>613</b>	-	-	<b>183,495,843</b>	-	-	-	-	<b>183,496,456</b>	-	-	<b>113,646,081</b>	<b>55,597,286</b>	<b>14,253,089</b>
State Hospital	-	-	-	-	73,574,736	-	-	-	-	73,574,736	-	-	48,684,233	3,749,443	21,141,060
Sex Offender Treatment & Evaluation Progt	-	-	-	-	11,408,125	-	-	-	-	11,408,125	-	-	11,408,125	-	-
Life Skills and Transition Center	-	-	-	-	62,846,744	-	-	-	-	62,846,744	-	-	28,898,552	30,011,258	3,936,934
<b>Institutions Total</b>	-	-	-	-	<b>147,829,605</b>	-	-	-	-	<b>147,829,605</b>	-	-	<b>88,990,910</b>	<b>33,760,701</b>	<b>26,077,994</b>
County Social Service Finance	-	-	-	-	-	-	-	-	-	154,012,317	-	-	19,312,317	-	134,700,000
<b>Total</b>	<b>87,536,076</b>	<b>234,693,507</b>	<b>77,237</b>	<b>73,178,207</b>	<b>387,097,651</b>	<b>331,325,448</b>	<b>2,390,190,051</b>	<b>154,012,317</b>	<b>154,012,317</b>	<b>3,658,110,494</b>	<b>2,033,588,186</b>	<b>1,326,416,970</b>	<b>2,033,588,186</b>	<b>299,105,338</b>	







North Dakota Department of Human Services  
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Bismarck, ND 58505-0250  
[www.nd.gov/dhs](http://www.nd.gov/dhs)